



Mono County Behavioral Health

Mental Health Services Act (MHSA)

FY 2017-2020 Three-Year Program and Expenditure Plan

Approved by the Mono County Board of Supervisors on
September 19, 2017



WELLNESS • RECOVERY • RESILIENCE

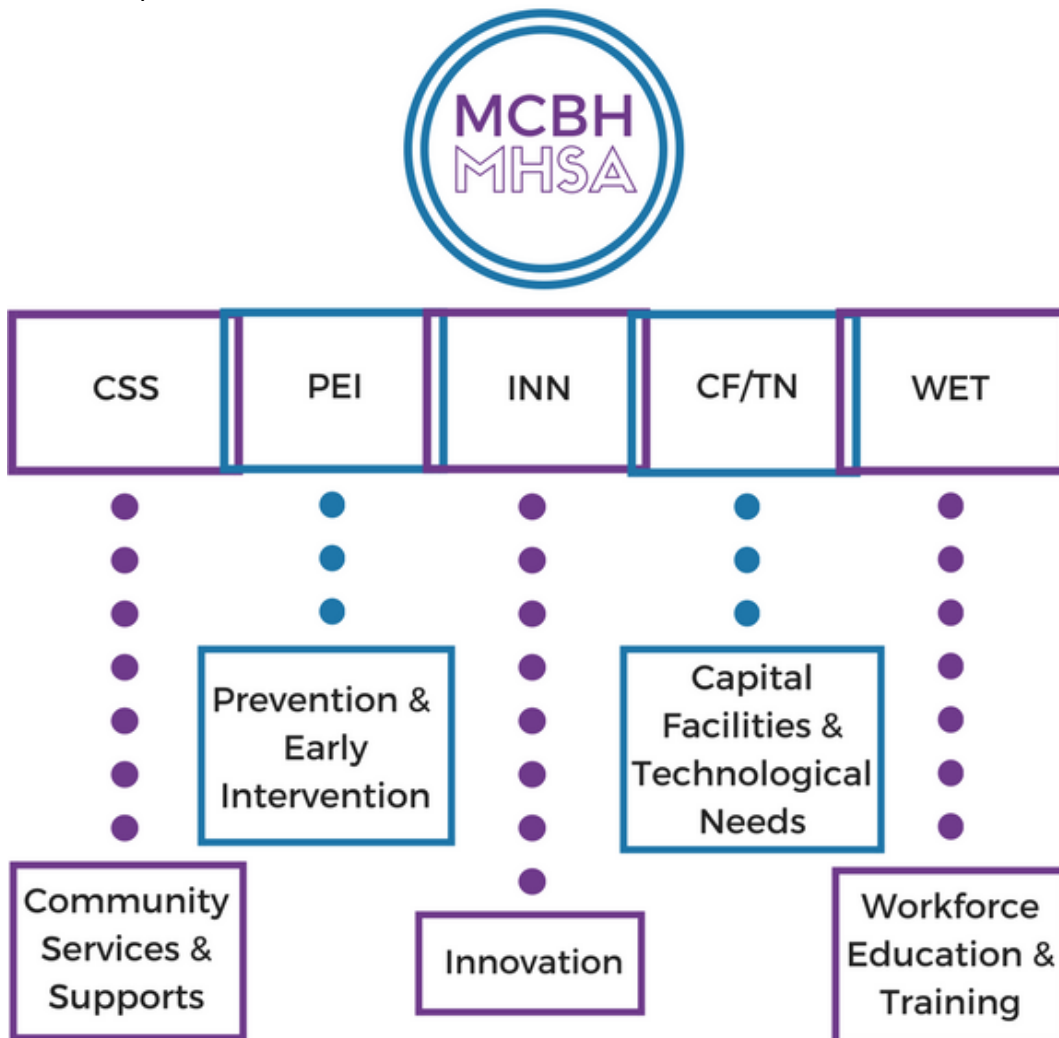
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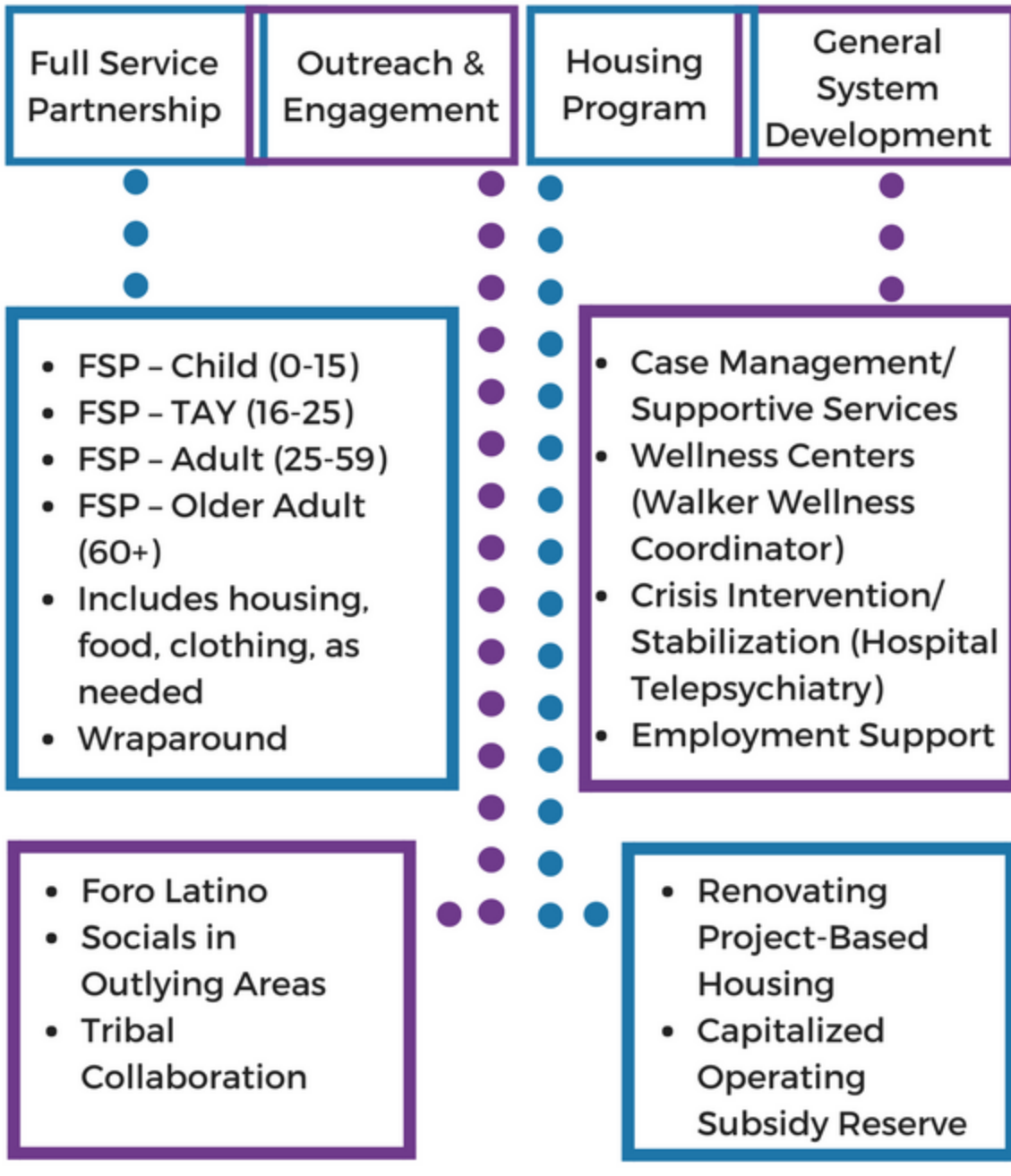
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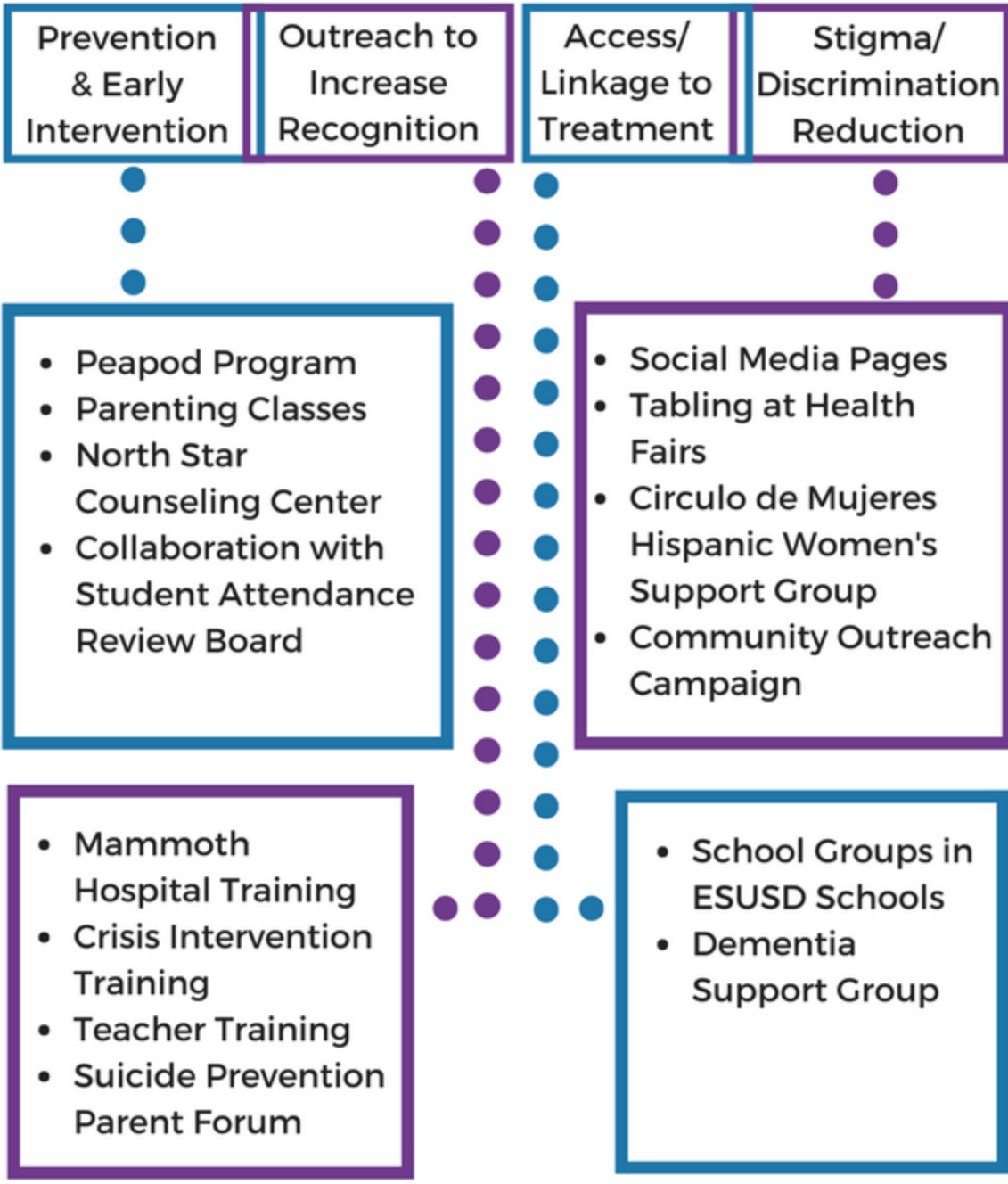
EXECUTIVE SUMMARY

The intent of the Mental Health Services Act (MHSA) Three-Year Plan is to provide community members with information about the programming funded by each of component of the MHSA: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CF/TN). The MHSA also requires that all County Mental Health Departments submit an updated program and expenditure plan every year. In order to create all MHSA plans, departments must engage stakeholders in the Community Program Planning (CPP) process.

The Mono County Behavioral Health Department (MCBH) is proud to present its 2017-2020 Three-Year Plan, which provides a progress report of MHSA activities for the 2016-2017 fiscal year, as well as an overview of current or proposed MHSA programs planned for the next three fiscal years. The graphics below outline the MHSA funding categories and program descriptions covered in this report.









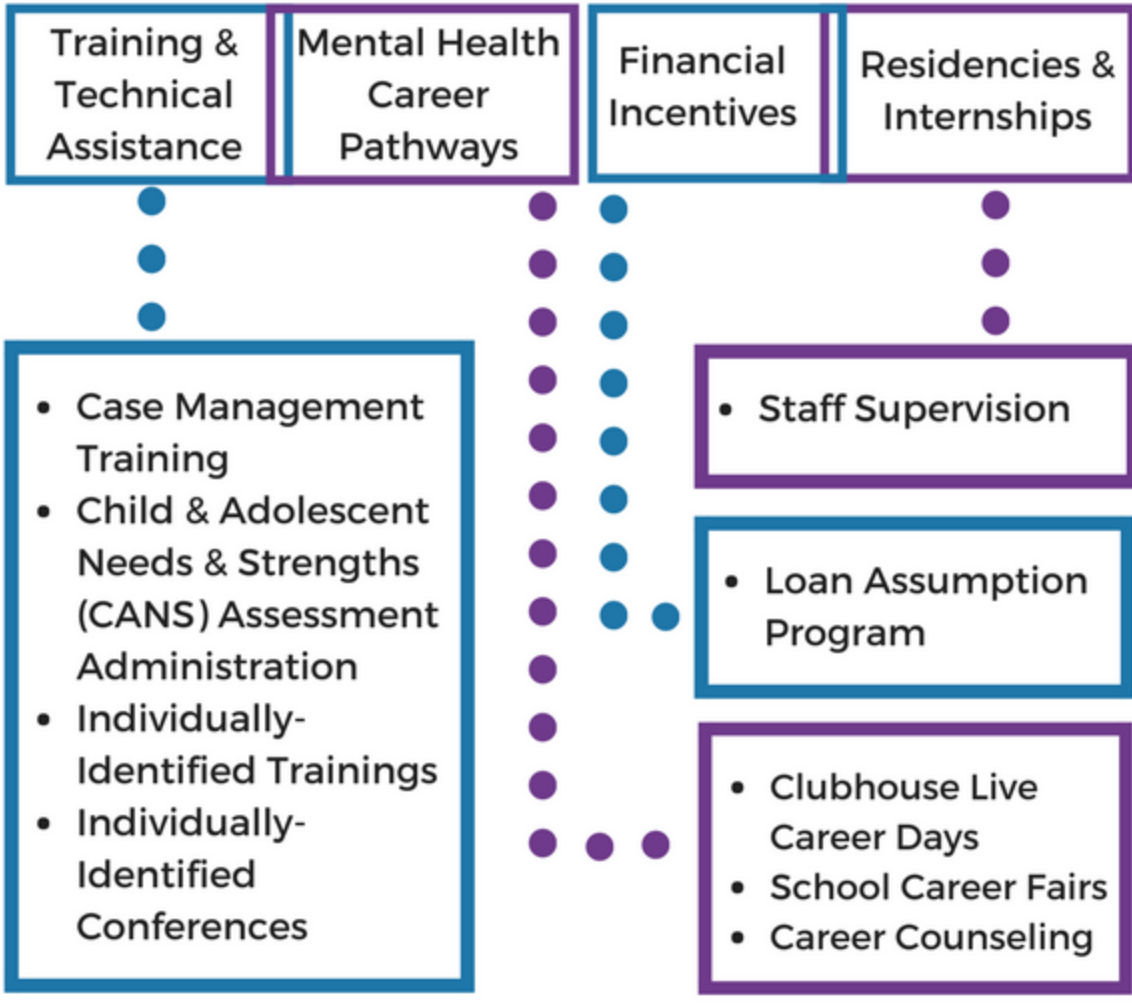
Eastern Sierra Learning Collaborative:
A County-Driven
Regional Partnership

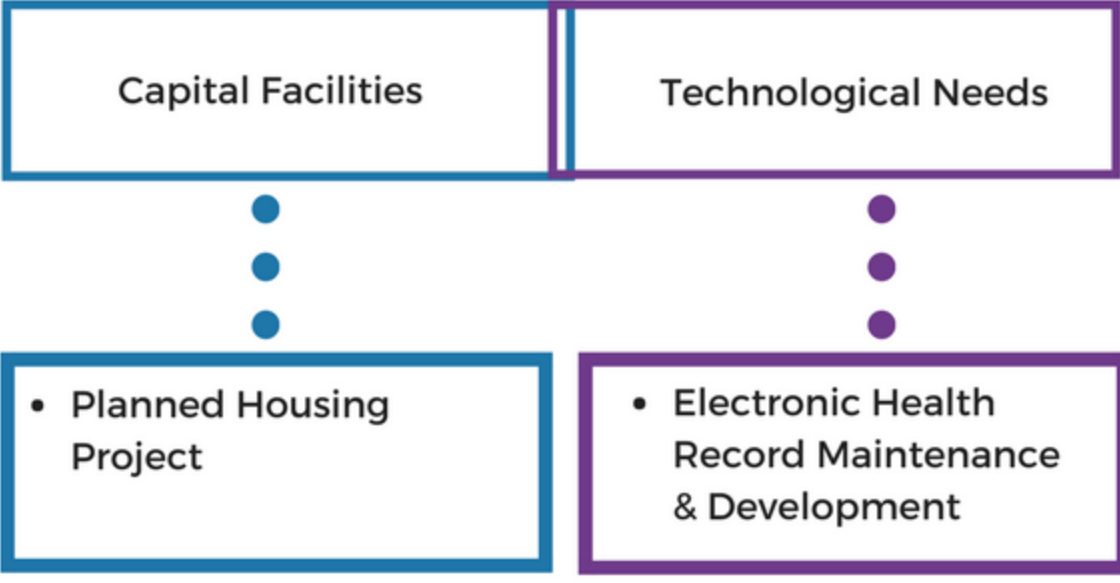


Overview:
Two-year partnership between Inyo,
Mono, & Alpine Counties

Goal:
Meet needs for education &
training in remote, rural counties
while improving housing, isolation,
and employment outcomes

Contribution to learning:
Creation of template for future
cross-county collaboration





MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: **Mono**

Three-Year Program and Expenditure Plan

Annual Update

Annual Revenue and Expenditure Report

Mono County Behavioral Health Director:	Mono County Finance Director
Name: Robin K. Roberts Telephone number: 760-924-1740 E-mail: rroberts@mono.ca.gov	Name: Janet Dutcher Telephone number: 760-932-5494 Email: jdutcher@mono.ca.gov
Mono County Behavioral Health Mailing Address: PO Box 2619/452 Old Mammoth Road, Third Floor Mammoth Lakes, CA 93546	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update, or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report are true and correct to the best of my knowledge.

Robin K. Roberts
Behavioral Health Director (PRINT)


Signature

August 23, 2017
Date

I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Janet Dutcher
Mono County Finance Director (PRINT)

Janet Dutcher 9/1/2017
Signature Date

Welfare and Institutions Code Sections 5847(b) (9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

**BOARD OF SUPERVISORS
COUNTY OF MONO
P.O. BOX 715, BRIDGEPORT, CA 93517**

*Shannon Kendall
760-932-5533
skendall@mono.ca.gov
Clerk of the Board*

**REGULAR MEETING of
September 19, 2017**

*Helen Nunn
760-932-5534
hnunn@mono.ca.gov
Assistant Clerk of the
Board*

**MINUTE ORDER
M17-188
Agenda Item #7a**

TO: Behavioral Health

SUBJECT: Mental Health Services Act Three Year Plan Adoption

Approve the Mental Health Services Act Three-Year Plan for Fiscal Years 17/18, 18/19, and 19/20.

Gardner moved; Peters seconded

Vote: 4 yes; 0 no; 1 absent: Johnston

M17-188

MONO COUNTY SNAPSHOT & CAPACITY OVERVIEW

Mono County is a frontier county, bordering the state of Nevada to the north and east and the Sierra Nevada Mountains to the west. Other than Mammoth Lakes, which boasts a year-round population of 8,000, the remainder of the county consists of small communities ranging in population from less than 300 to about 1,200 people. The northern part of the county includes the small towns of Topaz, Walker, and Coleville. Bridgeport, the county seat, is 35 miles south of these three small communities. The central part of the county includes the communities of Lee Vining, June Lake, Crowley Lake, the Wheeler Crest communities, and Mammoth Lakes. In the southeast sector lie Benton and Chalfant.

According to the 2015 Census statistics, the total population of Mono County is 13,909, a 2.1 percent decrease since the 2010 Census. The ethnic distribution of Mono County is 27.7 percent Latino/Hispanic, 2.1 percent Native American, and 65.6 percent white (this does not include undocumented Latino/Hispanic residents). About one quarter of the population speaks a language other than English at home. The county is comprised of 47 percent female residents and 53 percent male residents. Approximately 19 percent of the population is under the age of 18 (5 percent are under 5) and 13 percent of the population is 65 and over.

Mono County's inhabited areas range in altitude from 5,000 to 8,500 feet; winters can be long and harsh with occasional road closures. Residents primarily earn their livelihoods through government service and retail trades related to tourism and agriculture. The median income is \$61,814 and 11.3 percent of Mono County residents live in poverty; the median value of owner-occupied housing units is \$324,600. Schools are located in Coleville, Bridgeport, Lee Vining, Benton, and Mammoth Lakes, each school is approximately 25-45 miles from the next. Mono County has three school districts: Mammoth Unified School District (MUSD), Eastern Sierra Unified School District (ESUSD), and Mono County Office of Education (MCOE).

Several of Mono County's communities are year-round resorts and include multi-million dollar homes belonging to second homeowners. However, many year-round residents struggle to make ends meet, often holding more than one job. Additionally, the Mammoth Lakes tourist-related businesses, such as the ski area, promulgate a resort atmosphere that normalizes excessive alcohol consumption.

Assessment of Current Capacity

Part of Mono County Behavioral Health's (MCBH's) mission is to bring together representatives from Mono County communities, and ask these representatives to take a leadership role in identifying and resolving community health needs. In this assessment of current capacity, MCBH will examine current capacity within its department, as well as capacity of key community partners that also promote health and wellness.

Presently, MCBH employs a staff of 15, including 5 therapists, 6 counselors and case managers, and 4 administrative staff. Of these staff, 6 (40 percent) are bicultural and/or bilingual members of the Latino/Hispanic community. Of Mono County's total population, almost 30 percent are Latino/Hispanic. For penetration rate data, including Mono County's Hispanic penetration rate, please see Appendix B.

As will be outlined in this report, MCBH has a number of successful programs ranging from its Full Service Partnership program and crisis stabilization/intervention team to its social events and community engagement in outlying areas. Programs from previous years that are being continued or expanded in this Three-Year Plan take into account the department's current and future capacity. Where necessary, the report outlines where additional capacity will need to be developed to meet programmatic goals and community needs.

To examine capacity within the community, MCBH began by listing partner agencies, organizations, and coalitions (see Tables 1-2 below). In some cases, the relationships between MCBH and the partner are strong and in other cases the relationships could be strengthened.

One of the coalitions with the most capacity is the Behavioral Health Advisory Board, which is comprised of representatives from Mammoth Lakes Police Department, the Mono County Sheriff's Office, Wild Iris Family Counseling and Crisis Center, and the Mammoth Unified School District. It also includes two clients, the MCBH QA/QI Coordinator, and one County Supervisor (though she is not representing the Board). This committee is involved in MCBH's program planning and includes a wide range of community partners. The Multi-Agency Council (MAC) is another coalition that includes individuals in leadership positions. Over the years, this council has proven its political influence and its capacity for contributing to sustainable youth prevention efforts.

Table 1. Mono County Agencies

Agency	Purpose/Mission	Who is served?
Mono County Public Health	“The Public Health Department provides services that support the health and safety of Mono County residents including immunizations, HIV and other sexually transmitted diseases programs, communicable disease prevention and surveillance, tuberculosis program, health promotion, emergency preparedness, California Children’s Services (CCS), Child Health and Disability Prevention Program (CHDP), Women Infant and Children (WIC), services for women and children, safety programs and much more.”	Mono County residents
Social Services	“Our mission is to serve, aid, and protect needy and vulnerable children and adults residing in Mono County in ways that strengthen and preserve families, encourage personal responsibility, and foster independence.”	Needy and vulnerable children and adults
Mono County Office of Education	<i>“Mono County Office of Education is committed to serving students, schools and communities by providing and supporting exemplary educational programs in a professional and fiscally-sound manner in order to foster healthy and productive individuals.”</i>	Mono County students, schools, and communities
Mono County District Attorney	“The Mono County Office of the District Attorney promotes and protects the public peace and safety of Mono County, California.”	Mono County community
Mono County Sheriff	“The Mono County Sheriff’s Office is committed to providing the highest level of professional law enforcement services to enhance the quality of life for the citizens and visitors of Mono County.”	Mono County residents and guests
Mammoth Lakes Police Department	“The Mammoth Lakes Police Department’s mission is to provide quality law enforcement services, while building partnerships to prevent crime, maintain public trust and enhance the quality of life throughout town.”	Mono County residents and guests
Mono County Probation	The mission of the Mono County Probation Department is to ensure the safety of the residents of Mono County by providing community-based supervision and rehabilitation through a multi-disciplinary approach to persons being convicted or adjudicated of a crime.	Mono County probationers and community
Eastern Sierra Unified School District (ESUSD)	“We as students, parents, community members and educators together will inspire and challenge each of our students to pursue personal excellence, to contribute positively to society, and to sustain a passion for learning.”	Mono County students and parents/guardians
Mammoth Unified School District (MUSD)	“Mammoth Unified School District is committed to supporting students’ individual needs and preparing them for the future by instilling them with confidence. Our school district encourages all students to push themselves to achieve and develop socially, emotionally, physically and academically. The parents and staff are very involved in our students’ learning, recognizing their challenges and successes, while nurturing their individual talents and celebrating their diversity.”	Mono County students and parents/guardians

Table 2. Mono County Community Partner Organizations and Coalitions

Organization/Coalition	Purpose/Mission	Who is served?
Multi-Agency Council	Works on youth violence and AOD prevention and policy enforcement issues.	Mono County community
SDRR Collaborative	Work group of the Multi-Agency Council that studies and addresses high risk behaviors in Mono County youth.	Mono County youth
Behavioral Health Advisory Committee	“Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life.”	Mono County community, MCBH clients
Mammoth Hospital	“To promote the well-being and improve the health of our residents and guests.”	Mono County residents and guests
Wild Iris Family Counseling and Crisis Center	“Wild Iris is dedicated to promoting a safer community by empowering and restoring the independence of those affected by domestic violence, sexual assault and child abuse. Our vision is for non-violent relationships based on dignity, respect, compassion, and equality.”	Individuals affected by domestic violence, sexual assault, and child abuse
Student Attendance Review Board (SARB)	“The Board helps truant or recalcitrant students and their parents/guardians solve school attendance and behavior problems through the use of available school and community resources.”	Truant or recalcitrant students and their parents/guardians
Mammoth Mountain Ski Area	Mammoth Mountain provides recreational opportunities for residents and guests. It also serves as a major employer of permanent and temporary (sometimes transient) employees in Mono County.	Mono County guests and residents (permanent and temporary)
First Five Commission	“First 5 Mono County will be a leader in a community-oriented and family-centered support network for children prenatal to age five and their families, and is charged with improving outcomes in children’s health, safety, and learning.”	Children pre-natal to age five and their families

COMMUNITY PROGRAM PLANNING

A critical step in the MHSa Three-Year plan is engaging community stakeholders so that they can provide input on the allocation of the county’s MHSa funds. For this Three-Year plan, MCBH increased the formality of its Community Program Planning (CPP) process by conducting a community survey and holding several focus groups with key stakeholders. These engagement methods and a summary of the results are outlined below.

