



Mono County Behavioral Health

Mental Health Services Act

FY 2014-2017 Three-Year Program and Expenditure Plan

Including Supplemental MHSA FY 2015-2016 & 2016-2017 Annual Updates

TABLE OF CONTENTS

Mono County MHSA FY 2014-2017 Three-Year Program and Expenditure Plan.....	3
MHSA County Fiscal Accountability Certification.....	3
Mono County Snapshot.....	5
Community Program Planning.....	6
Local Review Process.....	8
Community Services and Supports.....	9
Prevention and Early Intervention.....	13
Innovation: Peapod Program.....	15
Workforce Education and Training.....	26
Capital Facilities/Technological Needs.....	27
Three-Year MHSA Expenditure Plan Funding Summary.....	28
CSS Expenditure Plan.....	29
PEI Expenditure Plan.....	32
INN Expenditure Plan.....	35
WET Expenditure Plan.....	38
CF/TN Expenditure Plan.....	40
MHSA Survey Results.....	43
Mono County MHSA FY 2015-2016 Annual Update.....	57
2015-2016 Annual Update: Community Program Planning.....	58
2015-2016 Annual Update: Local Review Process.....	60
2015-2016 Annual Update: CSS.....	61
2015-2016 Annual Update: PEI.....	63
2015-2016 Annual Update: INN.....	65
2015-2016 Annual Update: WET.....	66
2015-2016 Annual Update: CF/TN.....	67
FY 2015-2016 MHSA Funding Summary.....	68
Mono County MHSA FY 2016-2017 Annual Update.....	69
2016-2017 Annual Update: Community Program Planning.....	70
2016-2017 Annual Update: Local Review Process.....	72
2016-2017 Annual Update: CSS.....	73
2016-2017 Annual Update: PEI.....	74
2016-2017 Annual Update: INN.....	75
2016-2017 Annual Update: WET.....	76
2016-2017 Annual Update: CF/TN.....	77
2016-2017 MHSA Funding Summary.....	78

MONO COUNTY MHSA FY 2014-2017 THREE-YEAR PROGRAM AND EXPENDITURE PLAN

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION*

***To be completed following the public comment period.**

County/City: Mono

- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

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

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.

 Behavioral Health Director (PRINT)

 Signature

 Date

I hereby certify that for the fiscal year ended June 30, 2015, 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, 2015. I further certify that for the fiscal year ended June 30, 2015, 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.

Mono County Finance Director (PRINT)

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)

MONO COUNTY SNAPSHOT

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 7,000, 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 encompasses 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, of course, 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; 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 25-45 miles from the next. Mono County has two school districts: Mammoth Unified and Eastern Sierra Unified.

Several of Mono County's communities are year-round resorts and include a number of multi-million dollar homes belonging to second homeowners. However, many year-round residents struggle to make ends meet, often having 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.

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:

1. Conducting a series of surveys created by IDEA Consulting
 - a. Adult Survey
 - i. Including consumers, family members, allied agency staff, behavioral health staff, and community members
 - ii. Administered summer 2015
 - iii. 40 participants with representation from multiple communities in Mono County, ranging from 16-60+ years old
 - iv. 62 percent of participants were female, 32 percent male, 6 percent other
 - v. 60 percent of participants were White/Caucasian, 34 percent were Hispanic
 - vi. For a full break down of demographics and survey results, see [MHSA Survey Results](#).
 - b. School Personnel Survey
 - i. Including teachers and administrators
 - ii. Administered spring 2015
 - iii. 7 participants, all White/Caucasian
 - iv. For a full break down of demographics and survey results, [MHSA Survey Results](#).
2. Formally engaging the Mono County Board of Supervisors through one-on-one meetings.
 - a. September, 2016
3. Formally engaging the Mono County Behavioral Health Advisory Committee through focused planning sessions.
 - a. 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 consumers, the MCBH QA/QI Coordinator, and one County Supervisor (though she is not representing the Board).
 - b. Facilitated by MCBH Director.
4. Conducting a focus group with MCBH's Cultural Outreach Committee to learn more about Mono County's Hispanic community.
 - a. This committee is comprised of 5 bi-lingual/bi-cultural staff members, as well as 2 other staff members.
 - b. Facilitated by MHSA Coordinator.

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 consumers, their families, allied agencies (social services, law enforcement, etc.), behavioral health employees, members of the Hispanic community, and community leaders. Consumers, their providers, and their families were engaged through the distribution of electronic surveys; the community was engaged through forums advertised in local media outlets. 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 Committee 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: December 23, 2016 – January 23, 2017

Date of Public Hearing: January 26, 2017, 5:30 pm, Sierra Wellness Center, Sierra Center Mall, Second Floor

Describe methods used to circulate, for the purpose of public comment, the annual update.

To be completed after the close of the 30-day public comment period and the public hearing.

Provide information on the public hearing held by the local mental health board after the close of the 30-day review.

To be completed after the close of the 30-day public comment period and the public hearing.

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

To be completed after the close of the 30-day public comment period and the public hearing.

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

To be completed after the close of the 30-day public comment period and the public hearing.

COMMUNITY SERVICES AND SUPPORTS

The MCBH MHSA Community Supports and Services (CSS) program will continue to provide services to all ages [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 Full Service Partnerships, which embrace a “whatever it takes” service approach to helping individuals achieve their goals. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, 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.

Outreach and Engagement Programs, Services, and Activities

MCBH provides a number of CSS programs, services, and activities that fall into the outreach and engagement category. The department operates two wellness centers: one in Mammoth Lakes and one in the outlying community of Walker. Activities hosted at these centers range from Family Dinner and a Movie Night to yoga, cooking, and nutrition classes. Additionally, MCBH hosts a popular youth program for 12-18 years olds through the Sierra Wellness Center in Mammoth. This program meets 2-3 times per week and has a regular attendance of 4-7 young people. 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 MCBH Cultural Outreach Committee was formed specifically to develop programming and discuss