MHSa Community Survey

The MHSa Community Survey was developed and administered by the MHSa Coordinator and the Behavioral Health Advisory Board. Designed to target community members across our county, including clients and their families, allied agency staff, and other key partners, the survey was offered in English and Spanish.

The survey was administered via iPad to all clients and family members who agreed to take it in the MCBH waiting room with the goal of reaching out to clients with SMI, SED, and their families. It was also advertised through community flyers (English/Spanish) posted in Benton, Walker, Mammoth Lakes, Crowley Lake, and Bridgeport, as well as at all MCBH community events, such as the Foro Latino. This flyer was also posted in the MCBH waiting room, with the goal of reaching out to clients with SMI, SED, and their families. Finally, the survey was emailed to all staff and partners listed below:

• Behavioral Health Advisory Board (BHAB)	• Wild Iris Crisis and Counseling Center	• Mono County Public Health
• MCBH Staff	• Mono County Sheriff	• Walker Senior Center
• Mono County Social Services	• Mammoth Mountain Human Resources	• Mammoth Lakes Police Department
• First Five Staff	• Mammoth Hospital Staff	• School District Staff

Summary of Community Survey Results

- There were 137 survey responses submitted over the course of the two-month administration period in spring 2017.
- See Figure 1 below for a breakdown of participants’ community roles.
- The sample included responses from most outlying areas in the county, including participants aged 16-60+. Additionally, 18 percent of participants identified as Hispanic/ Latino.
- Approximately 91% of participants opted to take the survey in English and 9% took it in Spanish.
- Although the sample is not statistically representative of Mono County, MCBH is proud of its efforts to reach out to outlying communities and the Hispanic/Latino community. The county nearly doubled its survey response goal of 70 responses.

The top six most important mental health issues in Mono County were:

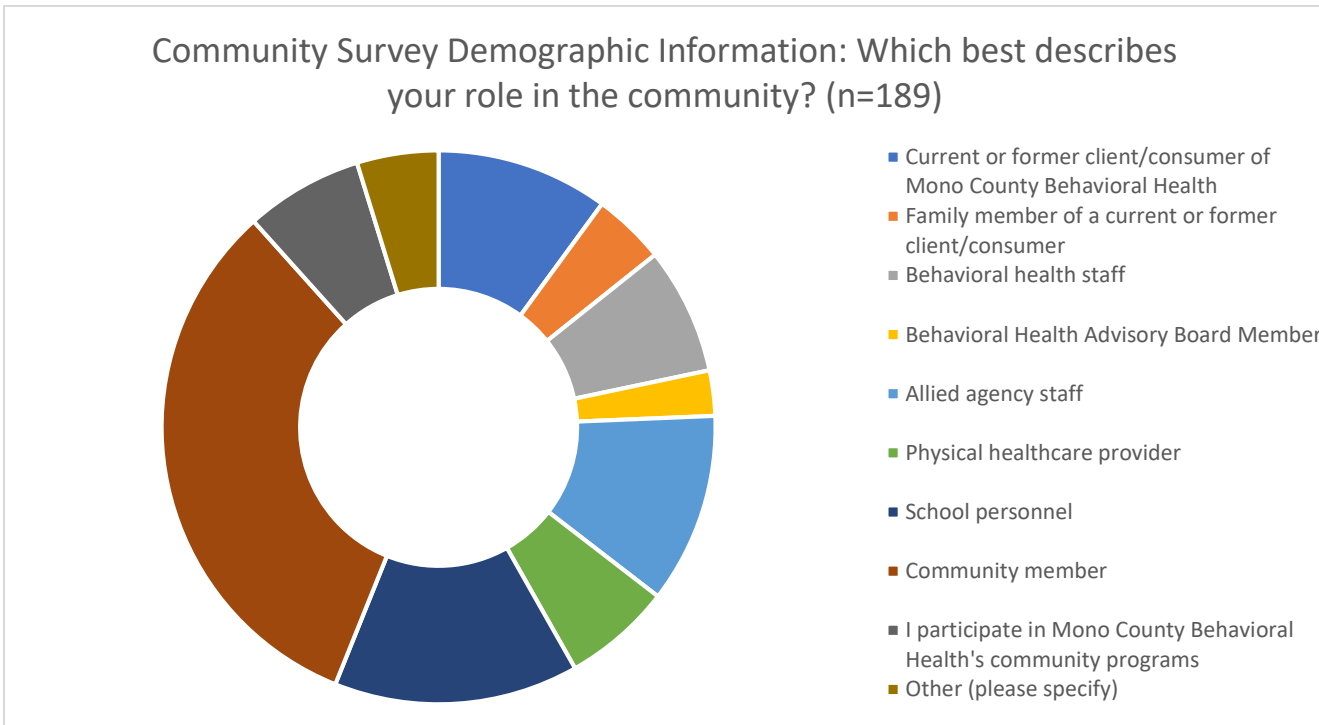
<ul style="list-style-type: none"> Alcohol & Drugs 	<ul style="list-style-type: none"> Isolation & Lack of Social Involvement/Support 	<ul style="list-style-type: none"> Lack of Providers, Access, & Resources
<ul style="list-style-type: none"> Lack of Housing & Sober Living Resources 	<ul style="list-style-type: none"> Lack of Stable Employment/Financial Instability 	<ul style="list-style-type: none"> Mental Health Stigma

The top seven most needed mental health programs/services in Mono County were:

<ul style="list-style-type: none"> Alcohol & Drug Services 	<ul style="list-style-type: none"> Housing 	<ul style="list-style-type: none"> Psychiatry
<ul style="list-style-type: none"> Mental Health Treatment & Counseling 	<ul style="list-style-type: none"> Places/Activities for Social Engagement 	<ul style="list-style-type: none"> Family Therapy Parenting Classes

For a full break down of demographics, survey results, and analysis, see [MHSA Survey Results](#).

Figure 1.



MHSA Focus Groups

MCBH Client Focus Group

- April 13, 2017; 8 participants; Conducted at MCBH office
- Facilitated by EQRO
- Key Takeaways include:
 - Creating an outreach/stigma reduction campaign with client testimonials
 - Increase other outreach efforts including advertising website
 - Offer childcare during programs and services
- See [MHSA Focus Group: Clients](#) for a full summary

Mono County Behavioral Health Advisory Board (BHAB) Focus Group

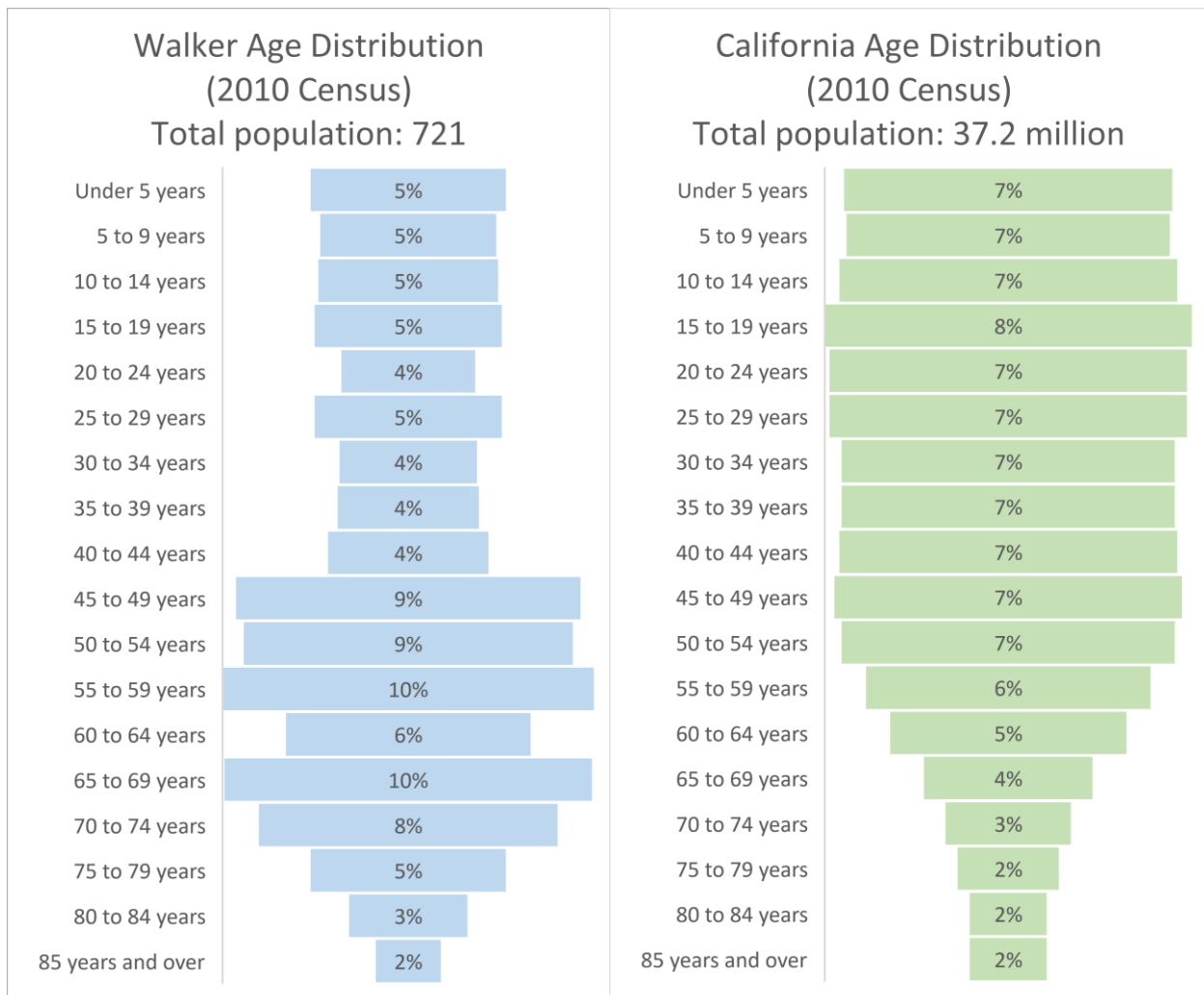
- May 1, 2017; 7 participants; Conducted at MCBH office
- This committee is comprised of representatives from Mammoth Lakes Police Department, the Mono County Sheriff's Office, Wild Iris Family Counseling and Crisis Center, and the Mammoth Unified School District. It also includes two clients, the MCBH QA/QI Coordinator, and one County Supervisor (though she is not representing the Board).
- At the BHAB meetings, members regularly discuss housing, crisis intervention/ stabilization, school mental health, senior mental health, jail re-entry, and integrating medical systems. Stakeholders are engaged in assessing needs and identifying solutions – oftentimes inter-agency solutions. Over the last year, both the professional stakeholders and client stakeholders on the BHAB have been closely involved in identifying housing as a significant need in Mono County and have been involved in the planning and engagement stages around the planned housing project.
- Facilitated by MCBH Director and MHSA Coordinator
- Key takeaways include:
 - Problems related to alcohol consumption
 - Training for hospital employees
 - Ongoing awareness and stigma reduction
 - Employment assistance for mental health clients
 - Lack of access to services
 - Increase capacity by hiring new therapist
 - Need for permanent supportive housing
- See [MHSA Focus Group: Behavioral Health Advisory Board](#) for a full summary

Walker Senior Center Focus Group

- April 5, 2017; 7 participants; Conducted in Walker, California (a remote community 90 minutes north of Mammoth Lakes and 40 minutes south of Gardnerville, NV; population: 721)
- The Walker Senior Center was chosen as a focus group site because the Walker community has an abnormally high rate of residents over the age of 45, and an especially high rate of residents 65-79. See Figure 2 below.
- The focus group was facilitated by the MCBH Director; notes were taken by the MCBH Coordinator
- Key takeaways include:

- Need for support for caregivers of dementia patients; support groups and respite care to help combat isolation and grief
 - *“Dementia is our main issue”*
- Need for end of life care and planning
 - *“Hospice is a big thing because if people need it, then they have to leave, and people want to be at home. Plus, it’s more economical to be at home.”*
- Lack of access to services and transportation
- Development of programs/activities that would promote community engagement
- See [MHSA Focus Group: Walker Senior Center](#) for a full summary

Figure 2.



Additionally, MCBH's Director frequently educates community groups and key community partners/stakeholders about the department's MHSA programs, a process that leads to informal needs assessment/information gathering. For example, she has presented on MHSA programs before the Mono County Rotary Club, the Multi-Agency Council, and the MAG. These presentations include significant discussion and feedback sessions surrounding community needs and services. Following these meetings, she has reported that she also always engages with people on an individual level who have questions about treatment for a friend, family member, or themselves. Finally, she also assesses MHSA needs and services through smaller scale meetings with partners like Mammoth Hospital, the Mono County Sheriff, etc.

Together, these engagement activities provided valuable and meaningful input about the unique needs of our community and allowed us to develop an MHSA program that is specifically designed for our county. Through these activities, we were able to reach a range of populations within the county, including clients, their families, allied agencies (social services, law enforcement, etc.), behavioral health employees, members of the Hispanic community, and community leaders. Clients, their providers, and their families were engaged through the distribution of electronic surveys; the community was engaged through survey participation. Allied agencies, members of the Hispanic community, and community leaders were engaged through committee and other meetings. Mono County believes that it has reached a wide range of voices and perspectives, and took great care to inform these stakeholders how valuable their input was throughout the process.

The proposed Three-Year Plan integrates stakeholder and survey input, as well as service utilization data, to analyze community needs and determine the most effective way to utilize our MHSA funding to expand services, improve access, and meet the needs of our unserved/ underserved populations. The MHSA Three-Year Plan planning, development, and evaluation activities were also discussed with the Mono County Behavioral Health Advisory Board members. There was strong support of the vision and goals for this Three-Year Plan and full support with the budget details.

LOCAL REVIEW PROCESS

30-day Public Comment period dates: July 21, 2017 – August 21, 2017

Date of Public Hearing: August 22, 2017, 5:30 pm, Sierra Wellness Center, Sierra Center Mall, Second Floor

Describe methods used to circulate, for the purpose of public comment, the Three-Year Plan

The plan was posted at monocounty.ca.gov/MHSA on 7/21/17. A news article was posted on MCBH's website and the Mono County website on 7/21/17, the public hearing was listed as an upcoming community event on MCBH's Community Events web page, and the public comment period was advertised in the county-wide newsletter. The public comment period and hearing are also being advertised on MCBH's English and Spanish Facebook pages. Please see images below for examples of advertisement.



Home

About Wellness Centers Community Events

PUBLIC COMMENT SOUGHT FOR MHSA THREE-YEAR PLAN

Public Input Sought
Mental Health Services Act
Three-Year Plan

Mono County Behavioral Health invites community members to:

- 1 Access the plan at: www.monocounty.ca.gov/MHSA
- 2 Send comments via email to: agreenberg@mono.ca.gov
- 3 Share input at a community meeting: August 22nd at 5:30 p.m. Sierra Wellness Center Sierra Center Mall, Second Floor

The 2017-2020 Mono County Mental Health Services Act (MHSA) Three-Year Plan can be found by visiting monocounty.ca.gov/mhsa or directly by clicking on [this link](#).

The MHSA requires counties to conduct a Community Planning Process and a Local Review Period. To identify county needs and to engage the public in our planning process, MCBH asked residents to fill out a Community Survey and participate in several focus groups. Through this process, MCBH staff and other stakeholders developed the 2017-2020 MHSA Three-Year Plan. We now invite the public to review the plan and provide comments on the proposed services and activities.

MCBH uses MHSA funds to pay for a very wide array of programs, activities, and services. These range from the wellness centers in Walker and Mammoth, to the community schools in Bridgeport and Benton, to North Star, our school-based counseling center. To learn more about how MCBH uses its MHSA funds and to weigh in on the programs we offer, be sure to participate in our public comment period.

NEWS

Behavioral Health

Public Input Sought
Mental Health Services Act
Three-Year Plan

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The 2017-2020 Mono County Mental Health Services Act (MHSA) Three-Year Plan can be found by visiting monocounty.ca.gov/mhsa or directly by clicking on [this link](#).

On July 21, 2017, Mono County Behavioral Health (MCBH) posted a draft of its 2017-2020 Mono County Mental Health Services Act (MHSA) Three-Year Plan for public comment. Members of the community are invited to review the plan and submit comments by emailing Amanda Greenberg at agreenberg@mono.ca.gov or by attending a public meeting on August 22nd from 5:30-6:30 pm at the Sierra Wellness Center in Mammoth's Sierra Center Mall (2nd floor).

The MHSA requires counties to conduct a Community Planning Process and a Local Review Period. To identify county needs and to engage the public in our planning process, MCBH asked residents to fill out a Community Survey and participate in several focus groups. Through this process, MCBH staff and other stakeholders developed the 2017-2020 MHSA Three-Year Plan. We now invite the public to review the plan and provide comments on the proposed services and activities.

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Advertisements for the public comment period were placed in three local newspapers: The Sheet, the Mammoth Times, and El Sol de la Sierra (a Spanish language newspaper). The ads appeared in El Sol on 7/27/17; they appeared in the Mammoth Times on 7/27/17 and 8/17/17; they appeared in The Sheet 7/29/17 and 8/19/17. Additionally, flyers were posted on 7/21/17 throughout the town of Mammoth Lakes, and in Mono County's outlying communities the week of 7/24/17.

Innovación Tecnológica Consolidará A México Como Potencia Agroalimentaria

Defienden Consejeros Independencia Del INE

Solicitud de Comentario Público Acta de Servicios de Salud Mental Plan de Tres Años

Salud Mental del Condado de Mono invita a la comunidad para:

- 1 Accesar el plan: www.monocounty.ca.gov/MHSA
- 2 Mandar comentarios por correo electrónico a: agreenberg@mono.ca.gov
- 3 Compartir su opinión en la junta para la comunidad: El 22 de Agosto a las 5:30 p.m. Centro de Bienestar Sierra Center Mall, Segundo Piso

Bishop Twin Theatre
237 N. Main St. • Bishop, CA

NUEVAS Y GRANDES MAQUINAS DE LAVAR PARA SERVIRLOS MEJOR

The Wash Tub
36 W. Warren St. Bishop.
60-873-6627

THE SHEET | Saturday, July 29, 2017

LETTERS

Notice of Ordinance

Notice of Petition

2017 WATERING SCHEDULE

Day	Watering	Watering	Watering
MON	Watering	Watering	Watering
TUE	Watering	Watering	Watering
WED	Watering	Watering	Watering
THUR	Watering	Watering	Watering
FRI	Watering	Watering	Watering
SAT	Watering	Watering	Watering
SUN	Watering	Watering	Watering

Public Input Sought
Mental Health Services Act
Three-Year Plan

Mono County Behavioral Health invites community members to:

- 1 Access the plan at: www.monocounty.ca.gov/MHSA
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Provide information on the public hearing held by the local mental health board after the close of the 30-day review

The public comment hearing was held on August 22, 2017 from 5:30-6:30 in Mammoth Lakes. It was staffed by Robin Roberts (MCBH Director) and Amanda Greenberg (MHSA Coordinator). One member of the public, from a local media outlet, attended the meeting.

Include summary of substantive recommendations received during the stakeholder review and public hearing, and responses to those comments

No formal comments were received during the public comment period; however, the plan was discussed at the Behavioral Health Advisory Board meeting. The Advisory Board suggested changing the mentions of “Davison House” in the plan to “planned housing project” to reflect the changing nature of the project. It also occurred to the MHSA Coordinator to add more description about what constitutes an Innovation project.

During the public hearing, discussion largely centered around housing for Mono County residents with mental illness. The meeting attendee focused on asking for clarification on housing issues rather than stating personal comments about the proposed plans.

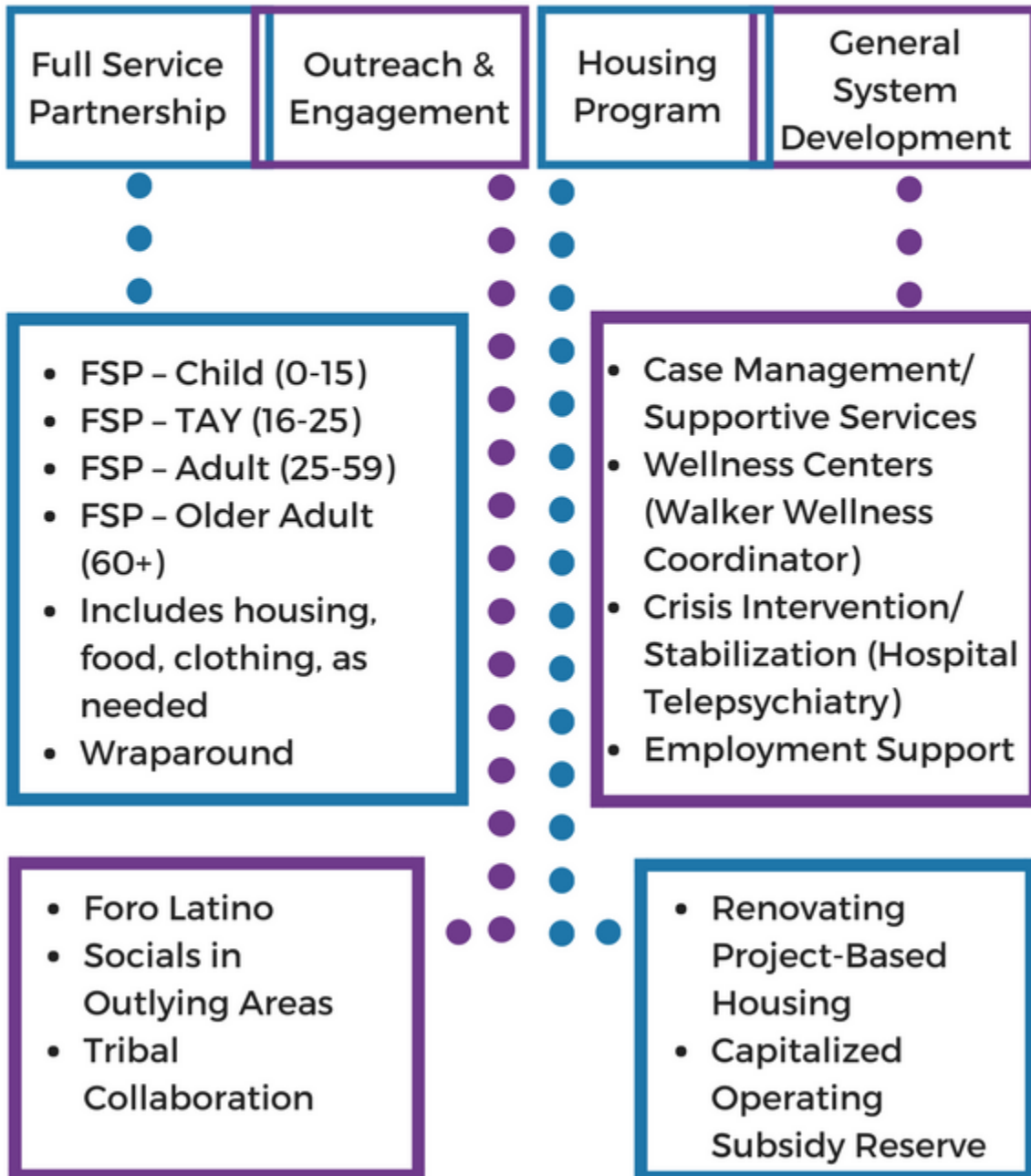
Include a description of any substantive changes made to the annual update that was circulated

MCBH added a paragraph describing the unique nature of Innovation projects. The department changed mentions of “Davison House” to “planned housing project,” as the site of the housing project may change.

MHSA Issue Resolution Process

To resolve an issue related to appropriate use of MHSA funds, inconsistency between approved MHSA Plan and implementation, and/or the Mono County Community Program Planning process, please see [Appendix C](#) for further instruction.

COMMUNITY SERVICES AND SUPPORTS



The MCBH MHSA Community Supports and Services (CSS) program provides services to people of all ages, including children (ages 0-17); transition age youth (ages 16-25); adults (ages 18-59); older adults (ages 60+); all genders; and all races/ethnicities.

The CSS Program includes four service categories: Full Service Partnerships (FSP), General System Development, Outreach and Engagement, and Project-Based Housing Programs. Please see Table 3 below for an overview of the programs and services offered within each of these service categories.

Services for all populations help reduce ethnic disparities, offer support, and promote evidence-based practices to address each individual’s mental health needs. These services emphasize wellness, recovery, and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual.

Table 3. CSS Service Categories & Programs/Services

Service Category	FSP	General System Development	Outreach/Engagement	Housing Program
Programs and Services	<ul style="list-style-type: none"> • FSP – Child (0-15) • FSP – TAY (16-25) • FSP – Adult (25-59) • FSP – Older Adult (60+) • Includes housing, food, clothing, etc. as needed • Wraparound* 	<ul style="list-style-type: none"> • Case management/supportive services • Wellness Centers <ul style="list-style-type: none"> ○ Walker Wellness Coordinator • Crisis intervention/stabilization <ul style="list-style-type: none"> ○ Hospital telepsych • Employment support 	<ul style="list-style-type: none"> • Foro Latino • Socials in Outlying Areas • Tribal Collaboration 	<ul style="list-style-type: none"> • Renovating project-based housing • Capitalized Operating Subsidy Reserve

**Note that Wraparound services are funded through a different funding stream; however, the Wraparound evaluation is being funded through MHSA dollars.*

Full Service Partnerships (FSP)

MCBH has adopted a community clinic model, specifically when it comes to Full Service Partnership (FSP) clients. FSP services include, but are not limited to, one-on-one intensive case management, housing support, transportation, advocacy, assistance navigating other health care and social service systems, child care, and socialization opportunities. These programs embrace a “whatever it takes” service approach to helping individuals achieve their goals.

A key component of MCBH's FSP program is providing housing support and services. Affordable housing, specifically for those with mental illness, is a critical concern in Mono County. In response, MCBH has an interdisciplinary team that works together to find and secure housing for FSP clients who are homeless or at risk of homelessness. This also includes assisting with first and last month rent deposits and occasionally securing emergency housing for individuals in crisis who do not meet 5150 criteria.

Although the FSP funding category may include Wraparound (Wrap) services for children, this program is funded through Social Services Realignment. However, MCBH is implementing a comprehensive program evaluation of the Wrap program in FY 2017-18 and this will be funded through the MHSA. For an overview of the outcomes targeted by the Wraparound program, please see the logic models in [Appendix A](#).

Tables 4-6 below report age, gender, and race/ethnicity data for MCBH's FSP clients for FY 2015-2016. These tables report the unduplicated clients. The total number of duplicated FSP clients for FY 2015-2016 is 62.

Table 4. Unduplicated FSP Clients by Age: FY 2015-2016

Age	Number of Clients	Percent of Caseload
0-15 years	3	10%
16-25 years	8	28%
26-59 years	14	48%
60+ years	4	14%
Total	29	100%

Table 5. Unduplicated FSP Clients by Gender: FY 2015-2016

Age	Number of Clients	Percent of Caseload
Female	12	41%
Male	17	59%
Another	0	0%
Total	29	100%

Table 6. Unduplicated FSP Clients by Race/Ethnicity: FY 2015-2016

Race/Ethnicity	Number of Clients	Percent of Caseload
Non-Hispanic White	13	45%
Non-Hispanic (No Race Specified)	8	27%
Hispanic White	2	7%
Hispanic American Indian	2	7%
Hispanic (No Race Specified)	4	14%
African American	0	0%
Asian/Pacific Islander	0	0%
Other/Unknown	0	0%
Total	29	100%

General System Development

Within the General System Development CSS service category, MCBH funds such services as case management and supportive services, the Sierra Wellness Center, the Walker Wellness Center, and crisis intervention and stabilization services. In FY 2016-2017, MCBH hired a full-time bilingual case manager who works with clients

and the Wrap Program. Additionally, she is working to expand the activities and programs offered in the Sierra Wellness Center, specifically the youth program called Clubhouse Live for 12-18 year olds, which now meets five days per week and has a core group of 8-10 youth. MCBH has also partnered with Mono County Probation to increase referrals to Clubhouse Live and the department has introduced an evaluation for the program. This evaluation tracks youth demographics, number of participants per session, number of unique participants, and measures of satisfaction, participation, and connectedness.

Other programs offered at the Sierra Wellness Center range from yoga to support groups. Staff are currently working on developing additional programming at the Walker Wellness Center, including a weekly adult arts session, additional community garden engagement, and drop-in hours. In the coming fiscal years, MCBH plans to expand Sierra Wellness Center and Walker Wellness Center services based on the responses from the community survey and focus groups. The Sierra Wellness Center as a whole serves approximately 50 clients/month with an average age of 42. The population served at this wellness center is primarily Caucasian with a small percentage of Hispanic attendees. The Walker Wellness Center is presently underutilized and the number of clients served is not tracked. Increasing utilization of this wellness center is a priority for the upcoming fiscal years, and the department has budgeted for a part-time Walker Wellness Center Coordinator.

In terms of crisis intervention and stabilization, MCBH has 24/7 crisis and access lines that are answered by MCBH staff on call. Staff also respond to crisis calls from the Mammoth Hospital Emergency Department for 5150 assessments. Beginning in FY 2017-18, this service is going to be augmented by a partnership with Mammoth Hospital to fund telepsychiatry services in the Emergency Department in order to better serve individuals in crisis. Lastly, various supportive services are funded through General System Development; in response to the findings from the BHAB focus group, MCBH is also exploring the possibility of expanding its employment support for clients.

Outreach and Engagement

MCBH offers several CSS programs, services, and activities that fall into the outreach and engagement category, including the Foro Latino and community socials in outlying areas. Every other month, the MCBH Cultural Outreach Committee hosts an event designed to engage the Hispanic/Latino community, reduce mental health stigma, and serve as a space to talk about mental health-related issues. In FY 2016-17, these events attracted up to 34 people. In the last several months, the Cultural Outreach Committee has also spent significant time discussing the mental health status of Mono County's immigrant population and potential outreach options to ensure the health and safety of this important group of residents.

MCBH has received awards for its community engagement in outlying areas (small, remote communities located throughout Mono County). Every month, MCBH hosts community socials in Benton (population: 280) and Bridgeport (population: 575). These events are popular and well-attended by residents of all ages, drawing up to 30 people per event. MCBH is looking forward to expanding its outreach programming to provide a monthly community social at the Walker Wellness Center. This was a suggestion made during the Walker Senior Center focus group, and MCBH plans to collaborate with Senior Center "regulars" to advertise the event.

Lastly, a need to increase collaboration with Mono County's tribal entities has been identified. To ensure that MCBH is supporting the needs of the tribal communities, the MCBH Director has committed to developing better working relationships with tribal leaders throughout Mono County.

Project-Based Housing

In the coming fiscal years, MCBH is planning a project-based housing program in Mammoth Lakes. Funds from this service category will be used to help fund the planned housing project and to help create a capitalized operating subsidy reserve.

CSS Achievements

MCBH has several accomplishments within the CSS funding category that it would like to report. From an administrative perspective, MCBH has improved its FSP and Key Event Tracking reporting processes, leading to more thorough data collection. The department has also implemented evaluations for two programs: Clubhouse Live and Wraparound. A comprehensive Wraparound evaluation is still in development, but a survey measuring fidelity to the 10 Wrap Principles was launched in February.

MCBH also expanded its Clubhouse Live program to five days per week thanks in part to a new partnership with Mono County Probation and the hiring of a new case manager. The department also expanded its Foro Latino events and has experienced significant success.

In FY 2016-17, MCBH responded to approximately 27 crises and the crisis team found emergency treatment for 5 clients. Additionally, the department is very excited to be creating an MOU with Mammoth Hospital to help fund telepsychiatry in the emergency department.

MCBH hired an MHSA Coordinator for the first time in its history in FY 2016-17. This position has increased the department's capacity for community needs assessment, reporting, program development, and evaluation. The MHSA Coordinator has also been working with the Behavioral Health Advisory Board to create its annual report and workplan, and presented before the Mono County Board of Supervisors on MHSA programming and funding.

Lastly, MCBH has spent more time reaching out to political figures in the community to build support for mental health activities and reduce stigma at a governance level. This political support and interagency collaboration is a valuable achievement.

Challenges or barriers, and strategies to mitigate

As a remote, rural county with a ski resort in its largest town, Mono County experiences a number of unique challenges regarding transportation, high cost of living, and lack of affordable housing. The high cost of living and lack of affordable housing place stress on individuals and families without high-paying jobs and sometimes forces them to work two jobs, which allows them less time to take care of their health needs. Likewise, lack of transportation can keep individuals from accessing services. MCBH has mitigated this barrier by offering more services and activities in outlying areas.

MCBH has also encountered challenges related to wellness center scheduling, particularly in Mammoth. While the wellness center schedules in outlying areas seem to work well for community members, a consistent schedule, free food and other strategies don't seem to attract regular users to the wellness center in Mammoth Lakes. MCBH is successful in engaging clients in treatment, but few other forms of engagement. Further research is required to learn how/why Mammoth is different from the outlying areas in terms of engagement.

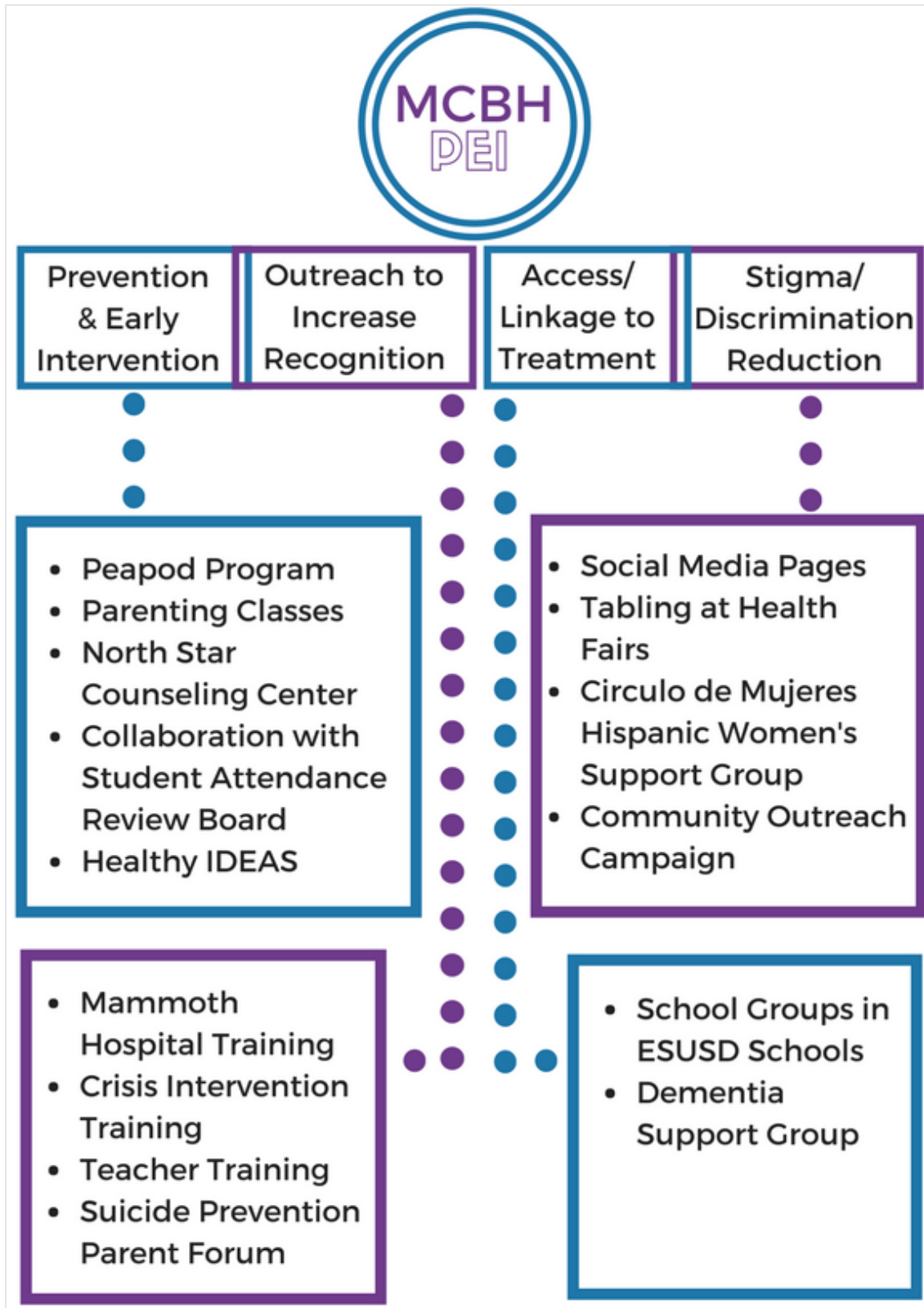
We have been unable to hire an on-site psychiatrist due to economy of scale issues, but we have been able to maintain stable telepsychiatry services, albeit at a high cost. As mentioned in the assessment of capacity above, MCBH has several one open positions. The department has also identified a need for professional development for case managers, an effort that will be discussed in the Workforce Education and Training segment of this report.

An additional barrier has been a lack of strong internal systems to track time spent on MHSA programs and to capture data for evaluation of CSS programs – a barrier that is beginning to lessen thanks to new efforts in FY 2016-17.

List any significant changes in Three-Year Plan, if applicable

There have been several changes to the MHSA Three-Year CSS Plan including the creation of an evaluation for the Wraparound program and Clubhouse Live program, the expansion of outreach into the Walker community through a monthly community social, and the expansion of wellness center activities based upon stakeholder input. MCBH also plans to help fund telepsychiatry services at the Mammoth Hospital Emergency Department and expand its employment support for clients. Lastly, the Director plans to build relationships with tribal entities.

PREVENTION AND EARLY INTERVENTION



The Prevention and Early Intervention (PEI) component of the MHSA includes five different funding categories: Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, and Stigma and Discrimination Reduction. Please see Table 7 below for an overview of the programs and services offered within each of these service categories.

Table 7. PEI Service Categories & Programs/Services

Service Category	Prevention	Early Intervention	Outreach to Increase Recognition	Access/ Linkage to Treatment	Stigma/ Discrimination Reduction
Programs and Services	<ul style="list-style-type: none"> • Peapod Program • Parenting classes/ Support Groups 	<ul style="list-style-type: none"> • North Star Counseling Center • Collaboration with SARB • Healthy IDEAS 	<ul style="list-style-type: none"> • Mammoth Hospital Training • Crisis Intervention Training • Teacher Training (family systems and ACEs) • Suicide Prevention Parent forum 	<ul style="list-style-type: none"> • School groups in ESUSD schools • Dementia support group 	<ul style="list-style-type: none"> • Social media pages • Tabling at health fairs • Circulo de Mujeres Women’s support group • Community outreach campaign

Prevention

The Peapod Program targets children from birth to five years old and their parents in six communities throughout Mono County. Every year, there are 3-4 Peapod sessions in each location; each session consists of 10 weekly playgroups in which parents and children gather together. The program is peer-run (peer-leaders go through a training program) and consists of structured activities for parents and children to participate in together. This provides time for children and their parents to socialize in rural, geographically remote communities where it is easy for families to feel alone. It also provides parents with a forum to ask developmental questions about their children, discuss problems they are having at home, and seek out services with licensed professionals. In Mammoth Lakes, there is also a Peapod Group for Spanish-speaking parents.

The expected outcomes/objectives of this program include: decreasing isolation by providing parents and children an opportunity to socialize, de-stigmatizing seeking behavioral health services, linking families to community services, encourage school readiness skills, and encouraging early literacy. This program is a community-led and -driven activity that was created in response to a specific community-identified need. It is a unique form of outreach that provides services within the community that help increase access to services, while providing prevention and early intervention services. Moreover, it helps improve families’ engagement in their own communities and with their peers.

In response to the Community Planning Process, which identified family relationships and parenting as key mental health challenges in Mono County, MCBH decided to increase funding the Peapod Program and to add funding for parenting classes to the 2017-2020 Three-Year Plan. For these parenting classes, MCBH will be partnering with Wild Iris Crisis and Counseling Center in Mammoth to fund the training of two new instructors. These individuals will be trained to teach the Positive Parenting Program (PPP) curriculum. Additionally, the director of Wild Iris will be attending an MCBH staff meeting to present on the classes and services that the non-profit offers and how to refer clients to those services.

Early Intervention

The first program funded by the Early Intervention category is the Mammoth North Star Counseling Center, which is a school-based counseling service that targets K-12 youth. The purpose of the North Star counseling center is to provide quality, culturally relevant, low cost counseling services to Mono County students and their families. This school-based counseling center focuses on prevention and early intervention strategies and treatments.

North Star's mission is to improve the lives of the clients we serve by providing tools and insights so clients can better recognize, confront and understand their challenges. All counseling services are confidential. North Star is focused on prevention and early identification of mental health issues for students in grades K-12. This program utilizes a framework of prevention and early intervention strategies that encourages the school and the community to implement programs and services that meet local needs.

Students are referred to the North Star program by teachers; students are then assessed by a therapist on the school campus. Some of the most critical issues that the therapist seeks to identify are early onset anxiety disorders, depression, and psychotic disorders. Youth in elementary school and youth who don't meet medical necessity for individual therapy are offered the opportunity to join peer support groups. These groups are designed to promote pro-social behavior and are also used to identify whether students have secondary needs.

Thanks to this referral and screening process, MCBH believes that fewer students "fall through the cracks." Additionally, North Star has helped reduce mental health stigma in the community and provided a safe place where students and their families can seek needed services. The program also aims to build resiliency among students and their families, and families are closely involved in setting treatment goals. North Star has also developed a strong and trusting relationship with Mammoth Unified School District and the Mono County Office of Education – therapists, teachers, and administrators often work collaboratively to refer students to the program and respond to crises.

In 2016, this program served approximately 60 students with an average age of 14. Of participating students, 75 percent were Hispanic and 25 percent were Caucasian. In terms of gender, approximately 40 percent were female and 60 percent were male. Presently, individual progress is tracked with the GAD-7 anxiety scale and the PHQ-9 depression scale. Additionally, MCBH is in the process of planning and implementing an evaluation of the program.

The second activity funded through the Early Intervention category is collaboration with SARB (the Student Attendance Review Board). Every month, youth with poor school attendance and their parents/guardians are asked to attend a SARB meeting. Behavioral Health staff regularly attend this meeting to ensure that any students/family members with mental health or behavioral problems are referred to MCBH for services. MCBH

staff hypothesize that if more services are provided immediately following identification by SARB, then fewer youth/families will need more intensive services like Wraparound. In May 2017, two students were referred to MCBH by SARB. This practice is expected to continue going forward.

The third activity funded through the Early Intervention category is the Healthy IDEAS program, which is a depression screening tool for seniors. This is an evidence-based program designed to increase access to services among senior citizens. The program takes place at the Walker Senior Center and is facilitated by Mono County Social Services.

Outreach for Increasing Recognition of Early Signs of Mental Illness

Within this funding category, MCBH will be partnering with Mammoth Hospital to offer a series of lunch and learn sessions around early signs of mental illness, the services offered at MCBH, and how to refer patients to MCBH. The department will also be partnering with the Mammoth Lakes Police Department to provide MLPD officers with Crisis Intervention Training. Lastly, MCBH will be working with local schools to provide two educational opportunities: parent forum focusing on suicide prevention and a teacher training increasing awareness about how family systems and adverse childhood experiences can affect behavior. Furthermore, MCBH will be serving on Mammoth Unified School District's Suicide Prevention Board.

Access and Linkage to Treatment

In response to the Walker Senior Center Focus Group and findings from the California Healthy Kids Survey (CHKS), MCBH is introducing two new programs that specifically target residents in the northern part of Mono County (Walker/Coleville). To serve seniors, MCBH will be starting a support group for caregivers of dementia patients. This support group will ideally be facilitated by the Walker Wellness Center Coordinator (a new part-time position discussed in the CSS section of this report). An important part of this support group will be the identification of caregivers in need of mental health treatment and linking them to services.

The other program underway within the Access and Linkage to Treatment category are school groups offered in ESUSD (Eastern Sierra Unified School District) Schools. In FY 2016-17, the MCBH Director noticed that in ESUSD schools, high rates of students were reporting sad or hopeless days (as measured by the CHKS). To address this issue, case managers started reaching out to the schools and establishing mental health-related groups based on the schools' identified needs. Students in need of individual or more intensive services are linked to treatment through these groups.

Stigma and Discrimination Reduction

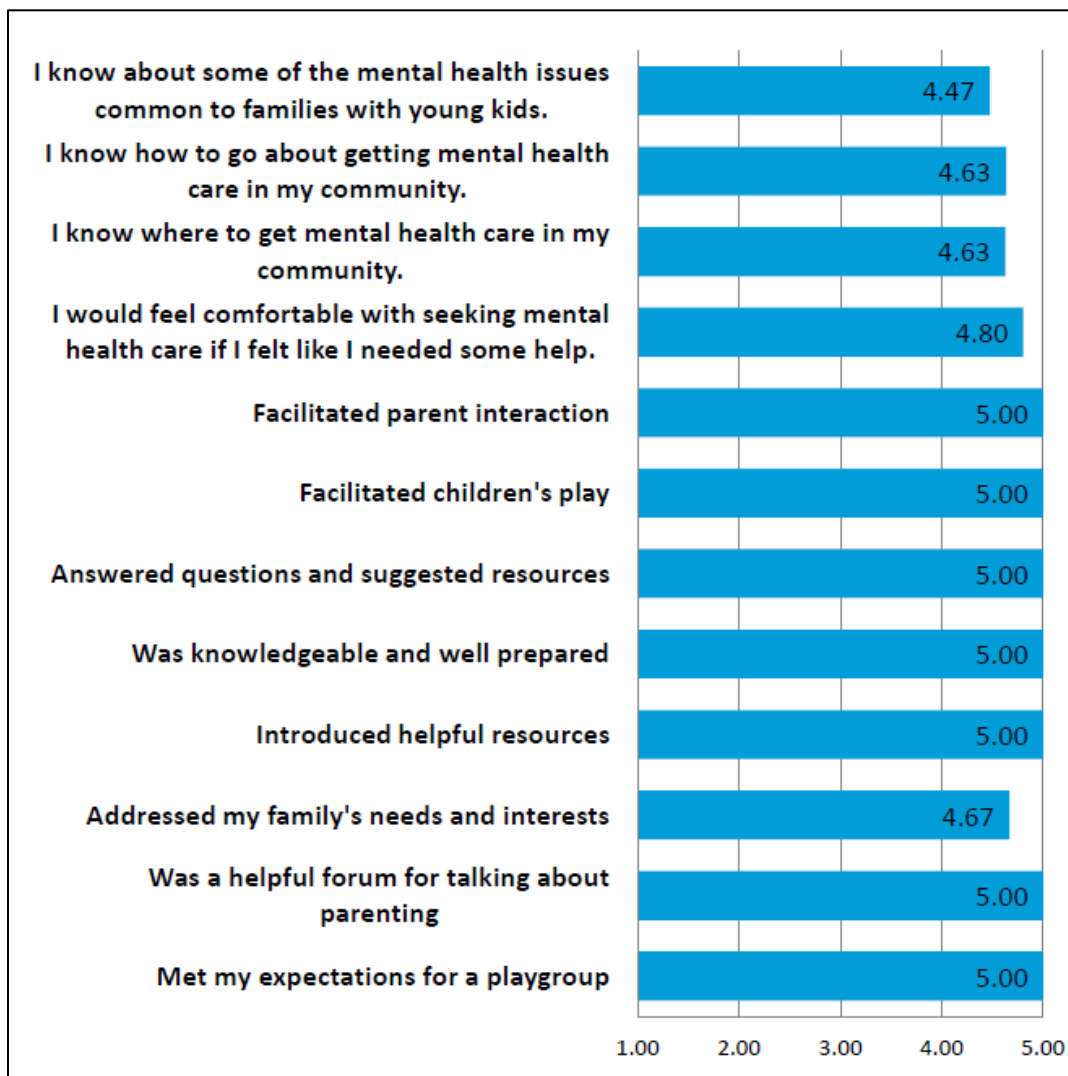
To reduce stigma and discrimination, MCBH engages in several activities, including English and Spanish Facebook pages, tabling at health fairs and other community events, holding a support group for Spanish-speaking Hispanic women, and developing a community outreach campaign. Social media outreach and tabling at events have both been on-going activities; however, the women's support group and community outreach campaign are new to the 2017-2020 Three-Year Plan. The women's support group, Circulo de Mujeres, focuses directly on reducing stigma and the effects of discrimination among Spanish-speaking Hispanic women. The community outreach campaign, which is planned for FY 2018-2019 is in response to the Community Planning Process. The MHSA Coordinator is also in the process of developing evaluations for each of these activities.

PEI Achievements

During the 2016 school year, MCBH served even more young people through its North Star Counseling Center and staff started discussing an evaluation of that successful program. The department started building stronger relationships with teachers and administrators in Eastern Sierra Unified School District Schools in order to introduce school groups in these areas. MCBH launched a popular new support group for Spanish-speaking Hispanic women and increased its activity with the Student Attendance Review Board (SARB). In FY 2017-18, the department plans to formalize its relationship with SARB and develop a referral and follow-up tracking system.

Lastly, in FY 2015-16, the Peapod Program referred more families than ever to behavioral health services. Parents also reported high levels of satisfaction with playgroups and increased knowledge around mental health issues common to families with young kids. See Figure 3 below. In FY 2016-17, the Peapod Program also started collecting all the demographic information required for PEI programs.

Figure 3. Peapod Program: All Parent Surveys FY 2015-16 (n=41)



Challenges or barriers and strategies to mitigate

MCBH's PEI programs still lack some evaluation components. Although individual progress is tracked, these data are not aggregated to assess the effectiveness of the program as a whole. Other options for evaluation could include satisfaction surveys from clients and families and an analysis of target outcomes. The creation of an evaluation plan for the North Star program and other PEI programs is planned for FY 2017-18.

Another challenge is that the North Star program only takes place in Mammoth Unified School District. A natural extension of the program would be to also serve Eastern Sierra Unified School District, which includes several outlying communities; however, this would require additional staffing and significant travel time. North Star staff have also identified the need for additional Spanish-speaking therapists and an extension program for transition age youth. MCBH is considering this as a possibility for FY 2018-19 once open positions have been filled.

List any significant changes in Three-Year Plan, if applicable

New additions to MCBH's PEI 2017-2020 Three-Year Plan include funding for parenting classes; outreach/education to teachers, parents, and physical healthcare providers; a dementia caregiver support group for Walker seniors; and a community outreach campaign (coming in FY 2018-19).



Eastern Sierra Learning Collaborative:
A County-Driven
Regional Partnership



Overview:

Two-year partnership between Inyo,
Mono, & Alpine Counties

Goal:

Meet needs for education &
training in remote, rural counties
while improving housing, isolation,
and employment outcomes

Contribution to learning:

Creation of template for future
cross-county collaboration

INN SECTION 1: PROJECT OVERVIEW

Innovation Defined

INN projects are novel, creative and/or ingenious mental health practices/approaches that contribute to learning and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served individuals....An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to “try out” new approaches that can inform current and future mental health practices/approaches in communities. To clarify, a practice/approach that has been successful in one community mental health setting cannot be funded as an INN project in a different community even if the practice/approach is new to that community, unless it is changed in a way that contributes to the learning process. Merely addressing an unmet need is not sufficient to receive funding.

Primary Problem

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Ongoing skill development is a key component of providing excellent services to clients, preventing burn-out, and integrating best practices. Furthermore, when greater percentages of staff members develop specific skills, the greater the impact. However, for counties like Mono County that are very rural and remote, there are myriad barriers to ongoing skill development. In fair weather, it takes 4.5 hours to drive from Mammoth Lakes to Sacramento and 5 hours to drive to Los Angeles. Although Mammoth Lakes is 76 miles “as the crow flies” from population centers like Fresno, the lack of mountain passes and closed mountain passes make the trip there more than 6 hours. Add hazards like snowy roads, mud slides, and flooding into the mix and travel can be impossible. All this is to illustrate that Mono County is very remote and the challenges of traveling to large population centers where there may be training opportunities are very real. When staff attend trainings, meetings, or conferences they must frequently travel more than half a day.

Through its Community Program Planning process, the Mono County Behavioral Health (MCBH) Department identified housing, financial stability/employment, and isolation as some of its top needs. In order to better address these needs, MCBH identified one particular solution: skill development among staff in its department, and among staff employed by its community partners. However, accessing skill development opportunities is somewhat of a catch-22: MCBH has so few people that bringing in an on-site trainer for multi-session training and coaching would not be cost effective, but Mono County is so far from larger population centers that travel to a multi-session training would also not be cost effective. In exploring potential solutions to these problems, MCBH’s Director discovered that neighboring Inyo and Alpine Counties also face challenges related to accessing skill development opportunities. Inyo and Alpine Counties have 23 and 16 staff members, respectively and are both remote, rural counties like Mono.

The three directors met to discuss the specific needs that were identified by stakeholders through the Community Program Planning process. Through this discussion, they discovered that all three counties could benefit from a strengths-based approach to services. This best practice has been proven to improve client outcomes and increase staff engagement; however, for transformational change to take place within the department, all staff would need to develop strengths-based skills. Together, the three counties identified the Strengths Model (implemented over 18 months with a dedicated trainer) as an approach that would meet the departments' needs. This evidence-based model has been proven to improve outcomes in the areas of housing, employment, education, and increased community involvement. Moreover, Mono, Inyo, and Alpine Counties believe that this combination of challenges and needs is a perfect launching point for a county-driven regional collaborative.

Through further discussion with Inyo and Alpine Counties, Mono County also identified opportunities for skill development and improved collaboration among its community partners. In Mono County, the community partners often work together and serve the same clients, but they don't always have a common approach. Through the Learning Collaborative, MCBH would like to learn more about collaboration with community partners, specifically in terms of promoting a change to a strengths-based culture that would ultimately become the common approach with clients.

MCBH has prioritized this INN project because staff retention and skill development are enormous challenges in our small department of 15 people. It is common throughout Mono County for staff to become burned out and either 1) move away, leaving positions open for up to 12 months at a time or 2) remain in the position because other work opportunities are not available in the area but become disengaged from the work. Mono County must often hire less experienced staff members because the applicant pool for open positions is so small. With this in mind, it is critical to provide skill development opportunities. Additionally, with some frequency MCBH has identified client/family needs that are in our outlying areas. Sometimes, these areas are closer to other counties (for example, clients in Benton are closer to Inyo County's offices in Bishop than Mono County's offices in Mammoth Lakes). On other occasions, there are practitioners in other counties with the expertise that we need but cannot use because we do not have the infrastructure, buy-in, or ability to collaborate. In these scenarios, having a team that shares the same approach and has the infrastructure to work on a regional level would best serve such a client's needs would be enormously helpful. If we have a regional collaboration for team approach treatment, we can develop a workforce that is specific to this region, not siloed department by department.

Lastly, MCBH chose to prioritize this INN project over other identified needs because most other needs that were identified through our Community Program Planning process could be met through smaller scale interventions based upon proven practices that fall into other MHS funding categories. MCBH also believes that it can make distinct contributions to learning as it relates to rural regional collaboration for ongoing skill development.

Proposed Project

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project

In order to address the problems and barriers outlined above, Mono County is proposing an Innovation Plan that would create the Eastern Sierra Strengths-Based Learning Collaborative. This Collaborative will be comprised of Inyo, Mono, and Alpine Counties, as well as community partners such as Mammoth Hospital, law enforcement, and Wild Iris Crisis and Counseling Center and will meet for 9 learning and coaching sessions over the course of 18 months. MCBH believes that county-driven learning collaboratives are a valuable way for rural and remote counties to leverage their resources to meet critical regional needs and develop long-term regional partnerships. The department anticipates that this innovative Collaborative will not only meet the counties' immediate skill development needs, but will also help create a template that will facilitate smoother county-driven collaboration in the future.

The Eastern Sierra Strengths-Based Learning Collaborative will be funded in proportionally by Inyo, Mono, and Alpine Counties; Inyo and Alpine Counties plan to fund their contribution to the Collaborative with Workforce Education and Training (WET) money. MCBH has opted to use INN funds instead of WET funds because the department is very interested in learning more specifically about how to implement a successful collaborative among some of the smallest of the small counties and how the lessons learned about barriers, facilitators, and the exchange of ideas might be applied in other counties. Additionally, Mono County is the "hub" of the program both geographically and idealistically – MCBH's director first approached the other directors with the idea of a collaborative. In this way it makes sense that MCBH would spearhead the innovative learning component of this training.

Each county will sign an MOU, which will outline funding and other responsibilities. MCBH recognizes that the MOU development process may be difficult and complex (a bureaucratic barrier), and the department plans to clearly outline the process used and the lessons learned in its learning goal deliverables. From a financial perspective, Mono County will be responsible for \$85,000 of the training itself, while Inyo and Alpine counties will be responsible for \$110,000 and \$55,000 of the training costs, as well as costs related to staff travel and time.

From a responsibility perspective, Inyo, Mono, and Alpine will each be responsible for different aspects of the planning and implementation process, but all counties' staff will participate in the training and coaching sessions. Given that MCBH proposes to use Innovation funds for this project, MCBH will take responsibility for creating the regional collaboration work plan, which will also include guidelines, recommendations, and other lessons learned. This work plan will outline every task that needs to be accomplished to get the Eastern Sierra Learning Collaborative up and running; it will also serve as a template for other counties that wish to implement a county-driven regional collaborative.

It is estimated that the Collaborative planning process will take approximately four months, the sessions will take place over the following eighteen months, and evaluation will wrap up in two months; in total, this Innovation project will be complete in 24 months. All sessions will be facilitated by an expert trainer/coach from the California Institute for Behavioral Health Solutions (CIBHS) and the location will rotate between the three counties with all staff traveling to that location (i.e. for session #1, all Inyo and Mono staff will travel to Alpine County). Alternating between the counties will also allow team members to view the work environment and resources available to their peers.

The Eastern Sierra Strength Based Learning Collaborative will be a hybrid of the Breakthrough Series Collaborative Model developed by the Institute for Healthcare Improvement and the Strengths Model, which is described briefly below. The training will implement several components of the Collaborative Model which are focused on systems change; these include topic selection, enrolling staff, pre-work, and engaging in learning sessions. Combining these two models will promote both system change and clinical change. Where most other models focus on either systems change or clinical change, this Collaborative will target both equally to ensure that the systems are in place to support clinical change, and that the clinical practice is in place to lead to systems change. Inyo, Mono, and Alpine Counties predict that this hybrid approach will be even more effective given the regional focus and customization.

Strengths Model Overview:

“The University of Kansas School of Social Welfare developed the Strengths Model in the mid-1980s as a response to traditional deficit-oriented approaches in mental health. The Strengths Model is both a philosophy of practice and a set of tools and methods designed to enhance recovery. While the tools of the model (i.e. Strengths Assessments and Personal Recovery Plans) are used primarily by community-based direct service workers (e.g. case manager, care manager, care coordinator, community health worker, etc.), the principles of the model have agency-wide application.

The Strengths Model rests on six core principles [that provide both a philosophical base as well as day-to-day guidance for tasks and goals] (Rapp & Goscha, 2012):

- Principle # 1: People with psychiatric disabilities can recover, reclaim and transform their lives;
- Principle #2: The focus is on an individual’s strengths rather than deficits;
- Principle #3: The community is viewed as an oasis of resources;
- Principle #4: The client is the director of the helping process;
- Principle #5: The relationship is primary and essential;
- Principle #6: The primary setting for our work is in the community.”

The Strengths Model is also the curriculum that will be used to train staff. Learning sessions will be focused on recovery goals, engagement, and strengths assessment; group supervision and building recovery-oriented treatment plans from the strengths assessment; developing the personal recovery plan; and naturally-occurring resources and supporting independence from the system. This model is proven to improve outcomes in the areas of housing, employment, education, and increased community involvement, all of which directly correlate to the needs identified in Mono County’s Community Program Planning process.

B) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental

health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).

The approach taken will be to make a change to an existing practice in the field of mental health. Training and professional development are common existing practices in the field of mental health; however, Mono County is introducing an innovative change by collaboratively planning and implementing the training with other rural counties in the region. Moreover, the collaborative will be built upon the specific needs and expectations of the three counties involved, ensuring a bottom-up rather than top-down approach.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.

MCBH has determined that this approach is appropriate because it directly addresses the need for skill development in Mono County. More importantly, however, this approach will also meet the needs that Inyo and Alpine Counties have identified. This Innovation Plan will allow these three remote counties to overcome the rural barrier to skill development. It will also allow the counties to leverage their resources and create an environment for collaboration while increasing localized knowledge.

Innovative Component

What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

Professional development, continuing education, and training are all common to the fields of mental health. It is common for state agencies, national organizations, and other wide-reaching entities to plan and host trainings or educational events. It is even common for county mental health plans to identify needs and either send staff to trainings or bring in an on-site trainer. It is uncommon for counties to work together across funding and bureaucratic barriers to find common needs and pool resources to address those needs, especially when inviting community partners to the table. These bureaucratic barriers could range from challenges related to Boards of Supervisors, to composing complex MOUs, to project funding, to political differences between agencies and partners.

What makes the Eastern Sierra Learning Collaborative innovative is the fact that the identification of needs and the planning and implementation of the Collaborative has all been county-driven and that it will also invite community partners to the learning sessions. It is Mono County's hope that inviting these community partners to the table will not only create a better infrastructure for collaboration, but also build the foundation for more common approaches in the future. The development of this Collaborative has been a regional grassroots effort; where other trainings may be grassroots, they are likely not regional and where they are regional, they are rarely grassroots.

As a result of this Innovation project, Inyo, Mono, and Alpine Counties will all have a common need met through a Collaborative that is specifically adapted to the remote, rural environment and includes both systems change and clinical change elements. Moreover, this Innovation project serves as a learning opportunity for how counties can improve their collaborative work and leverage resources to meet common county-identified needs.

Finally, it serves as a way to learn more about working with other community partners and developing a common approach to serving clients across organizational boundaries.

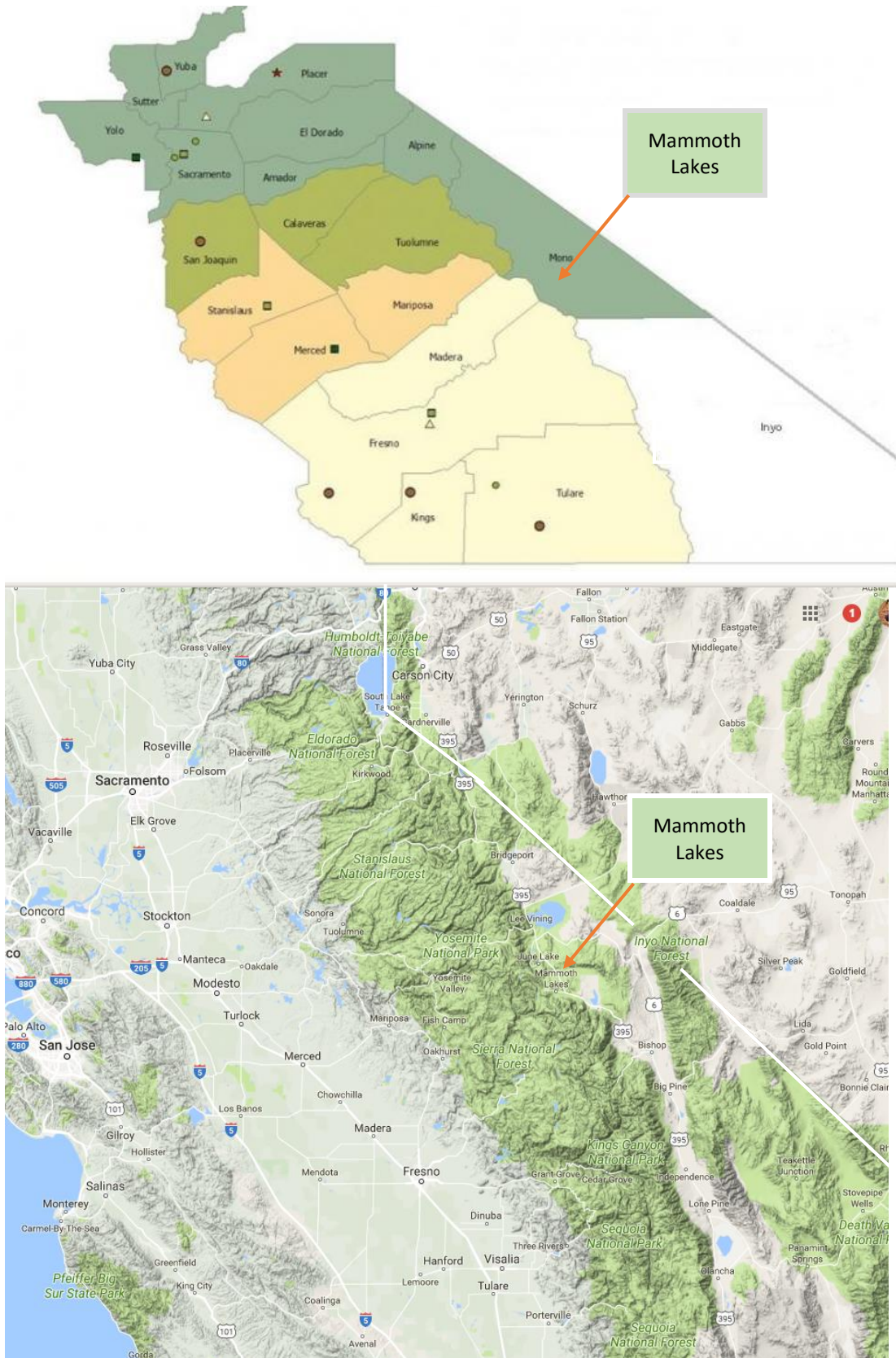
Research on Innovative Component

Describe the efforts have you made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address?

The MCBH MHSA Coordinator made a meaningful effort to investigate existing models of learning collaboratives, regional training centers, and county-to-county learning during the planning process for the INN Plan. One existing project this is close to the proposed project is the CIBHS Workforce Education and Training (WET) Regional Partnership Toolkit 2009. This toolkit provides a broader look at the creation of a Regional Partnership, questions to ask around identifying priorities, and planning meetings. While this information is certainly useful, the material is not only older (2009) and references the Department of Mental Health, it also does not take into account the bureaucratic and physical barriers associated with collaboration, or the challenges related to bringing community partners into the mix and developing common approaches for client service.

Moreover, this toolkit is focused on the Regional Partnerships that were developed based on the geographic regions designated by the California Mental Health Directors Association. In this designation, Inyo, Mono, and Alpine Counties are part of the Central Region, which includes a broad range of very different counties with very different needs. In addition to the Central Region being geographically long and fairly wide, it is separated by the Sierra Nevada Mountains (See Figure 1 below). These differences and natural divisions make regional work much more challenging than it may appear. The primary way that the Eastern Sierra Learning Collaborative will be different from existing Regional Partnerships is that it will focus on the rural, remote needs of the three counties involved rather than using the existing large partnership model that has been implemented. As mentioned above, the Learning Collaborative will also focus more on learning about strategies to overcome bureaucratic barriers.

Figure 1. Regional Partnership Map: Central Region: County Map vs. Topographic Map



After researching the CIBHS WET Regional Partnership Toolkit, the MHSA Coordinator turned to the internet. A search of Google and Google Scholar for such keywords as "rural learning collaborative," "county to county learning," "regional training," and "cross county training." These searches did reveal some results similar to this Innovation project; however, none of the models or approaches found were truly county-driven and designed to specifically address regional needs:

- For example, MCBH researched the San Diego Regional Training Center and the Greater Bay Area Mental Health & Education Workforce Collaborative, both of which are a county-run centers that were formed to meet regional training needs. Although these centers are county-driven and require cross-county collaboration, they were essentially created as a permanent entity with dedicated staff that could facilitate trainings.
- In another example, counties in Colorado can take advantage of the Collaboration Incentive, which aims to encourage county departments of human/social services to collaborate with at least three approved partners at least once per quarter. While this is certainly a valuable initiative, the parameters ("approved partners," etc.) that the state places around the Incentive are very different from what MCBH is proposing.
- MCBH also discovered literature about inter-agency collaboration *within* the county setting. While the lessons taken from these articles are interesting, important, and relevant to the proposed Innovation project, again, MCBH is planning to take collaboration a step farther: going beyond county lines.

These examples are very different from the multi-county, self-planned Innovation project that MCBH is proposing. Other collaboratives that were researched are largely run or regulated by state/national entities, consulting firms, or other agencies and then counties can choose to participate. As described above, the Eastern Sierra Learning Collaborative takes a more grassroots rather than top-down approach.

Lastly, MCBH queried other MHSA Coordinators from the CBHDA MHSA Committee, as well as other fiscal staff to learn whether cross-county collaboratives had been done elsewhere. There was no affirmative response from the more than 100 people emailed. Additionally, MCBH spoke with a consulting firm in Colorado that coordinates several state and national learning collaboratives, as well as staff from CIBHS who both confirmed that they believe the county-driven regional learning collaborative proposed in this plan to be innovative.

Learning Goals/Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

MCBH's first goal to learn or better understand how to facilitate cross-county and inter-agency collaboration. We want to learn exactly what steps need to take place for counties to come together and identify needs, identify solutions, and implement those solutions using shared resources. What additional steps need to be taken to include other county partners in such collaboratives?

Deliverable: The resulting findings will be used to create a cross-county collaboration template or checklist.

MCBH's second goal is to learn or better understand what factors serve as facilitators or barriers to cross-county collaboration, specifically from a bureaucratic standpoint. This will allow MCBH to understand the what systems or resources need to be in place for such a Collaborative to be successful.

Deliverable: The resulting findings will be used to create a "Lessons Learned" Factsheet and a Feasibility Checklist/Readiness Assessment.

MCBH's third goal is to learn or better understand the benefits of such a collaboration in remote, rural environments. What is the value of "cross-pollinating" staff within these three small departments and the community partners? Will staff be better equipped to leverage resources and make referrals to services across county lines (especially related to local agencies that already have a cross-county presence like IMACA and Wild Iris)? What other unforeseen benefits might this collaboration have?

Deliverable: The resulting findings will be used to create a "Lessons Learned" Factsheet.

We have prioritized these learning goals because they will provide a process by which Mono, Inyo, and Alpine Counties can meet their current identified needs and recognize facilitators and barriers to meeting those needs. Additionally, these learning goals will allow MCBH to create tools that can guide future collaboration for our three counties and other counties that wish to increase their cross-county collaboration outside existing Regional Partnerships, and outline the benefits of such a collaboration.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

Our learning goals are directly related to the innovative component of this Innovation plan. The innovative component of this plan is that the Eastern Sierra Learning Collaborative is a county-driven collaborative that crosses county and inter-organizational barriers. Our learning goals will ensure that we are able to successfully implement the collaborative and that by documenting the process we help make innovative cross-county collaboratives more common in the future.

Evaluation or Learning Plan

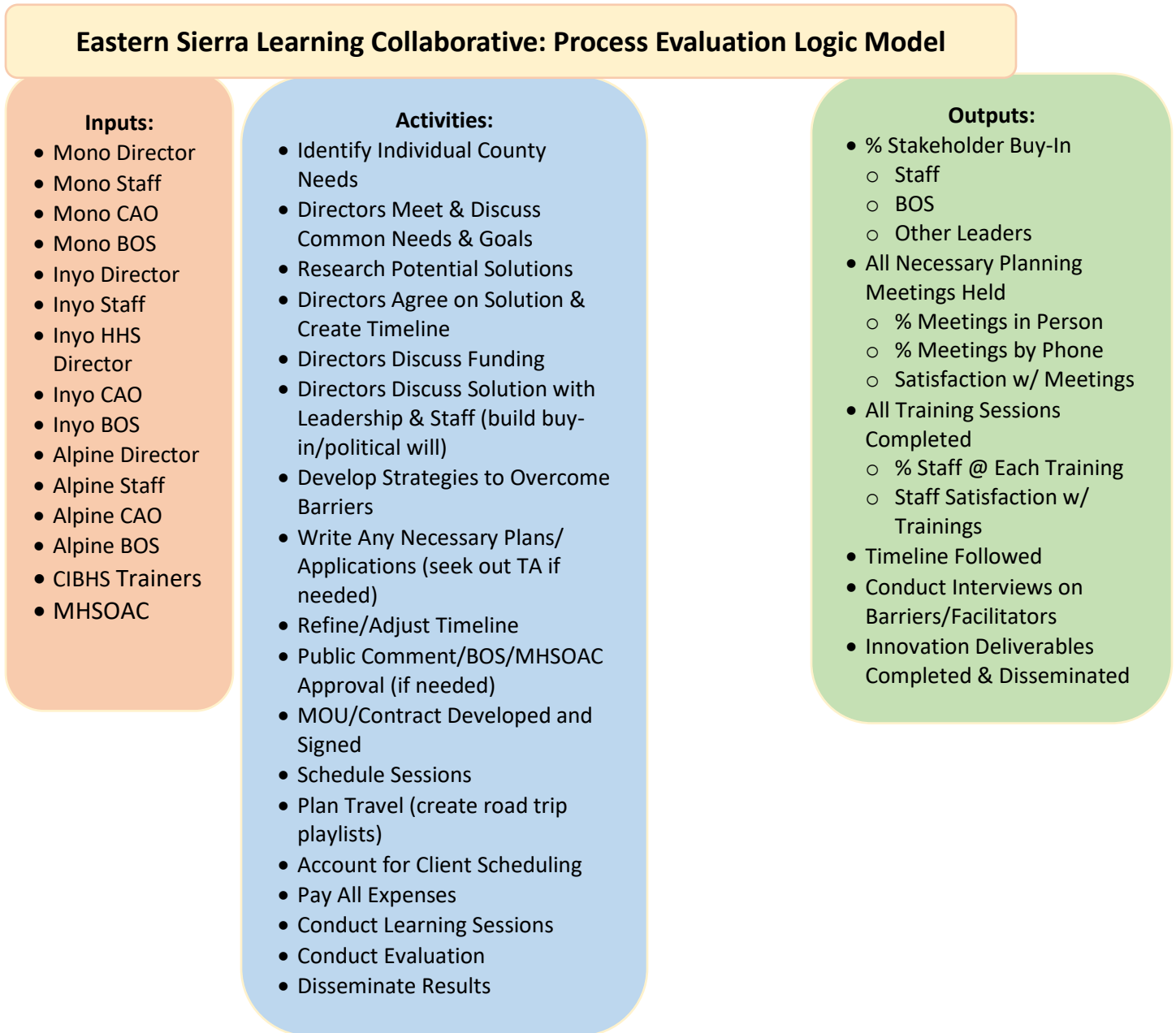
For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met.

MCBH will primarily use a process evaluation to track the implementation of the Eastern Sierra Strengths Based Learning Collaborative. The hypothesized process logic model is included below (see Figure INN.1). The MCBH MHSa Coordinator and CIBHS facilitators will share responsibility for tracking all activities and outputs. As the implementation process proceeds, they will also build out the logic model further by adding items to the activities and outputs where necessary. This process evaluation will also include focus groups and interviews with key stakeholders (inputs); these interviews will take place throughout the implementation process and during a "Harvest" debriefing at the end of the Collaborative. The Harvest will also include questions about the benefits of the Collaborative.

Data to measure the inputs, activities, and outputs will be collected by attending planning meetings and sessions (participant observation), conducting qualitative interviews and focus groups, and holding a “Harvest” debriefing session. The MHSA Coordinator and CIBHS facilitators will then code the data and work with key stakeholders from all counties to analyze the findings and develop the three learning goal deliverables outlined above: 1) cross-county collaboration template/checklist; 2) “Facilitators and Barriers: Lessons Learned” Factsheet and a Feasibility Checklist/Readiness Assessment; 3) “Benefits of Collaboration: Lessons Learned” Factsheet.

MCBH will also be tracking the outcomes of the Strengths Model itself to ensure that the training is impacting client outcomes such as housing, employment, education, and community involvement; however, that evaluation falls outside the scope of this Innovation Plan.

Figure INN.1.



INN SECTION 2: ADDITIONAL INFORMATION FOR REGULATORY REQUIREMENTS

Contracting

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships.

The County's MHSa Coordinator and Fiscal Services Officer will allocate resources to manage the County's relationship to the contractor. This team will use process evaluation to ensure that all contracted learning sessions take place and the Fiscal Services Officer will ensure regulatory compliance. Additionally, all staff who attend the learning sessions will complete satisfaction questionnaires to ensure the quality of the sessions.

Certifications

A) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project.

Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget.

To be attached upon approval.

B) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA).

Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements."

To be attached upon approval.

C) Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA.

WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."

To be attached upon approval.

Additionally, Mono County has submitted all required ARERs to the MHSOAC.

Community Program Planning

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

MCBH combined its Community Program Planning (CPP) process for its Innovation Plan with the CPP for its 2017-2020 MHSA Three-Year Plan. Please see the [Community Program Planning](#) section of this report for a complete summary of the CPP process used and community members who participated. Through this process, many critical needs were identified and potential community solutions proposed. In the Community Survey, for example, participants were invited to share innovative program ideas (see [MHSA Community Survey Results](#)). MCBH is still assessing the feasibility of some of these ideas for future Innovation projects. Many other needs that arose through the CPP process could be met through smaller scale interventions based upon proven practices that fall into other MHSA funding categories

For the 2017-2020 Three-Year Plan and 2017-2018 Innovation Plan, MCBH decided to target a training need that was identified by the MCBH Director, Behavioral Health Advisory Board, and Quality Improvement Committee, which includes the Director, Clinical Supervisor, Fiscal Services Officer, Quality Assurance Coordinator, Fiscal Technical Specialist, and MHSA Coordinator. As mentioned above, the need for skill development was also identified by Inyo and Alpine Counties.

Primary Purpose

Select one of the following as the primary purpose of your project.

- a) Increase access to mental health services to underserved groups
- b) Increase the quality of mental health services, including measurable outcomes
- c) Promote interagency collaboration related to mental health services, supports, or outcomes**
- d) Increase access to mental health services

MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

- a) Introduces a new mental health practice or approach.
- b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.**
- c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

MHSA General Standards

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title

9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.

The services that will ultimately result from this Innovation project will reflect and be consistent with all the MHSA General Standards. Enhanced organizational capacity and cross-county coordination of services is one of the primary goals of our Innovation project. These activities closely align with the general standards. All services will be culturally and linguistically competent. We will utilize bilingual, bicultural services, whenever possible. In addition, we will strive to provide culturally-sensitive services to all clients in an effort to support optimal outcomes. Services will be client and family driven, and follow the principles of recovery, wellness, and resilience. These concepts and principles of recovery incorporate hope, empowerment, self-responsibility, and an identified meaningful purpose in life. Services will be recovery oriented and promote consumer choice, self-determination, flexibility, and community integration, to support wellness and recovery. Evaluation activities will collect information on these demographics to identify if services are effective across these diverse cultural and ethnic populations.

Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

Individuals with serious mental illness (SMI) will not receive services as a direct result of the proposed project.

Cultural Competence and Stakeholder Involvement in Evaluation

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

Neither this Innovation Plan nor its evaluation plan target any ethnic/racial/linguistic minority groups. The target of this Innovation Plan is staff members from the three counties. With this in mind, the MCBH MHSA Coordinator plans to create an evaluation workgroup that will include staff members from Inyo, Mono, and Alpine Counties. This will ensure that the evaluation is culturally competent in terms of the differences between each of the three counties and it will provide an opportunity for meaningful stakeholder participation in the evaluation. If possible, the evaluation work group will contain at least one bicultural/bilingual Latino staff member and one Native American staff member.

Innovation Project Sustainability

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion.

The Eastern Sierra Strengths Based Learning Collaborative will be finished after 24 months, therefore it will not need to be sustained without Innovation funds. That said, it is the hope of MCBH that this Innovation Plan will help foster a strong working relationship between Inyo, Mono, and Alpine Counties, as well as a template that will guide future regional collaboration. With the groundwork laid and infrastructure built by this Innovation Project, MCBH believes that such collaboration will be implemented even more quickly and easily. Additionally, this Collaborative focuses on increasing localized knowledge and core practice capability, with a great emphasis

placed on supervisor coaching. These components of the Collaborative will help sustain the changes catalyzed over this 24-month period and provide staff with the skills they need to train new team members.

Communication and Dissemination Plan

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

By the nature of this project, MCBH will be disseminating information to stakeholders within Mono, Inyo, and Alpine Counties. These findings will be disseminated by the members of the evaluation workgroup at staff in-services in each of the three counties. The deliverables that will be generated by this Innovation Plan are designed to be easy-to-digest checklists and fact sheets. This will make broader dissemination efforts even more valuable. MCBH will also plan to disseminate findings to the Behavioral Health Advisory Board, which includes several different community leaders, and will post its findings on its website. Additionally, CIBHS will post the findings on its website, which is accessed by counties across the state.

C) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

1. Collaborative
2. Strengths based
3. Rural learning

Timeline

A) Specify the total timeframe (duration) of the INN Project:

24 Months

B) Specify the expected start date and end date of your INN Project:

Start Date: 10/1/2017

End Date: 10/1/2019

C) Include a timeline that specifies key activities and milestones:

Completed Activities as of mid-June 2017:

- Identify Individual County Needs
- Directors Meet & Discuss Common Needs & Goals
- Research Potential Solutions
- Directors Agree on Solution & Create Timeline
- Directors Discuss Funding

Ongoing Activities as of mid-June 2017:

- Directors Discuss Solution with Leadership & Staff (build buy-in/political will) *Ongoing*
- Develop Strategies to Overcome Barriers *Ongoing*
- Refine/Adjust Timeline *Ongoing*
- Write Any Necessary Plans/Applications *Goal: Complete by July 7, 2017*

Future Activities as of mid-June 2017:

- Directors Discuss Solution with Leadership & Staff (build buy-in/political will) *Ongoing*
- Develop Strategies to Overcome Barriers *Ongoing*
- Refine/Adjust Timeline *Ongoing*
- Public Comment/BOS/MHSOAC Approval (if needed) *Goal: Complete by October 1, 2017*
- MOU/Contract Signed *Goal: Complete by November 1, 2017*
- Schedule Sessions *Goal: Complete by December 1, 2017*
- Plan Travel *Goal: Complete by January 1, 2018*
- Account for Client Scheduling *Goal: Complete by January 1, 2018*
- Pay All Expenses *Goal: Complete by January 31, 2018*
- Conduct Learning Sessions *Goal: February 1, 2018-August 1, 2019*
- Conduct Evaluation *Goal: August 1, 2019-September 1, 2019*
- Disseminate Results *Goal: Complete by October 1, 2019*

INN SECTION 3: INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

Budget Narrative:

Innovation Work Plan Budget Narrative 2017-2018

The Innovation Project Budget is based on the 24-month Eastern Sierra Strengths-Based Learning Collaborative Plan. The plan requested total is \$259,046.00 over a 24-month period (October 1, 2017 through September 30, 2019).

Personnel Costs include salary and benefits attached to staff members that will be participating in the Eastern Sierra Strengths Model Learning Collaborative. The positions included are:

- Executive Leader
- Team Supervisor/Data Lead
- Clinical Supervisor
- Direct Service Providers (Clinicians and Case Managers)

Personnel Costs for the above Team Members is based on a percentage of time that will be spent directly on the project based on the Project Schedule provided in the Eastern Sierra Strengths Model Learning Collaborative Proposal. The percentage of each team member's time was then applied to their monthly salary and benefits.

Operating Costs/Indirect will cover items such as rent, utilities, supplies, and other aspects associated with program operations. This line item will also cover the expenses of administrative staff services attached to the project.

Consultant Costs/Contracts are based on the proposal provided by the California Institute for Behavioral Health Solutions.

Outcomes Tracking and Evaluation will be completed by the consulting CIBHS Contractors as well as Mono County's Data Lead. These costs are encompassed by the Consultant Costs/Contracts and the Personnel Costs.

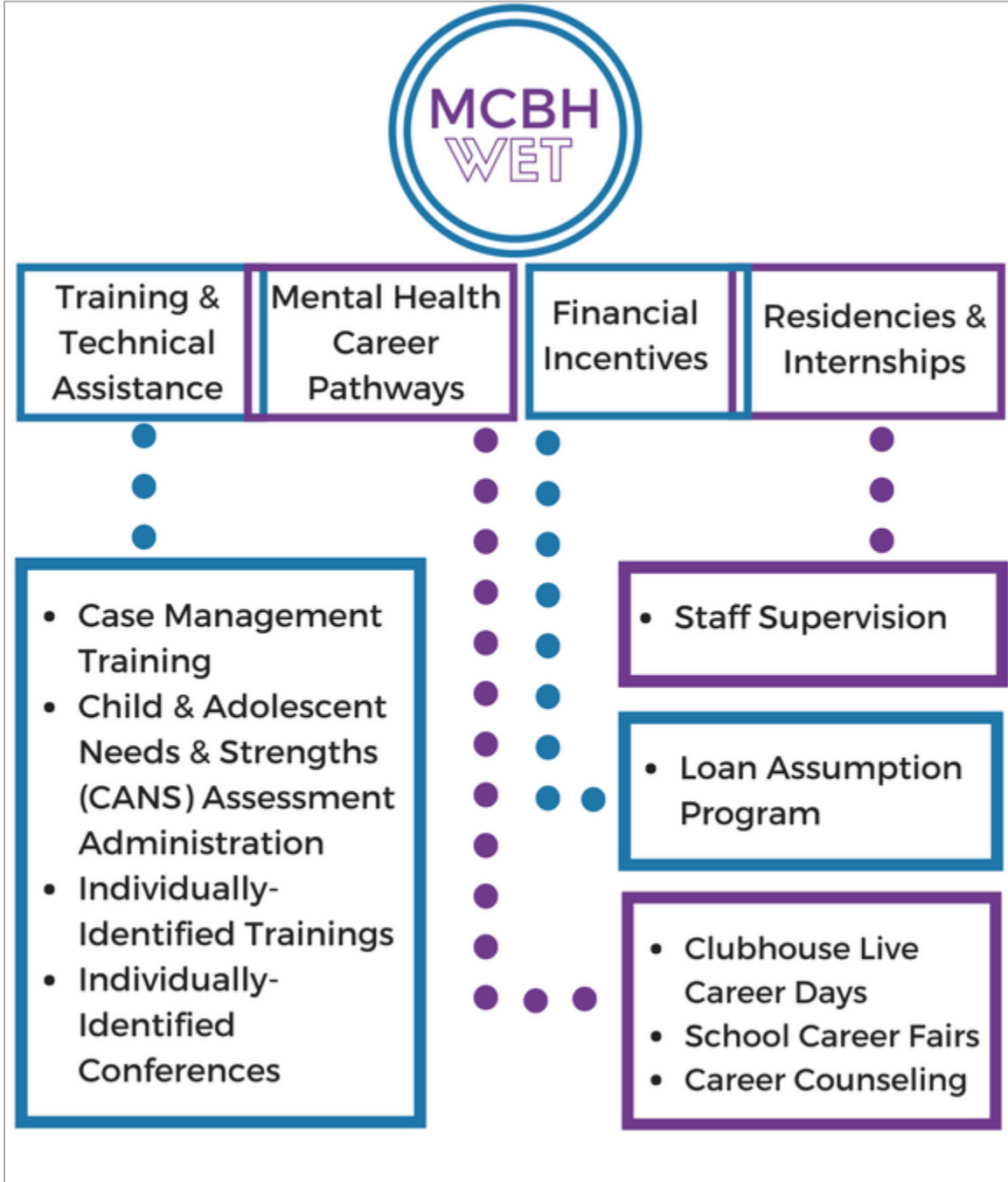
This Innovation Budget will cover the funds expended during the Learning Collaborative and will support the change that Mono County and its regional partners are hoping to attain.

Budget by Fiscal Year and Specific Budget Category

A. New Innovative Project Budget by FISCAL YEAR (FY)*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		FY 17-18 9 Months	FY 18-19 12 Months	FY 19-20 3 Months	Total 24 Months
1.	Salaries	56,754.00	75,672.00	18,918.00	151,344.00
2.	Direct Costs				
3.	Indirect Costs				
4.	Total Personnel Costs	56,754.00	75,672.00	18,918.00	151,344.00
OPERATING COSTS		FY 17-18	FY 18-19	FY 19-20	Total
5.	Direct Costs				
6.	Indirect Costs	8,513.00	11,351.00	2,838.00	22,702.00
7.	Total Operating Costs	8,513.00	11,351.00	2,838.00	22,702.00
NON-RECURRING COSTS (equipment, technology)		FY 17-18	FY 18-19	FY 19-20	Total
8.					
9.					
10.	Total Non-recurring costs				
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		FY 17-18	FY 18-19	FY 19-20	Total
11.	Direct Costs	31,800.00	42,492.00	10,708.00	85,000.00
12.	Indirect Costs				
13.	Total Consultant Costs	31,800.00	42,492.00	10,708.00	85,000.00
OTHER EXPENDITURES (please explain in budget narrative)		FY 17-18	FY 18-19	FY 19-20	Total
14.					
15.					
16.	Total Other expenditures				
BUDGET TOTALS		FY 17-18	FY 18-19	FY 19-20	Total
Personnel (line 1)		56,754.00	75,672.00	18,918.00	151,344.00
Direct Costs (add lines 2, 5 and 11 from above)		31,800.00	42,492.00	10,708.00	85,000.00
Indirect Costs (add lines 3, 6 and 12 from above)		8,513.00	11,351.00	2,838.00	22,702.00
Non-recurring costs (line 10)					
Other Expenditures (line 16)					
TOTAL INNOVATION BUDGET		97,067.00	129,515.00	32,464.00	259,046.00

**For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.*

WORKFORCE EDUCATION AND TRAINING



The Workforce Education and Training (WET) program includes five different funding categories, including Training and Technical Assistance (TA), Mental Health Career Pathway Programs, Residency and Internship Programs, Financial Incentive Programs, Workforce Staffing Support. However, MCBH does not presently have any programs that fall into the Workforce Staffing Support category. See Table 8 below for a summary of these programs.

Table 8. WET Service Categories & Programs/Services

Service Category	Training and TA	Mental Health Career Pathways	Residencies and Internships	Financial Incentives	Workforce Staffing Support
Programs and Services	<ul style="list-style-type: none"> • Case Management • Child and Adolescent Needs and Strengths (CANS) Administration • Individually Identified Trainings 	<ul style="list-style-type: none"> • Clubhouse Live Career Days • Involvement with School Career Fairs • Career Counseling (Latino and Native American communities) 	<ul style="list-style-type: none"> • Staff Supervision 	<ul style="list-style-type: none"> • Loan Assumption Program 	<ul style="list-style-type: none"> • N/A

Training and Technical Assistance (TA):

MCBH continues to coordinate and fund training, TA, and other related activities for staff members. Staff are encouraged to identify their individual and collective training needs and seek out ongoing education both locally and regionally. Department leadership also identifies training needs and opportunities that align with MCBH’s vision and mission. Additionally, the department identifies when training is needed to meet rules and regulations. In FY 2016-17, staff completed a cultural competency training, along with trainings on program evaluation, depression, the ACE assessment, and many other topics. In FY 2017-18, MCBH plans to train staff on the administration of the Child and Adolescent Needs and Strengths (CANS) assessment and has identified the need for case management training. In line with the goals of the proposed Innovation plan, MCBH hopes to partner with surrounding counties for at least one of these trainings.

Mental Health Career Pathway Programs:

MCBH employs several staff members who grew up in Mammoth Lakes, received training in the health and human services field, and then returned to seek employment with MCBH. The department hopes to continue this trend by hosting career discussions at Clubhouse Live (an after-school youth program), volunteering at school career fairs/days throughout the county, and offering career counseling specifically to Native American and Hispanic/Latino community members interested in pursuing careers in behavioral health. As MCBH is

developing its community outreach campaign in FY 2018-19, it is possible that the department will also consider a “recruitment” component.

Residency and Internship Programs:

In FY 2016-17, MCBH had one MFT intern and one MSW intern; funds from this category were used to pay for time required of the Clinical Supervision and Director to supervise post-graduate interns.

Financial Incentives Programs:

In this program, MCBH pays back up to \$10,000 per year on the principle of student loans related to behavioral health education. Additionally, MCBH offers stipends and mileage reimbursement for students to work part-time. Since its inception, this activity has helped five employees pay off their student loans in full. MCBH believes that this program has helped retain clinical staff, which is a significant concern in remote Mono County. The department will be continuing this program in 2017-2020 as funds allow.

Challenges or barriers, and strategies to mitigate | Identify shortages in personnel

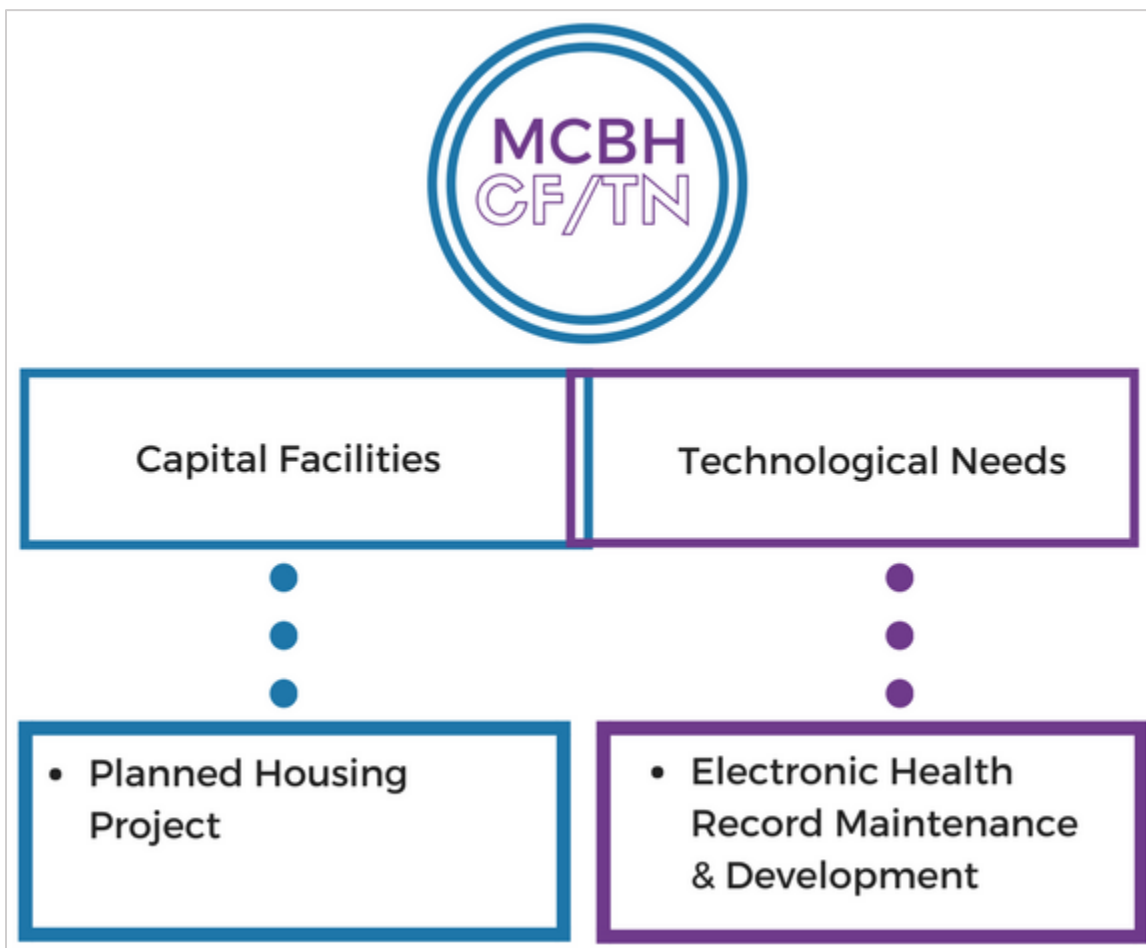
Trying to develop a behavioral health specialty within a small, rural county is very difficult due to the small scale of specialist concerns. As a result, most providers at MCBH are more “generalists.” Furthermore, to attend off-site trainings in larger cities such as Sacramento, Los Angeles, or San Francisco often requires at least a half day of travel and a stay overnight, as discussed in the Innovation plan. MCBH does not currently have a Workforce Staffing Support program; however, it is the department’s hope that the proposed Innovation Plan (Eastern Sierra Learning Collaborative) will help Mono, Inyo, and Alpine Counties develop a Regional Partnership (as defined in section 3200.255).

Finally, as noted in the CSS section of this plan, MCBH has one open position. When MCBH is able to fill this position, it will have greater capacity to serve the mental health needs of Mono County residents.

List any significant changes in Three-Year Plan, if applicable

The WET 2017-2020 Three-Year Plan does not include any new programs or vastly different activities; that said, in the past, WET funds have not been leveraged to the full extent possible. This plan ensures that activities that can be funded with this money use these funds.

CAPITAL FACILITIES/TECHNOLOGICAL NEEDS



MCBH is planning to use Capital Facilities (CF) funds for a housing project. Preparation for this project has included meeting with county supervisors to build political will around the project and presenting before the Mono County Board of Supervisors. The MHSAs Coordinator will design a full-scale evaluation of this permanent supportive housing project before residents move in.

Additionally, MCBH is preparing to apply for a noncompetitive allocation of \$500,000 from the No Place Like Home (NPLH) program to help fund this shared housing facility. These funds are expected to become available in 2018-19. MCBH is also applying for technical assistance funds in the amount of \$75,000 to prepare a homelessness plan, a supportive services plan, and other aspects of the facility. MCBH anticipates that these plans will be included in the 2018-19 MHSAs Annual Update.

MCBH used Technological Needs (TN) funds to purchase and implement a new visual electronic health record called ECHO beginning in FY 14-15. Some key benefits and achievements related to ECHO include unified progress notes and treatment planning, the ability to upload pictures of clients into the system, unified

scheduling, and ability to upload and stay on track with State reporting required for Mental Health and Substance Abuse.

Challenges or barriers, and strategies to mitigate

There are several potential challenges related to the planned housing project. The first is a potential lack of community support, including “Not In My Backyard” concerned citizens. To mitigate this barrier, MCBH is working closely with county supervisors to ensure their support and is holding several town hall meetings to listen to and address concerns. Another barrier is the limitations that Mammoth’s harsh winters place upon construction. To mitigate this barrier, MCBH staff are moving as quickly as possible to move the project forward to be prepared for work in fair weather. At present, MCBH is meeting/has met all relevant benchmarks and goals related to CF/TN projects.

MCBH has encountered several barriers and challenges related to the ECHO implementation, the first of which was that the program was supposed to go live in September 2015, but did not actually go live until April 2016. Additionally, staff members have different levels of buy-in on the product and MCBH has encountered issues surrounding staff training.

List any significant changes in Three-Year Plan, if applicable

MCBH will be allocating resources from CF for a Permanent Supportive Housing within the next three years.

THREE-YEAR MHSA EXPENDITURE PLAN FUNDING SUMMARY 2017-2020

Fiscal Year 2017-18 through Fiscal Year 2019-20 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

COUNTY: Mono

MHSA 3-Year Plan Funding Summary		(A)	(B)	(C)	(D)	(E)	(F)
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. FY 2017-18 Funding	1. Unspent Funds from Prior Fiscal Years	\$670,867	\$1,251,664	\$670,614	\$541,122	\$927,699	\$0
	2. Estimated FY 2017-18 Funding	\$1,156,410	\$289,103	\$76,080	\$0	\$0	\$0
	3. Transfer In	\$0	\$0	\$0	\$0	\$0	\$0
	TOTAL REVENUES	\$1,827,277	\$1,540,767	\$746,694	\$541,122	\$927,699	\$0
B. Fiscal Year 2017-18 Planned Expenditures	TOTAL	-\$632,631	-\$229,425	-\$97,067	\$0	-\$412,470	\$150,000
	TOTAL	\$1,194,646	\$1,311,342	\$649,627	\$541,122	\$515,229	\$150,000
C. FY 2018-19 Funding	1. Unspent Funds from Prior Fiscal Years	\$1,194,646	\$1,311,342	\$649,627	\$541,122	\$515,229	\$0
	2. Estimated FY 2018-19 Funding	\$1,156,410	\$289,103	\$76,080	\$0	\$0	\$0
	3. Transfer In	\$0	\$0	\$0	\$0	\$0	\$0
	TOTAL REVENUES	\$2,351,056	\$1,600,445	\$725,707	\$541,122	\$515,229	\$0
D. Fiscal Year 2018-19 Planned Expenditures	TOTAL	-\$597,870	-\$205,573	-\$129,515	-\$23,000	-\$415,235	\$150,000
	TOTAL	\$1,753,186	\$1,394,872	\$596,192	\$518,122	\$99,994	\$150,000
E. FY 2019-20 Estimated Funding	1. Estimated Unspent Fund from Prior Fiscal Years	\$1,753,186	\$1,394,872	\$596,192	\$518,122	\$99,994	\$0
	2. Estimated FY 2019-20 Funding	\$1,156,410	\$289,103	\$76,080	\$0	\$0	\$0
	3. Transfer In	\$0	\$0	\$0	\$0	\$0	\$0
F. TOTAL REVENUES	\$2,909,596	\$1,683,975	\$672,272	\$518,122	\$99,994	\$0	
Fiscal Year 2019-20 Estimated Planned Expenditures	TOTAL	-\$687,541	-\$210,450	-\$32,464	-\$23,000	-\$73,138	\$150,000
	TOTAL	\$2,222,055	\$1,473,525	\$639,808	\$495,122	\$26,856	\$150,000

Community Services and Supports (CSS) Component Worksheet 2017-18

County: Mono

7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2017-18		
		MHSA	Medi-Cal FFP	Other Funds
FSP Programs				
1 FSP, Socialization & Wellness Center	\$527,931	\$527,931		
2 Supported Housing	\$15,000	\$15,000		
3	\$0			
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
13	\$0			
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
21	\$0			
22	\$0			
23	\$0			
24	\$0			
25	\$0			
Other CSS Non-FSP Program Expenditures	\$0			
CSS Administration	\$89,700	\$89,700		
CSS MHSA Housing Program Assigned Funds	\$0			
Total CSS Expenditures	\$632,631	\$632,631	\$0	\$0

Community Services and Supports (CSS) Component Worksheet 2018-19

County: Mono

7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health	Fiscal Year 2018-19		
		MHSA	Medi-Cal FFP	Other Funds
FSP Programs				
1 FSP, Socialization & Wellness Center	\$493,170	\$493,170		
2 Supported Housing	\$15,000	\$15,000		
3	\$0			
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
13	\$0			
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
21	\$0			
22	\$0			
23	\$0			
24	\$0			
25	\$0			
Other CSS Non-FSP Program Expenditures	\$0			
CSS Administration	\$89,700	\$89,700		
CSS MHSA Housing Program Assigned Funds	\$0			
Total CSS Expenditures	\$597,870	\$597,870	\$0	\$0

Community Services and Supports (CSS) Component Worksheet 2019-20

County: Mono

7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health	Fiscal Year 2019-20		
		MHSA	Medi-Cal FFP	Other Funds
FSP Programs				
1 FSP, Socialization & Wellness Center	\$585,091	\$585,091		
2 Supported Housing	\$15,000	\$15,000		
3	\$0			
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
13	\$0			
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
21	\$0			
22	\$0			
23	\$0			
24	\$0			
25	\$0			
Other CSS Non-FSP Program Expenditures	\$0			
CSS Administration	\$87,450	\$87,450		
CSS MHA Housing Program Assigned Funds	\$0	\$0		
Total CSS Expenditures	\$687,541	\$687,541	\$0	\$0

PEI EXPENDITURE PLAN

Prevention and Early Intervention (PEI) Component Worksheet 2017-18

County: Mono

Date: 7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2017-18		
		MHSA	Medi-Cal FFP	Other Funds
PEI Programs				
1 NorthStar Counseling Center	\$126,300	\$126,300		
2 PeaPod Program	\$40,000	\$40,000		
3 Mammoth Hospital Training	\$1,200	\$1,200		
4 Healthy Ideas Program	\$20,000	\$20,000		
5 PPP Training/Wild Iris	\$12,000	\$12,000		
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
13	\$0			
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
21	\$0			
22	\$0			
23	\$0			
24	\$0			
25	\$0			
PEI Administration	\$29,925	\$29,925		
Total PEI Expenditures	\$229,425	\$229,425	\$0	\$0

Prevention and Early Intervention (PEI) Component Worksheet 2018-19

County: Mono

Date: 7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health	Fiscal Year 2018-19		
		MHSA	Medi-Cal FFP	Other Funds
PEI Programs				
1 NorthStar Counseling Center	\$126,300	\$126,300		
2 PeaPod Program	\$40,000	\$40,000		
3 Mammoth Hospital Training	\$1,200	\$1,200		
4 Healthy Ideas Program	\$20,000	\$20,000		
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
13	\$0			
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
21	\$0			
22	\$0			
23	\$0			
24	\$0			
25	\$0			
PEI Administration	\$18,073	\$18,073		
Total PEI Expenditures	\$205,573	\$205,573	\$0	\$0

Prevention and Early Intervention (PEI) Component Worksheet 2019-20

County: Mono

Date: 7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health	Fiscal Year 2019-20		
		MHSA	Medi-Cal FFP	Other Funds
PEI Programs				
1 NorthStar Counseling Center	\$126,300	\$126,300		
2 PeaPod Program	\$40,000	\$40,000		
3 Healthy Ideas Program	\$20,000	\$20,000		
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
13	\$0			
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
21	\$0			
22	\$0			
23	\$0			
24	\$0			
25	\$0			
PEI Administration	\$24,150	\$24,150		
Total PEI Expenditures	\$210,450	\$210,450	\$0	\$0

INN EXPENDITURE PLAN

Innovation (INN) Component Worksheet 2017-18

County: Mono

Date: 7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2017-18		
		MHSA	Medi-Cal FFP	Other Funds
Innovation Programs				
1 Eastern Sierra Strengths Model	\$88,554	\$88,554		
2	\$0			
3	\$0			
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
13	\$0			
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
21	\$0			
22	\$0			
23	\$0			
24	\$0			
25	\$0			
Innovation Administration	\$8,513	\$8,513		
Total Innovation Expenditures	\$97,067	\$97,067	\$0	\$0

Innovation (INN) Component Worksheet 2018-19

County: Mono

Date: 7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health	Fiscal Year 2018-19		
		MHSA	Medi-Cal FFP	Other Funds
Innovation Programs				
1 Eastern Sierra Strengths Model	\$118,164	\$118,164		
2	\$0			
3	\$0			
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
13	\$0			
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
21	\$0			
22	\$0			
23	\$0			
24	\$0			
25	\$0			
Innovation Administration	\$11,351	\$11,351		
Total Innovation Expenditures	\$129,515	\$129,515	\$0	\$0

Innovation (INN) Component Worksheet 2019-20

County: Mono

Date: 7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health	Fiscal Year 2019-20		
		MHSA	Medi-Cal FFP	Other Funds
Innovation Programs				
1 Eastern Sierra Strengths Model	\$29,626	\$29,626		
2	\$0			
3	\$0			
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
13	\$0			
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
21	\$0			
22	\$0			
23	\$0			
24	\$0			
25	\$0			
Innovation Administration	\$2,838	\$2,838		
Total Innovation Expenditures	\$32,464	\$32,464	\$0	\$0

WET EXPENDITURE PLAN

Workforce, Education and Training (WET) Component Worksheet 2017-18

County: Mono

Date: 7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2017-18		
		MHSA	Medi-Cal FFP	Other Funds
WET Funding Category				
Workforce Staffing Support	\$0			
Training and Technical Assistance	\$0			
Mental Health Career Pathways Programs	\$0			
Residency and Internship Programs	\$0			
Financial Incentive Programs	\$0			
WET Administration	\$0			
Total WET Expenditures	\$0	\$0	\$0	\$0

Workforce, Education and Training (WET) Component Worksheet 2018-19

County: Mono

Date: 7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2018-19		
		MHSA	Medi-Cal FFP	Other Funds
WET Funding Category				
Workforce Staffing Support	\$0			
Training and Technical Assistance	\$0			
Mental Health Career Pathways Programs	\$0			
Residency and Internship Programs	\$0			
Financial Incentive Programs	\$20,000	\$20,000		
WET Administration	\$3,000	\$3,000		
Total WET Expenditures	\$23,000	\$23,000	\$0	\$0

Workforce, Education and Training (WET) Component Worksheet 2019-20

County: Mono

Date: 7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2019-20		
		MHSA	Medi-Cal FFP	Other Funds
WET Funding Category				
Workforce Staffing Support	\$0			
Training and Technical Assistance	\$0			
Mental Health Career Pathways Programs	\$0			
Residency and Internship Programs	\$0			
Financial Incentive Programs	\$20,000	\$20,000		
WET Administration	\$3,000	\$3,000		
Total WET Expenditures	\$23,000	\$23,000	\$0	\$0

CF/TN EXPENDITURE PLAN

Capital Facilities/Technological Needs (CFTN) Component Worksheet 2017-18

County: Mono

Date: 7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health	Fiscal Year 2017-18		
		MHSA	Medi-Cal FFP	Other Funds
Capital Facility Projects				
1 Housing Project	\$300,000	\$300,000		
2	\$0			
3	\$0			
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
Capital Facility Administration	\$45,000	\$45,000		
Total Capital Facility Expenditures	\$345,000	\$345,000	\$0	\$0
Technological Needs Projects				
13 Echo Electronic Health Record	\$58,670	\$58,670		
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
21	\$0			
22	\$0			
23	\$0			
24	\$0			
25	\$0			
Technological Needs Administration	\$8,800	\$8,800		
Total Technological Needs Expenditures	\$67,470	\$67,470	\$0	\$0
Total CFTN Expenditures	\$412,470	\$412,470	\$0	\$0

Captial Facilities/Technological Needs (CFTN) Component Worksheet 2018-19

County: Mono

Date: 7/1/2017

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2018-19		
		MHSA	Medi-Cal FFP	Other Funds
Capital Facility Projects				
1 Housing Project	\$300,000	\$300,000		
2	\$0			
3	\$0			
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
Capital Facility Administration	\$45,000	\$45,000		
Total Capital Facility Expenditures	\$345,000	\$345,000	\$0	\$0
Technological Needs Projects				
13 Echo Electronic Health Record	\$61,074	\$61,074		
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
21	\$0			
22	\$0			
23	\$0			
24	\$0			
25	\$0			
Technological Needs Administration	\$9,161	\$9,161		
Total Technological Needs Expenditures	\$70,235	\$70,235	\$0	\$0
Total CFTN Expenditures	\$415,235	\$415,235	\$0	\$0

Capitla Facilities/Technological Needs (CFTN) Component Worksheet 2019-20

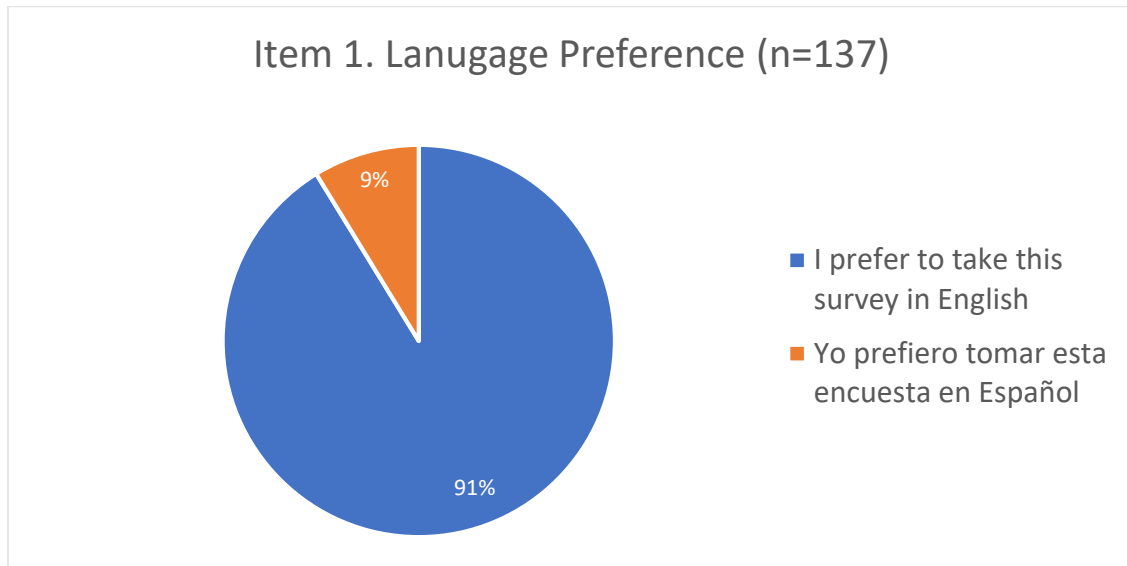
County: Mono

Date: 7/1/2017

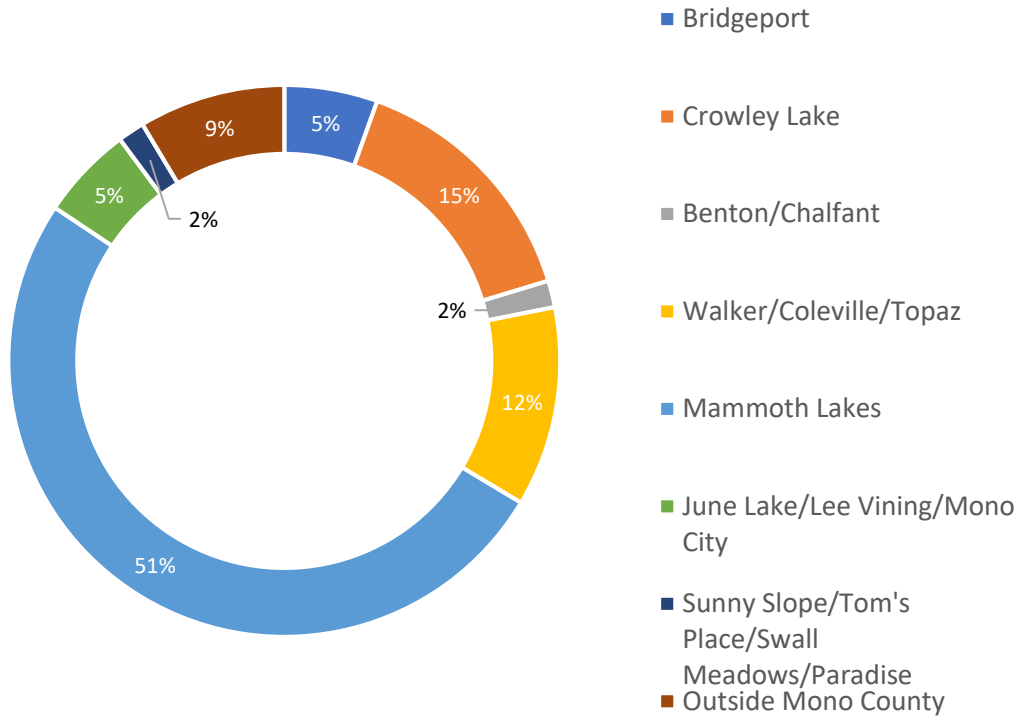
	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2019-20		
		MHSA	Medi-Cal FFP	Other Funds
Capital Facility Projects				
1 Housing Project	\$0			
2	\$0			
3	\$0			
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
Capital Facility Administration	\$0			
Total Capital Facility Expenditures	\$0	\$0	\$0	\$0
Technological Needs Projects				
13 Echo Electronic Health Record	\$63,598	\$63,598		
14	\$0			
15	\$0			
16	\$0			
17	\$0			
18	\$0			
19	\$0			
20	\$0			
21	\$0			
22	\$0			
23	\$0			
24	\$0			
25	\$0			
Technological Needs Administration	\$9,540	\$9,540		
Total Technological Needs Expenditures	\$73,138	\$73,138	\$0	\$0
Total CFTN Expenditures	\$73,138	\$73,138	\$0	\$0

MHSA SURVEY RESULTS: SPRING 2017

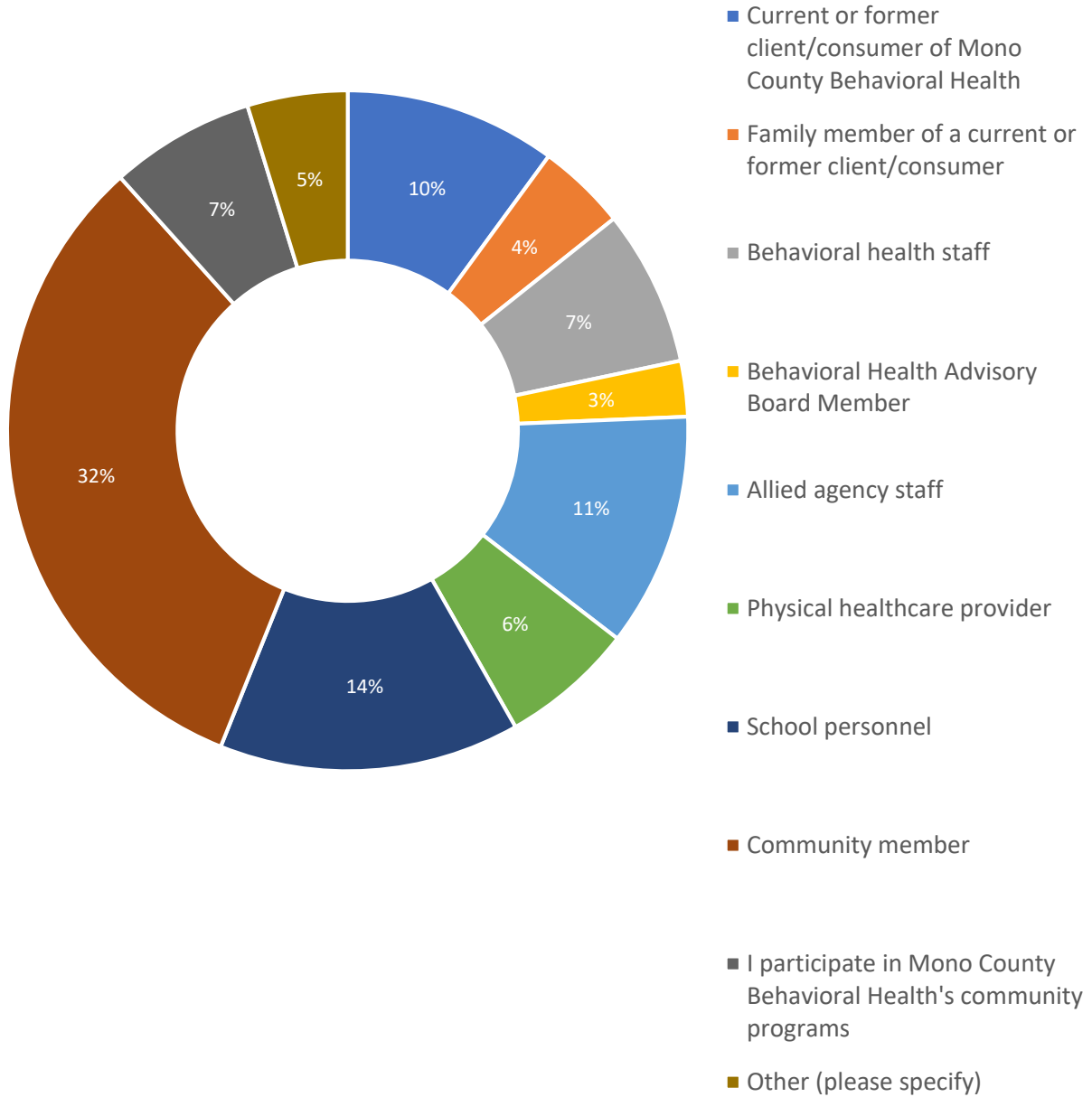
Section1. Community Survey Demographic Information



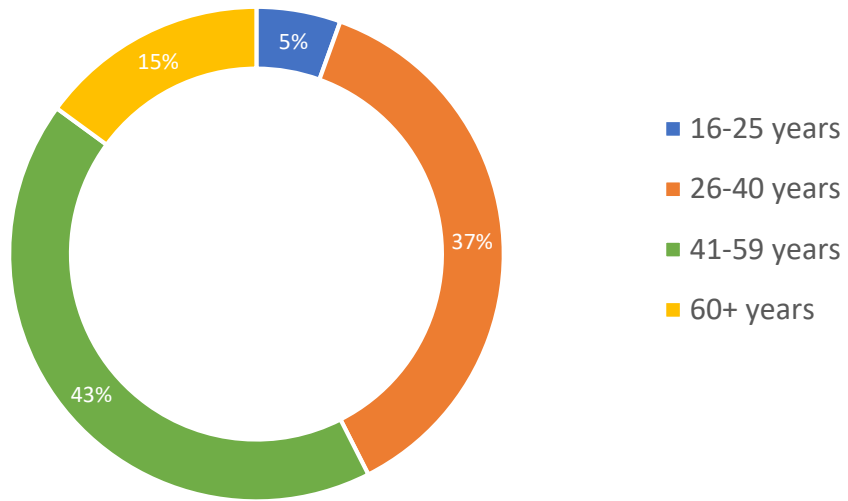
Item 2. Where do you live? (n=128)



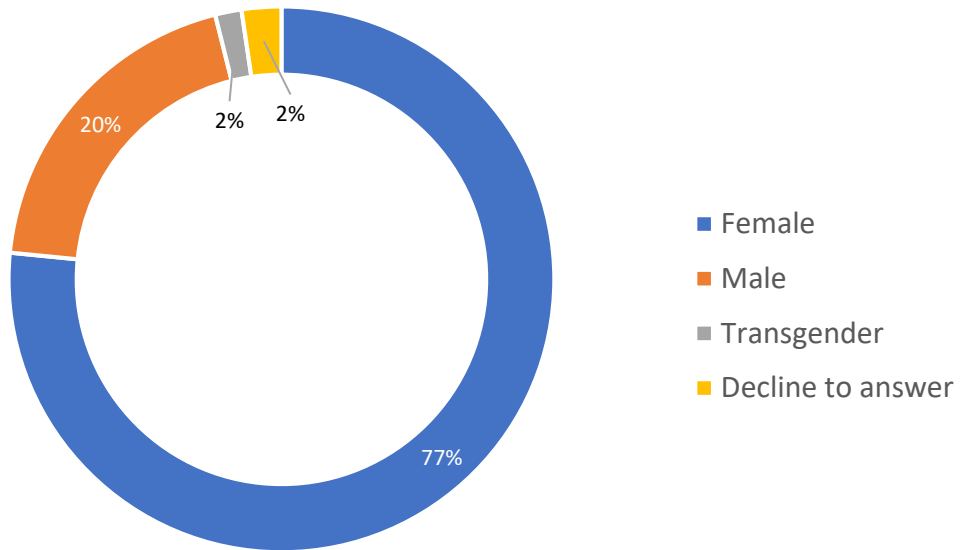
Item 3. Which best describes your role in the community? (n=189)



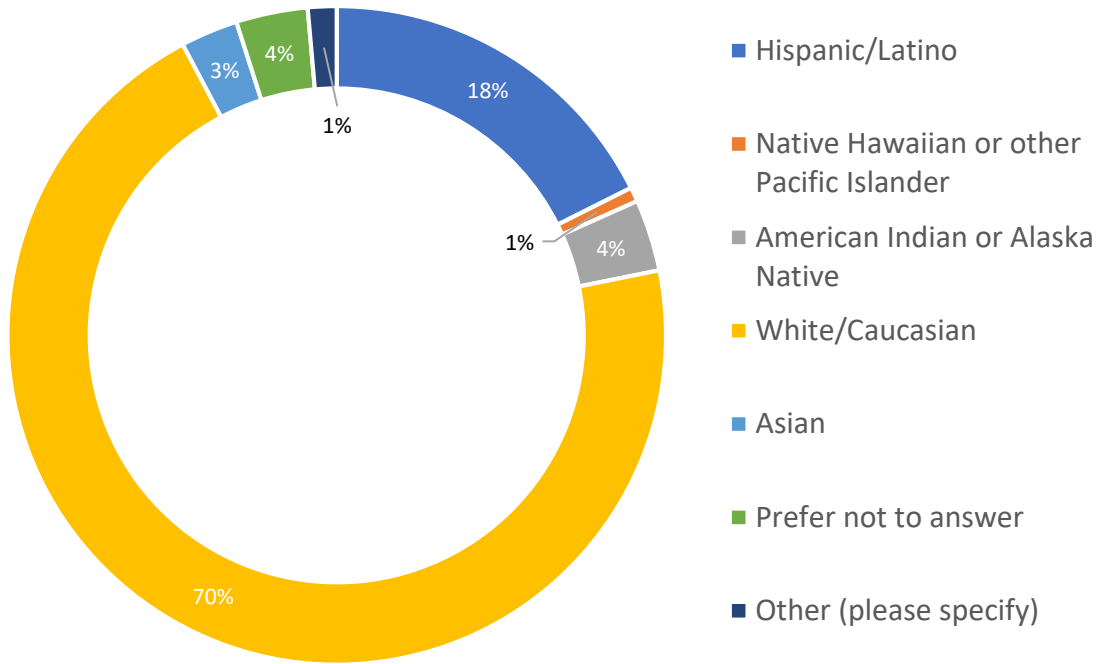
Item 4. What is your age? (n=128)



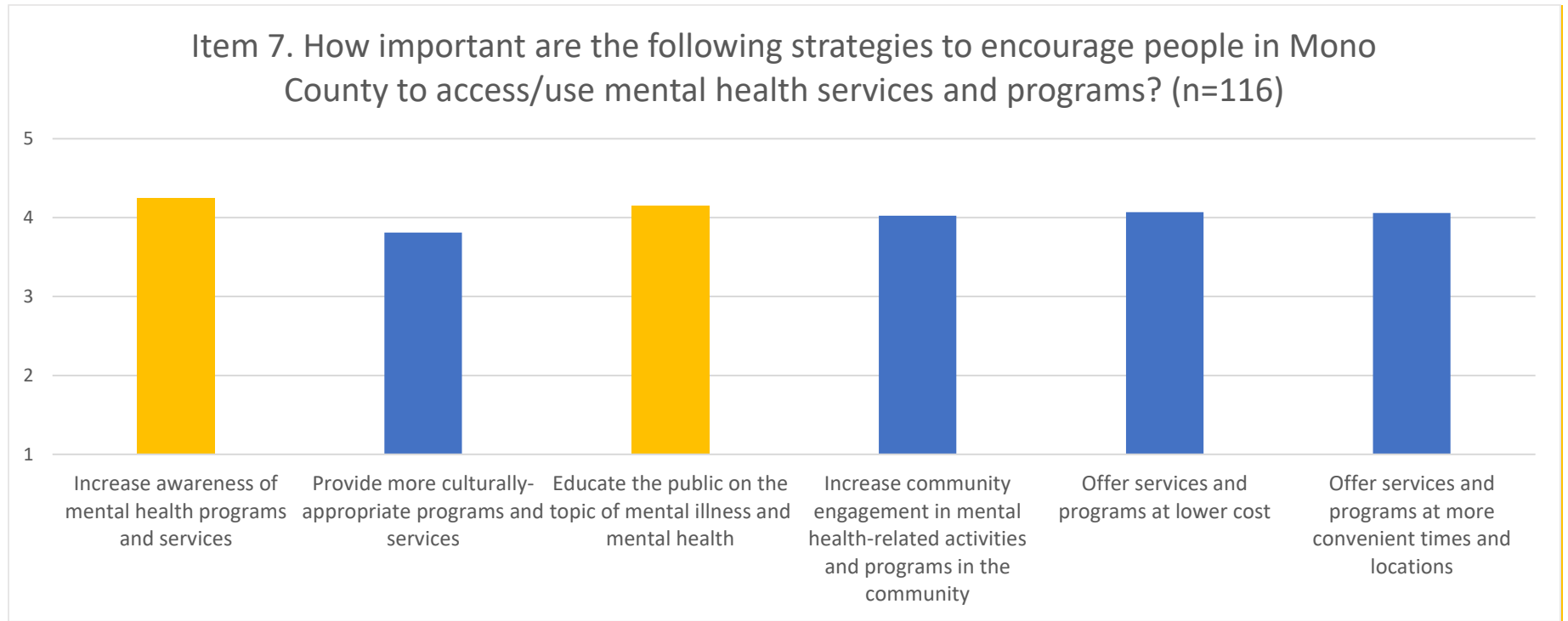
Item 5. What is your gender? (n=128)



Item 6. What is your race/ethnicity? (n=142)



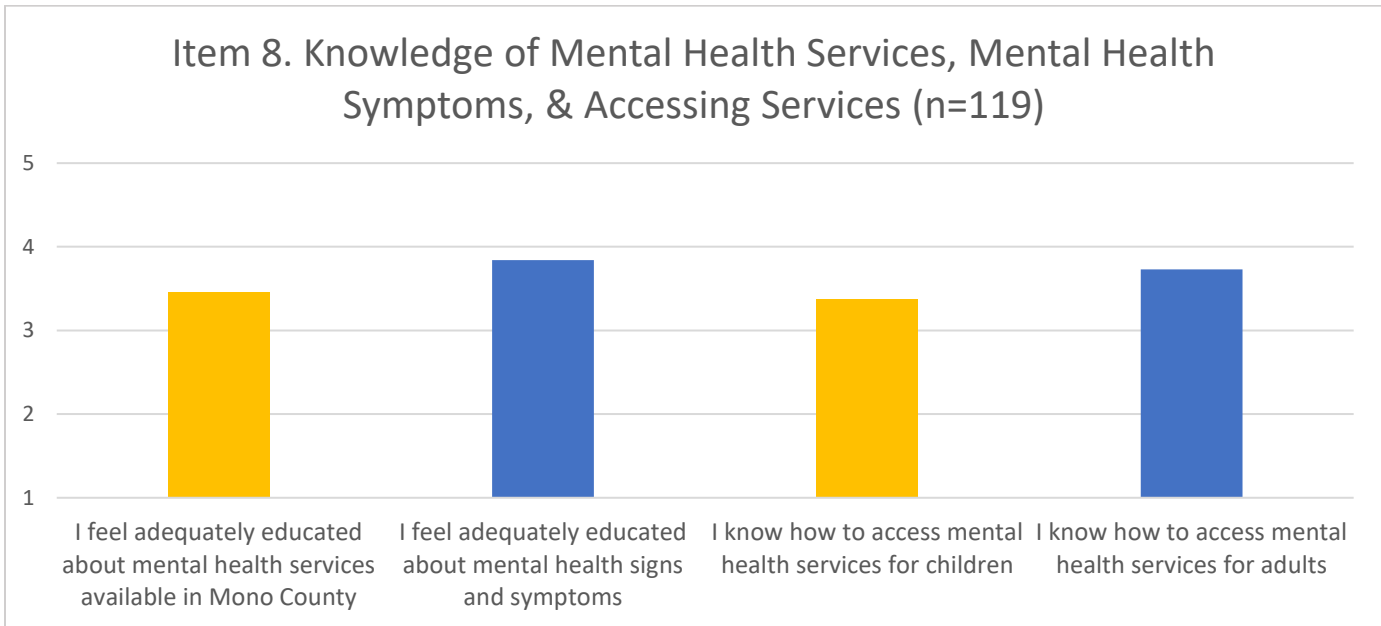
Section 2. Mental Health Education and Awareness



ANALYSIS: ITEM 7

By and large, community survey participants thought that all six strategies were important to encourage people in Mono County to access/use mental health services and programs. The top two scoring strategies (highlighted in gold) were “Increase awareness of mental health programs and services” and “Educate the public on the topic of mental illness and mental health.” As will be discussed later, these strategies align with some of the top-rated problems/challenges associated with mental health in Mono County as well as the most needed programs/services. Lastly, although “Provide more culturally-appropriate programs and services” scored the lowest overall, when examining only the surveys submitted in Spanish, this item scored slightly higher.

Scale: 1 = Not at all important...5 = Extremely important



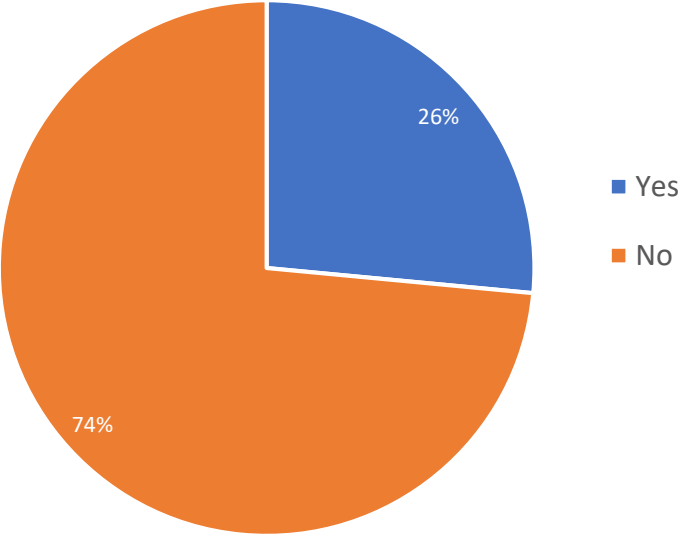
ANALYSIS: ITEM 8

The two lowest scoring items (highlighted in gold) related to knowledge of mental health services, mental health symptoms, and accessing services were “I feel adequately educated about mental health services available in Mono County” and “I know how to access mental health services for children.” Given the likelihood that some participants do not work with or have children, it is not particularly surprising that this item scored lower. Meanwhile, the lack of education around mental health services is connected to one of the most important strategies identified in Item 7, and ties into issues identified later in the survey.

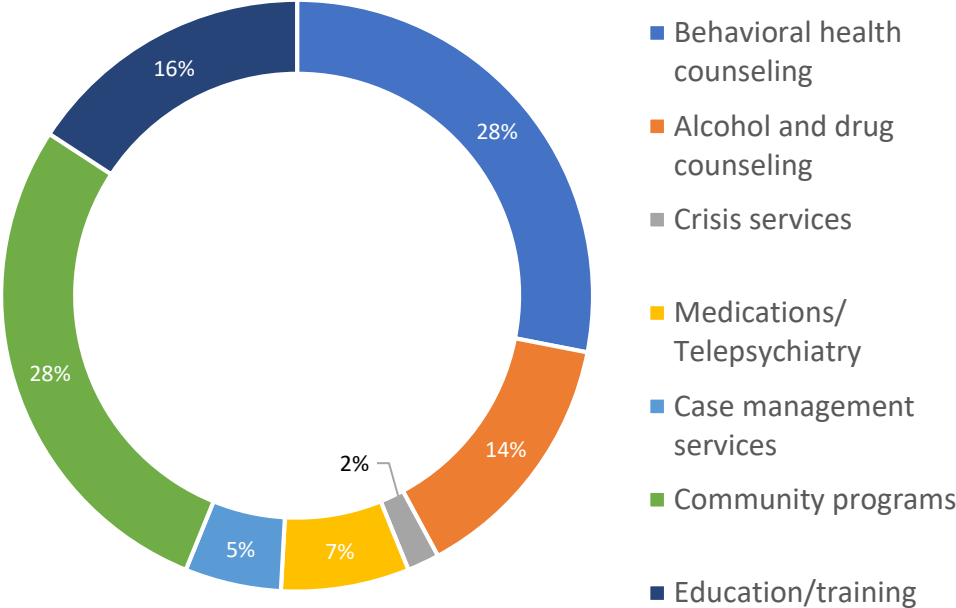
Scale: 1 = Strongly Disagree...5 = Strongly Agree

Section 3. Services Received

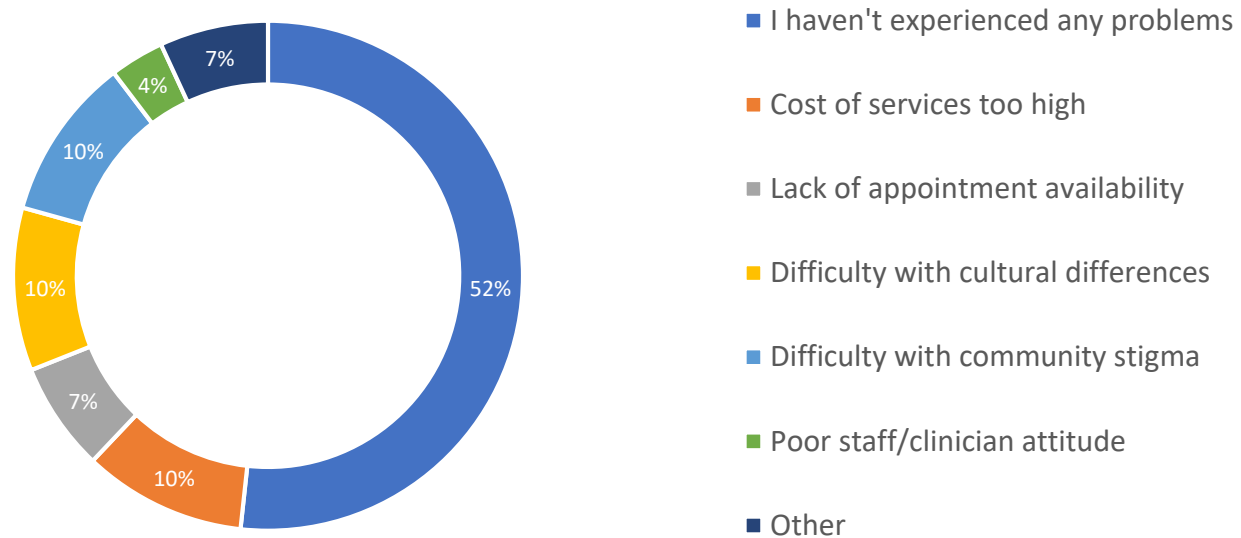
Item 9. Have you or a family member received any services from MCBH in the past year? (n=118)



Item 10. Which behavioral health services have you or a family member used in the past year? (n=57)



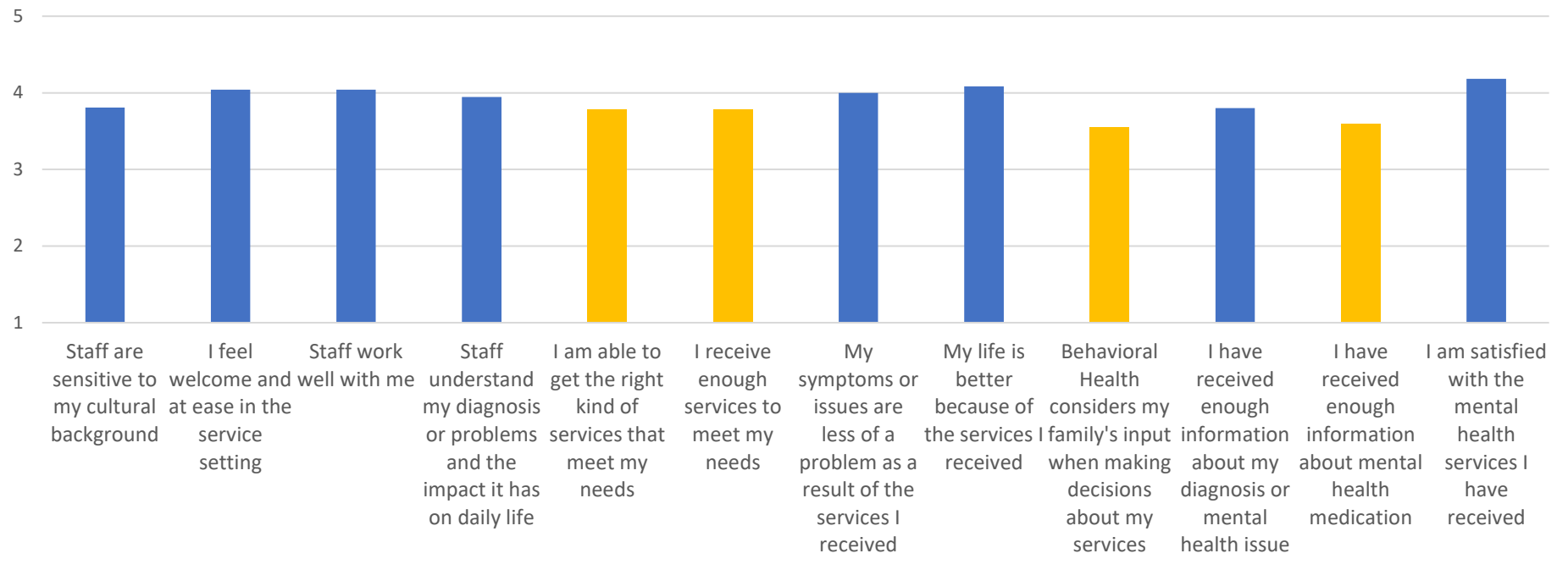
Item 11. Have you or your family member experienced any of the following challenges in accessing services from MCBH? (n=29)



ANALYSIS: ITEM 11

While the majority of participants have not experienced any problems, the top three challenges in accessing services were cost of services, difficulty with cultural differences, and community stigma, each of which accounted for 10 percent of responses. MCBH is currently creating a new policy around its sliding scale, is actively recruiting another Spanish-speaking therapist, and will be working in this Three-Year Plan to implement additional stigma-reduction programming.

Item 12. Please rate each statement as it is related to the mental health services you or your family member has received from MCBH (n=31)

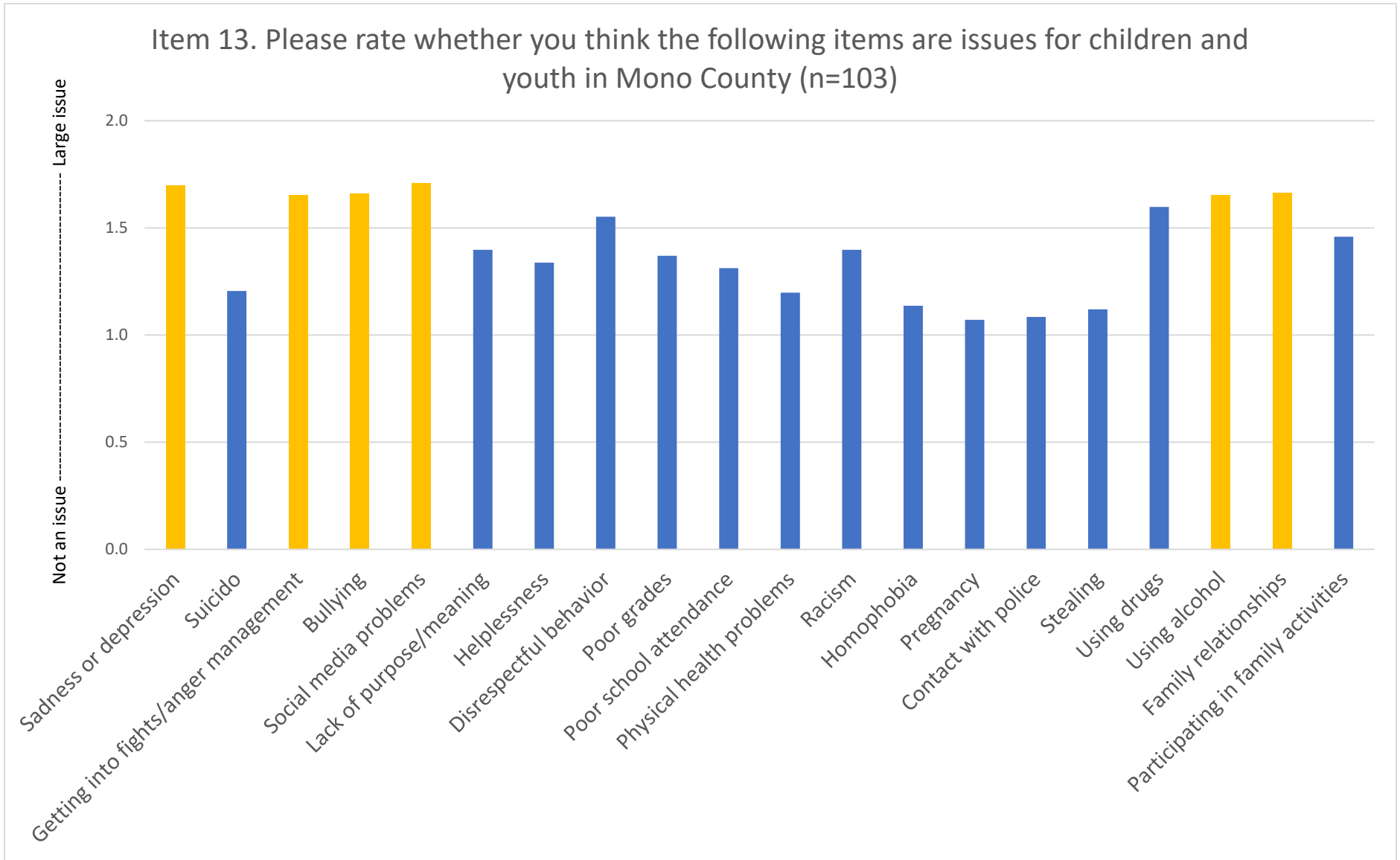


ANALYSIS: ITEM 12

The lowest scoring items (highlighted in gold) for this question include “I have received enough information about mental health medication,” “Behavioral Health considers my family’s input when making decisions about my services,” “I receive enough services to meet my needs,” and “I am able to get the right kind of services that meet my needs.” MCBH will be conducting internal discussions related to each of these items. MCBH will also be engaging clients to learn more about services that will meet their needs.

Scale: 1 = Strongly Disagree...5 = Strongly Agree

Section 4. Community Challenges



ANALYSIS: ITEM 13

The most significant problems identified among children/youth in Mono County (highlighted in gold) were sadness or depression, getting into fights/anger management, bullying, social media problems, using alcohol, and family relationships. Considering the low scores around the knowledge of mental health services for children (Item 8) and the high scores related to sadness and depression, MCBH will ensure that information on depression services for youth are included in any outreach campaigns. Additionally, MCBH has plans to expand its school groups and offer more services in the northern part of the county.

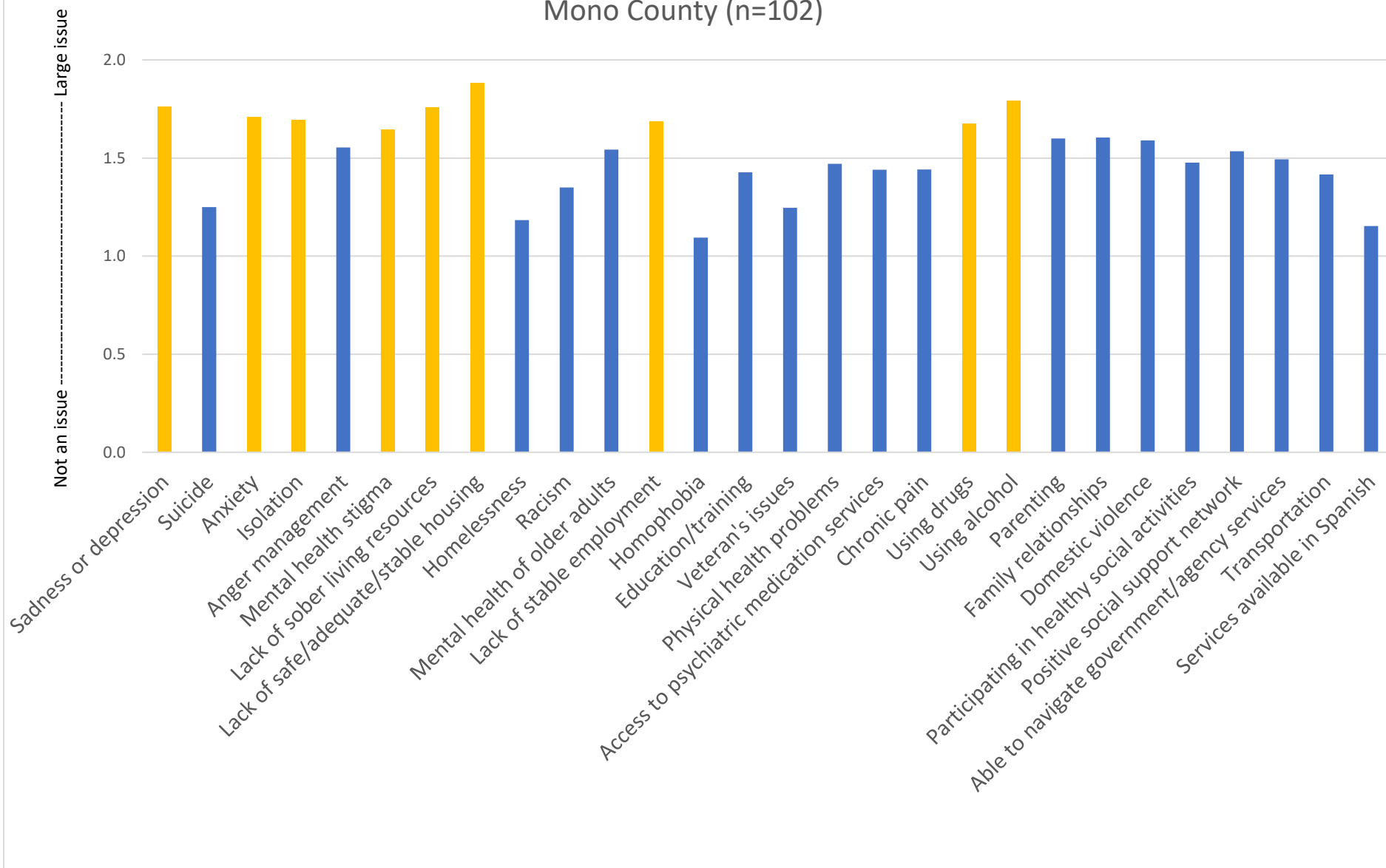
Getting into fights, bullying, and social media problems are all issues that are regularly discussed in MCBH's after-school program, Clubhouse Live. MCBH is also partnering with the Public Health Department and the tri-district school nurse to provide a social media module as part of an upcoming school outreach program.

As will be discussed later, family relationships were also identified not only in this question, but also as one of the top 10 mental health issues in Mono County (Item 15). Additionally, parenting classes or family support groups were identified as one of the most needed programs/services (Item 16). In response, MCBH has increased funding for the very popular Peapod Program, which is a parenting play group for parents of children five and under. MCBH is also constantly educating its providers on community resources for parents, including parenting classes at Wild Iris, workshops offered by First Five, etc.

Lastly, alcohol use was listed as a top concern for youth. As MHSA funds cannot be used directly for alcohol prevention or treatment programming unless associated with a co-occurring disorder, this problem will be addressed through MCBH's Alcohol and Other Drug Strategic Prevention Plan, which includes implementation of a school-based alcohol prevention program.

Scale: 0 = Not an issue...1 = Small Issue...2 = Large Issue

Item 14. Please rate whether you think the following items are issues for adults in Mono County (n=102)



ANALYSIS: ITEM 14

The most significant problems identified among adults in Mono County (highlighted in gold) were using alcohol, lack of safe/adequate/stable housing, lack of sober living resources, sadness or depression, anxiety, lack of stable employment, using drugs, isolation, and mental health stigma. As noted in the analysis for Item 13, MHSAs funds cannot be used to address alcohol and drug issues unless those issues are co-occurring with mental illness. MCBH will further assess whether programs around co-occurring mental health and substance use disorders are needed in Mono County.

In response to the lack of safe/adequate/stable housing and lack of sober living resources, MCBH is presently planning the renovation and re-opening of a permanent supportive housing facility. This shared housing facility, which will be partially funded with a No Place Like Home noncompetitive housing allocation, will be able to serve approximately 14-18 Mono County residents who are homeless or at risk of homelessness. In order to open this facility, further assess need, and develop supportive service programming, MCBH is working with Mono County Public Works, as well as agencies such as IMACA (local continuum of care) and Mammoth Lakes Housing.

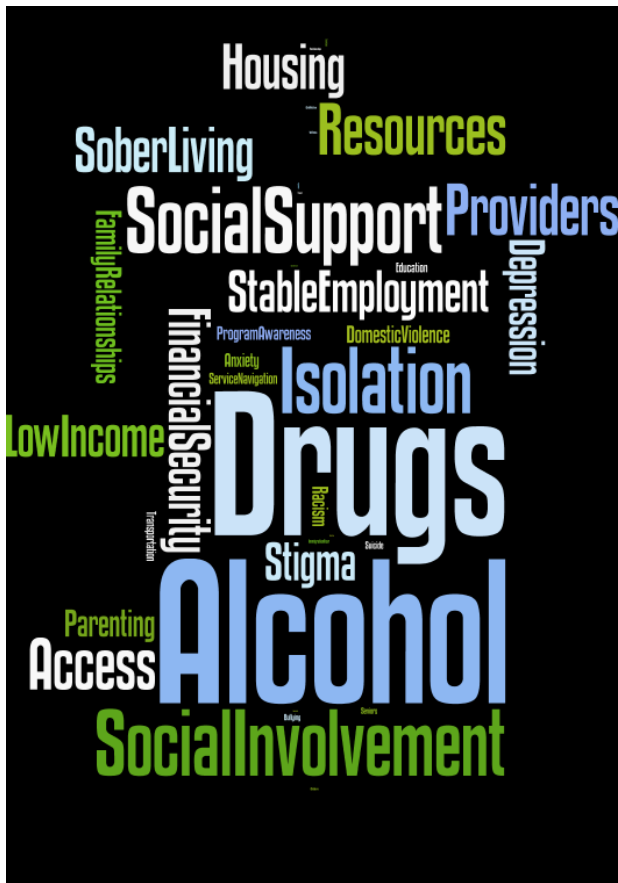
Depression, sadness, and anxiety are all issues that MCBH therapists work with clients on every day; however, given the low score on “I feel adequately educated about mental health services available in Mono County” in Item 8, it is possible that many Mono County residents aren’t aware that services for these issues exist. Depression, sadness, and anxiety may also be related to such identified issues as isolation and mental health stigma. As mentioned above in Items 7 and 8, further community outreach, education, and stigma reduction may help alleviate these identified challenges.

Given the rural and remote nature of Mono County and its many outlying communities, isolation is a persistent challenge. Over the years, Mono County has worked to develop relationships and build community programs specifically in these outlying areas. That said, a need to add additional programming in the Walker/Coleville area recently came to light as a result of this community planning process.

Lastly, lack of stable employment was identified as a mental health issue among adults in Mono County. Like isolation, this is a persistent problem in Mono County given the high number of seasonal jobs and reliance on the tourism and service industries. However, in a focus group with the Behavioral Health Advisory Board, a family member of a client recommended offering additional employment support/training. MCBH intends to explore this option and possible collaboration with other workforce development efforts already underway in our community.

Scale: 0 = Not an issue...1 = Small Issue...2 = Large Issue

Item 15. In your opinion, what are the three most important issues related to mental health in Mono County?		
Top Issues Reported	Weighted Importance	Frequency of Mention
Alcohol and Drugs	117	51
Isolation and Lack of Social Involvement/Support	54	28
Lack of Providers, Access, and Resources	42	20
Lack of Housing and Sober Living Resources	37	17
Lack of Stable Employment/Financial Instability	34	17
Stigma	31	15



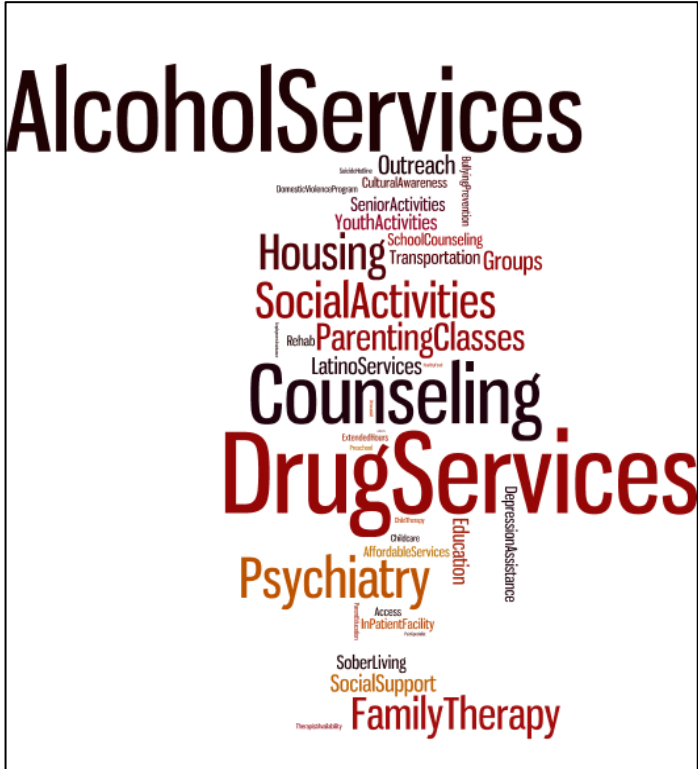
Left: Word Cloud Representing the Weighted Importance

Below: Word Cloud Representing Frequency of Mention



Item 16. In your opinion, what are the three most needed mental health programs/services in Mono County?

Top Issues Reported	Weighted Importance	Frequency of Mention
Alcohol and Drug Services	37	16
Mental Health Treatment and Counseling	35	16
Psychiatry	24	11
Housing	21	10
Places/Activities for Social Engagement	21	11
Family Therapy	19	8
Parenting Classes	16	9



Left: Word Cloud Representing the Weighted Importance

Below: Word Cloud Representing Frequency of Mention



ANALYSIS: ITEMS 15-16

For Items 15 and 16, community survey participants were invited to write in the most important, second most important, and third most important issues related to mental health in Mono County and the most needed, second most needed, and third most needed mental health programs/services in Mono County. For each item, there are two word clouds that were generated. The vertical clouds on the left represent the weighted importance of each stated issue (i.e. any time an issue was listed “most important” it received a score of “3”; all item scores were then added). The horizontal clouds on the right represent how many times any given issue was mentioned. There are subtle differences between the two clouds, but they largely represent the same issues.

Overall, the answers to Items 15 and 16 not only support one another (i.e. alcohol and drugs are a top issue and alcohol and drug services are a top needed program), they also reinforce the answers provided in earlier portions of the survey. The top six most important mental health issues in Mono County were alcohol and drugs, isolation and lack of social involvement/support; lack of providers, access, and resources; lack of housing and sober living resources; lack of stable employment/financial instability; and mental health stigma. The top seven most needed mental health programs/services in Mono County were alcohol and drug services, mental health treatment and counseling, psychiatry, housing, places/activities for social engagement, family therapy, and parenting classes.

Despite the fact that alcohol and drugs were by far the top-rated issues and services needed, MHSA funding cannot be used to address these issues (unless they are programs for co-occurring mental health and substance use disorders). Programs to address these findings are being developed under other funding streams not addressed in this report.

Isolation was addressed in the previous item, but the responses to these two items highlight the importance of promoting social engagement/involvement and creating spaces and planning activities where such engagement can take place. Many of the suggestions for innovative programs below include ideas for social engagement and activities. MCBH plans to consider the feasibility of these suggestions, while simultaneously expanding services into some outlying communities and offering more wellness center activities.

ANALYSIS: ITEMS 15-16, CONTINUED

The results of the community survey suggest that the lack of providers, access, and resources (Item 15) is related to the need for programs/services as mental health treatment and counseling and psychiatry (Item 16). MCBH offers both mental health treatment and telepsychiatry; the department has not been able to hire an in-person psychiatrist. MCBH is working to its open positions, which would increase capacity and therefore access and resources. That said, it is likely that the lack of providers, access, and resources, as well as the identified need for psychiatry could be a lack of education around the services available. This hypothesis circles back to the findings from some of the first items on the survey (Items 7 and 8). For example, it is possible that many community members don't know that MCBH offers telepsychiatry. As noted above, MCBH plans to develop additional community outreach and education. This campaign will also be designed to reduce stigma – another mental health issue mentioned in Item 15. Lastly, MCBH is planning outreach and education at Mammoth Hospital to improve integration of physical and mental healthcare.

Lack of housing was another top mental health issue identified in the community survey – as noted in the analysis of Item 14, MCBH plans to open a permanent supportive housing facility within the next two years. Lack of stable employment/financial instability also aligned with earlier survey results. Again, MCBH will be coordinating with other agencies to identify ways to provide additional employment support for clients.

Finally, community survey participants identified family therapy and parenting classes as needed mental health programs/services in Mono County. These findings relate back to the top issues identified among children/youth in Mono County: family relationships. As noted in the analysis for Item 13, Mono County is expanding the Peapod Program and is examining other community partnerships that could help support Mono County families. Below, survey participants also identified several specific trainings or skillsets that they think would benefit Mono County families, such as parent-child interaction therapy and therapists with training specifically in post-partum depression.



Aside from unaffordable cost of living, alcohol is the leading cause of most problems

"I always worry about those who are ill and live alone with no close children or relatives to check on them."

Great to hear that the Foro Latino meetings have a lot of participation

Comments Shared

Racially motivated bullying is an issue in the schools

Although suicide attempts may be a small portion of mental health issues that are seen in Mono County, suicide is a HUGE issue

Collaborate with Town Council to increase awareness of services offered

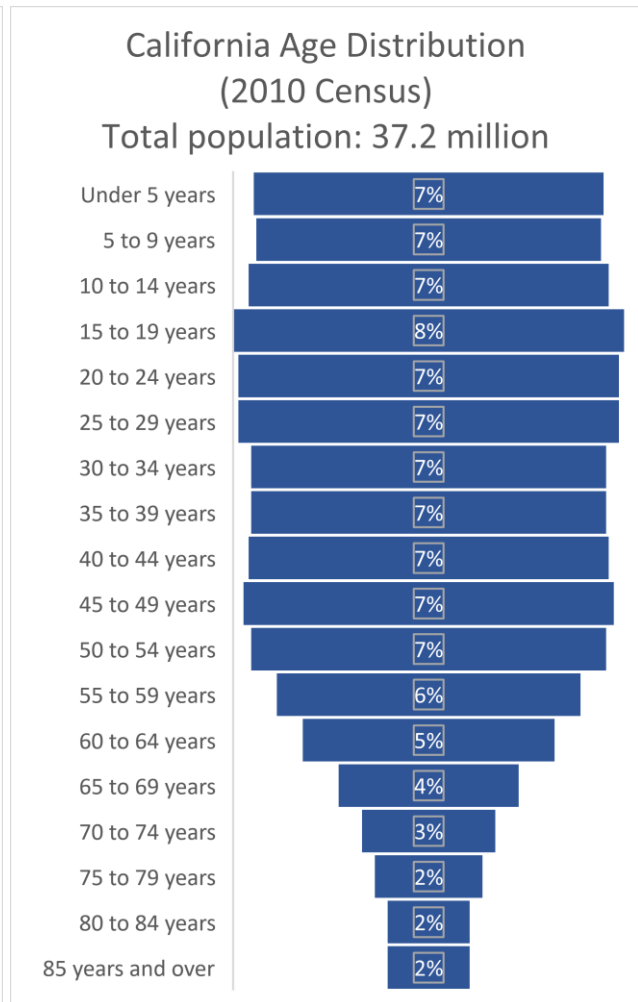
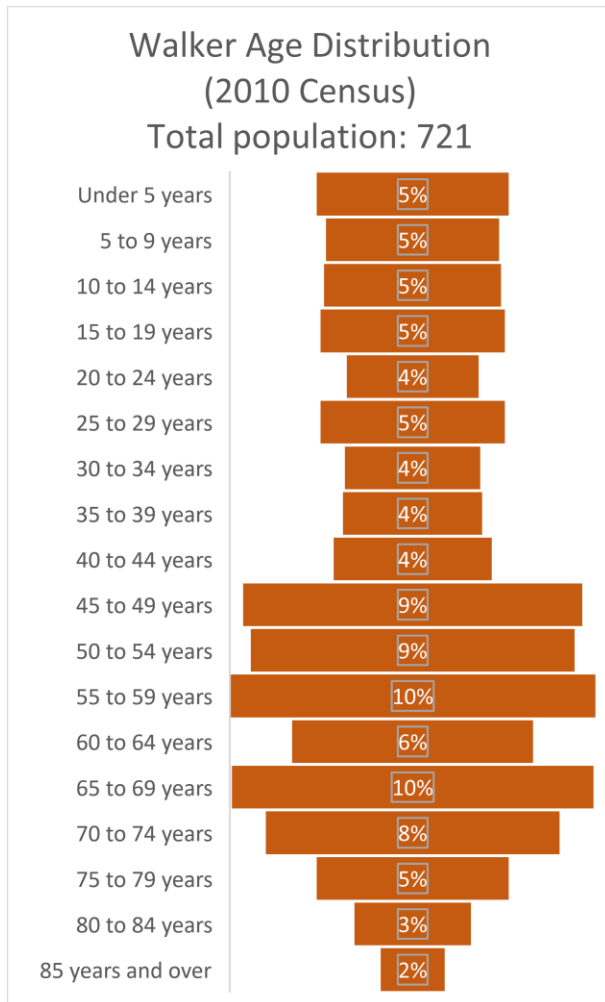
"I would like to see the police be nicer to homeless people with problems."

MHSA FOCUS GROUP: WALKER SENIOR CENTER

MHSA Three Year Planning Process FY 2017-2020 Focus Group: Walker Senior Center April 5, 2017

Context:

- Participants: 7 women
- Location: Walker, California
 - Remote community 90 minutes north of Mammoth Lakes, CA and 40 minutes south of Gardnerville, NV
- Walker demographics:
 - Population: 721



Discussion of community needs:

- Needed counseling/therapy/support following cancer diagnosis and called MCBH; was referred to Gardnerville, but was not able to secure services; would like to see services here; would want more specialty with chemo issues, etc. (not a young pup)
 - Lack of convenience in traveling to NV – some have no transport
 - Stigma about receiving services is not a problem, esp because no one knows that the wellness center is associated with MCBH
- People waiting for loved ones to be picked up after they have died in the home; body can be taken to Carson if you prepare, but otherwise must pay for transit down south, which is more expensive and takes much more time
 - Senior Center is planning an education workshop to help get the word out and get people preparing
- Focus group participants didn't know what our services are
- "Dementia is our main issue"
 - There are lots of shut in – we do the Healthy IDEAS program, but that's only depression
 - We need support for dementia caregivers, especially figuring out how to help when life/responsibilities must be reorganized
 - Alzheimer's support group – they have them in Gardnerville, but the travel is challenging
 - Share ideas for practical needs
 - Information available to help
 - Alzheimer's respite care
 - As a community, they know the more about caregiver needs, but a professional could help guide the conversation
 - There are a lot of isolated people behind closed doors who wouldn't know about things like dementia support
- No hospice, cancer, dementia, etc. care to address both physical and emotional needs
 - Touching story about her mother's beautiful passing – how to help people have a beautiful passing
 - "Hospice is a big thing because if people need it, then they have to leave, and people want to be at home. Plus, it's more economical to be at home."
 - The doctors at the clinic keep changing – we would need someone to administer the hospice: there are nurses here, but must have a doctor
- Services in groups rather than individual therapy would be best
 - Most go to Gardnerville for their healthcare; but for specialty care or VA hospital then go to Reno; if on Medi-Cal closest is South Lake Tahoe
- Mono County Arts Council
 - Used to do summer camps
- Cooking classes
 - Teach kids to cook

- Nobody returns calls from wellness center
 - Wellness Center is very under-utilized
- Utilize community garden to full extent
 - Could look into teaching classes – can pay instructors, etc.
 - Need to do more garden outreach
- Dinner and a Movie like Benton and BP
 - Would love that!
 - Really need things happening to fight isolation
 - Many community events are fundraisers and don't attract low-income people
- Can use the Sierra Scoop to spread the word – mailer that goes out to everyone

MHSA FOCUS GROUP: BEHAVIORAL HEALTH ADVISORY BOARD

MHSA Three Year Planning Process FY 2017-2020
Behavioral Health Advisory Board
Focus Group | 5/1/17
7 participants

What specific mental health needs do you observe in the community members that your own agency/program serves or in the community at large?

- On-going alcohol assistance – it’s important to me that we get that under control. The level of intoxication here when someone gets picked up is higher than I’ve seen it anywhere else – unless they’re .20, they’re not drunk. I think it’s the culture here – and it’s locals not just visitors on vacation.
 - So many events are alcohol-centric
- I also see issues around 5150 - to 5150 someone, you must send them to Bakersfield, which I think actually negates helping them because they have to go so far.
 - Related to 5150, we need training at the hospital in the ER for mental health needs. There needs to be more compassion and understanding at the mental health level.
- I think it’s a huge problem that we have no medically assisted treatment for alcohol and opiate use in conjunction with a medical provider.
- We need more ongoing awareness that is anti-stigma – stigma reduction through education.
- Our students in Mammoth Unified School District have a lot of mental health needs
- The amount of alcohol use in the community and how easily students have access to it and how easily parents allow/encourage it is also a problem.
 - We try to do the “Every 15 Minutes” program as a deterrent to drunk driving every year – it’s a good thing to do before prom.
- What’s the right way to address this community’s problems with alcohol? There are little pockets of people/programs addressing the problem, but do we have a community effort, not just the people in this room?
 - Need a multi-faceted approach – are there any other models in the country? We should research other mountain towns in Colorado, and also look at how they deal with cannabis. We could also look at programs on college campuses to learn how they are dealing with binge drinking vs. social drinking.

- I think we need a program for young adults with mental illness to get back into the workforce – get someone to guide them through the first few weeks of work. Maybe we could integrate with social services and the programs they do with workforce help. Maybe they even subsidize stuff like that.

What do you think are the main barriers to accessing mental health services in Mono County? Are there specific barriers for certain groups of people like youth, older adults, LGBT, etc.?

- Stigma
- Distance to services
- Not knowing services can be brought to you
- Not knowing the services available
- Perceived expense

What new mental health-related services/programs do you think are most needed in Mono County?

- Housing
- Job Development
- Mobile services – motor home with people going to outlying community (Public Health, Wild Iris, Social Services, MCBH, Mammoth Hospital)
 - Homeless Person Health Project in Santa Cruz
 - Mobile Wellness Delivery
 - Park at schools one day per week
 - Mobile drop-in clinic
 - Alleviates the access barrier
- New alcohol program
- Hire another therapist (we have reached clinic capacity)
 - Can't necessarily see everyone that calls right now (referring out those with private insurance)
 - Can't meet all needs when we are asked
 - It's very challenging to find professional level staff who want to be here and stay here
 - Spanish bi-cultural male is ideal candidate (intern or licensed person)
 - Job has been listed for 7 months
- Youth Center

MHSA FOCUS GROUP: CLIENTS

EQRO Focus Group

4/13/17

8 participants

The following is what clients offered in the Focus Group for Mono.

Initial access for those starting services in the last year was one week or less - a very good result. Psychotherapy began within one week of the assessment - ditto for that. Psychiatry access was about six weeks for a much smaller segment that needed medication.

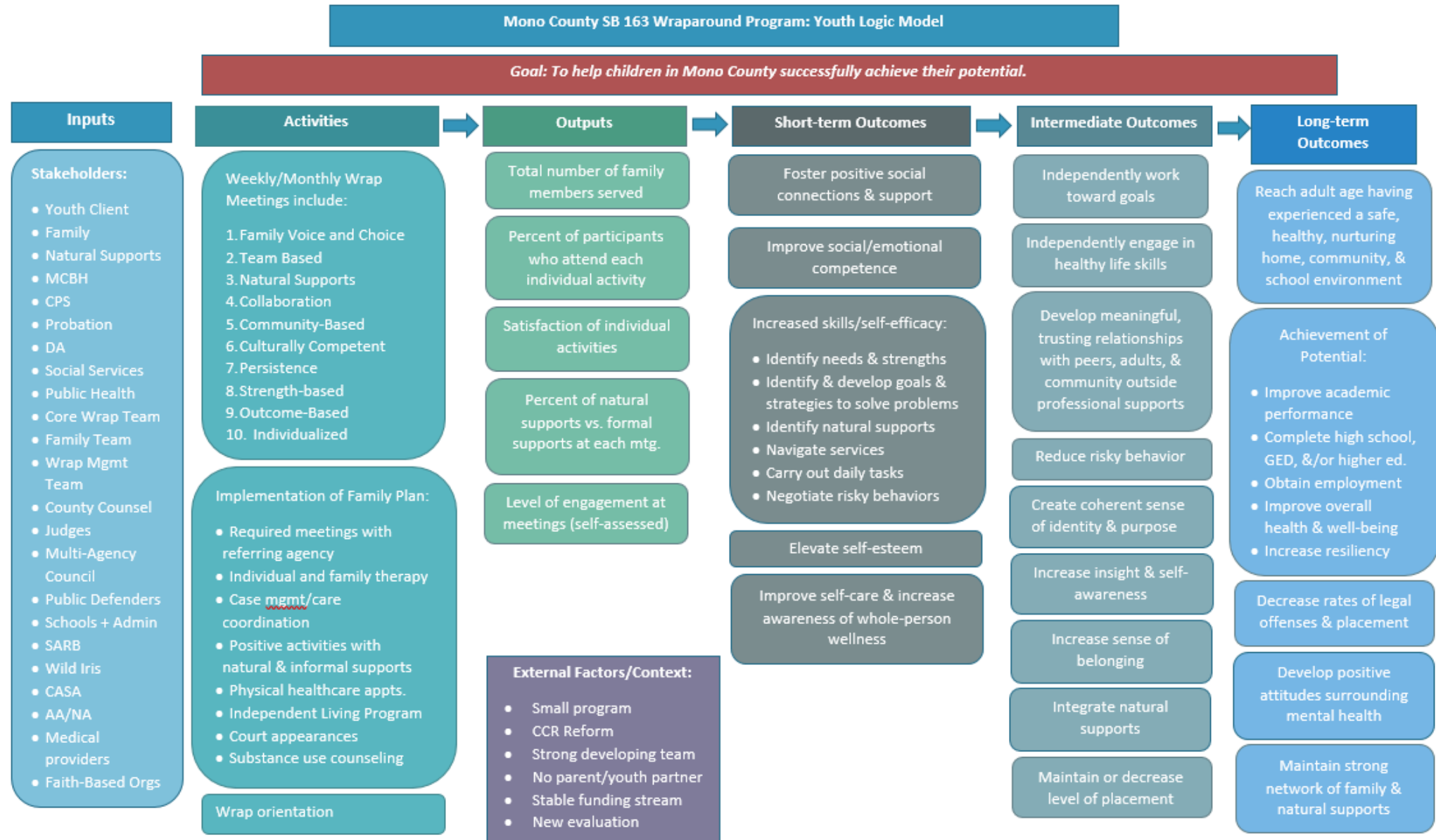
No barriers to care, good quality and friendly services.

What clients would like: More activities to improve independence, including supported employment, job coaching, etc.

Make it known if child care is available - some seem to struggle with other options, unsure if child care will be provided while the adult is in therapy.

Use clients to create a video promoting the services of the department.

APPENDIX A: WRAPAROUND LOGIC MODELS



Mono County SB 163 Wraparound Program: Family Logic Model

Goal: To help children in Mono County successfully achieve their potential.



APPENDIX B: PENETRATION RATE DATA

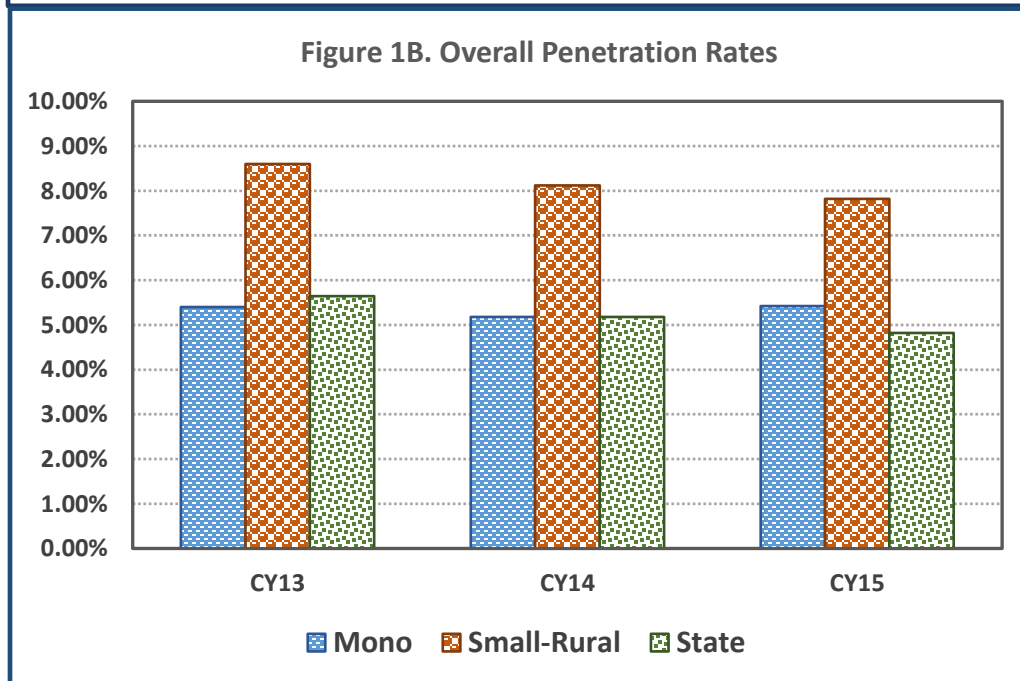
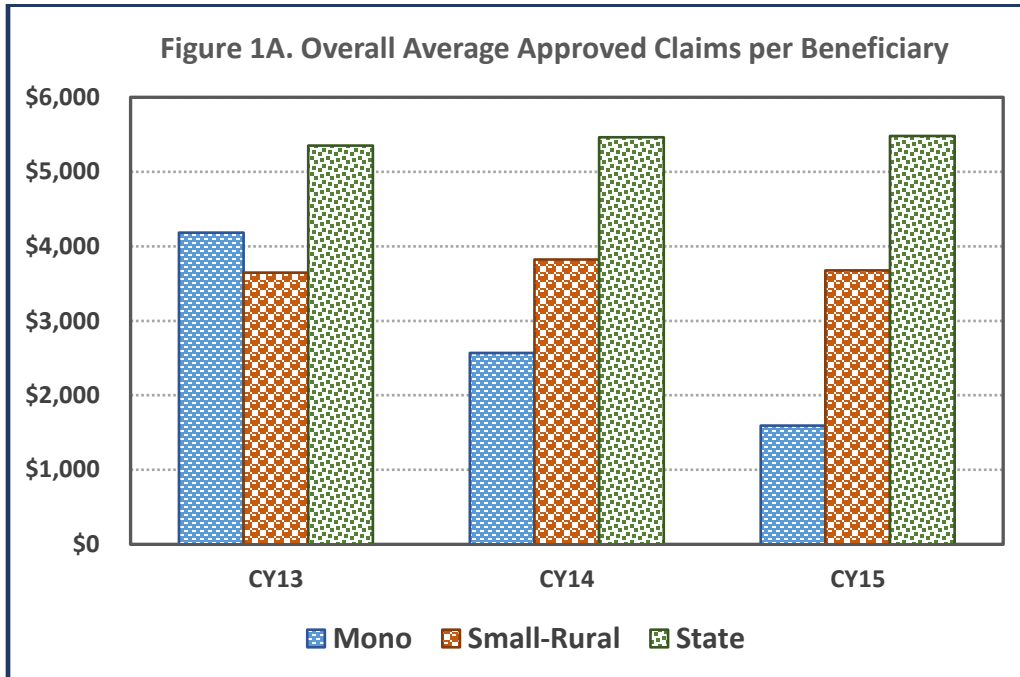


Figure 2A. FC Average Approved Claims per Beneficiary

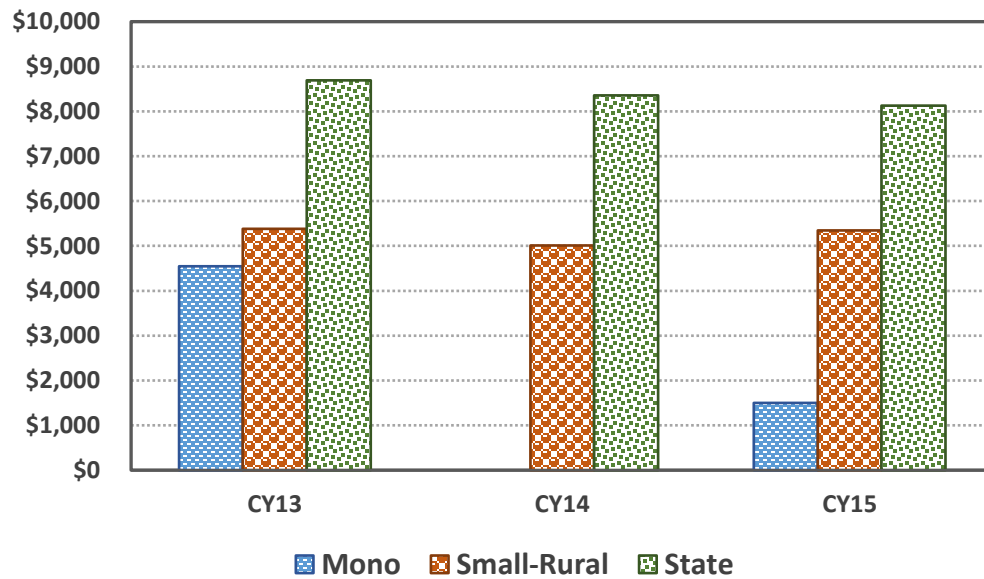


Figure 2B. FC Penetration Rates

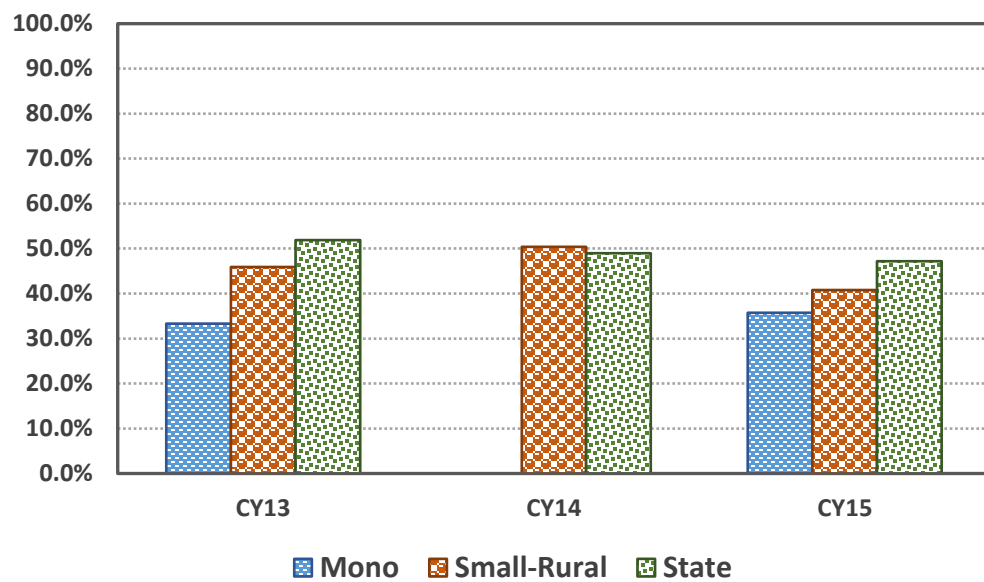


Figure 3A. Hispanic Average Approved Claims per Beneficiary

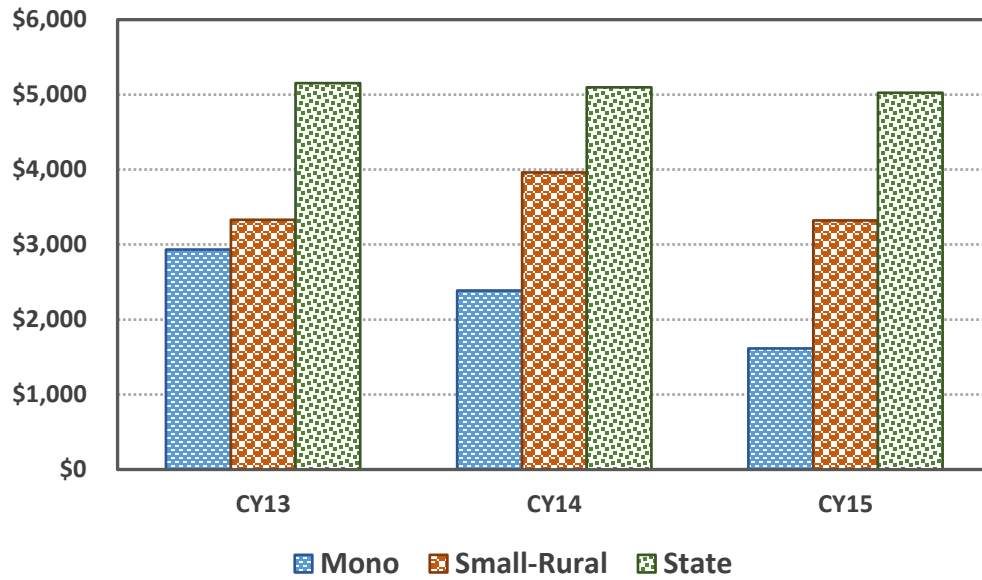
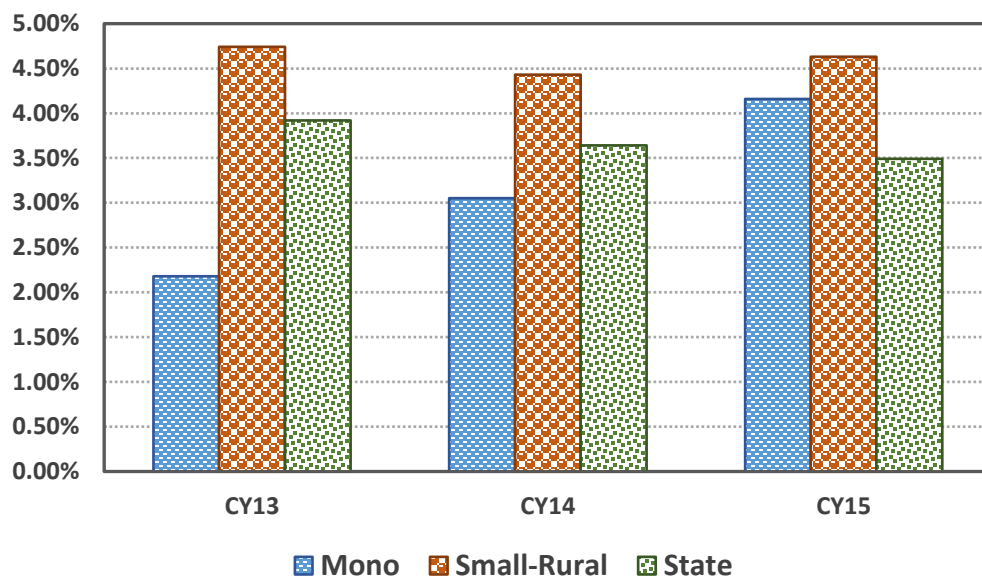


Figure 3B. Hispanic Penetration Rates



APPENDIX C: MHSA ISSUE RESOLUTION PROCESS

Mono County is committed to:

- a. Addressing issues regarding MHSA in an expedient and appropriate manner;
- b. Providing several avenues to file an issue;
- c. Ensuring assistance is available, if needed, for the client/family member/provider/community member to file their issue; and
- d. Honoring the Issue Filer's desire for anonymity.

Types of Issues to be resolved using this process:

- a. Appropriate use of MHSA funds; and/or
- b. Inconsistency between approved MHSA Plan and implementation; and/or
- c. Mono County Community Program Planning Process.

Process:

An individual, or group of individuals, that is dissatisfied with any applicable MHSA activity or process may file an issue at any point within the system. These avenues may include, but are not limited to, the Mono County Behavioral Health Director, MHSA Coordinator, QA/QI Coordinator, Mental Health Providers, Mental Health Committees/Councils.

Issues will be forwarded to the QA/QI Coordinator, or specific designee of the Behavioral Health Director, either orally or in writing.

Upon receipt of the issue, the QA/QI Coordinator, or specific designee of the Behavioral Health Director, will determine if the issue is to be addressed through the MHSA Issue Resolution Process or if it is an issue of service to be addressed by the Mental Health Plan (MHP) Problem Resolution Process. If the issue is regarding service delivery to a client, the issue will be resolved through the MHP Problem Resolution Process.

If the issue is MHSA-related regarding the appropriate use of MHSA funding, inconsistency between the approved MHSA Plan and implementation, or Mono County Community Program Planning process, the issue will be addressed as follows:

- a. Issue Filer's concern(s) will be logged into an MHSA Issue Log to include the date of the report and description of the issue.
- b. The Issue Filer will receive an acknowledgement of receipt of the issue, by phone or in writing, within the MHP Problem Resolution timeframes.
- c. The QA/QI Coordinator, or specific designee of the Behavioral Health Director, shall notify the County's Mental Health Director and MHSA Program Manager of the issue received. The QA/QI Coordinator will investigate the issue while maintaining anonymity of the Issue Filer.
- d. The QA/QI Coordinator, or specific designee of the Behavioral Health Director, may convene an ad-hoc committee to review all aspects of the issue. This review process will follow the existing Problem Resolution timeframes.

- e. The QA/QI Coordinator, or specific designee of the Behavioral Health Director, will communicate with the Issue Filer while the issue is being investigated and resolved.
- f. Upon completion of the investigation, the QA/QI Coordinator, or specific designee of the Behavioral Health Director, shall issue a report to the Behavioral Health Director. The report shall include a description of the issue, brief explanation of the investigation, staff/ad-hoc committee recommendation(s) and the County resolution to the issue.
- g. The QA/QI Coordinator, or specific designee of the Behavioral Health Director, shall notify the Issue Filer of the resolution, by phone or in writing and enter the issue resolution and date of the resolution into the MHSA Issue Log.
- h. MHSA Issues and resolutions will be reported annually in the Quality Improvement Report.

If the Issue Filer does not agree with the local resolution, the Issue Filer may file an appeal with the following agencies: Mental Health Services Oversight and Accountability Commission (MHSOAC); California Mental Health Planning Council (CMHPC); or California Department of Health Care Services (DHCS).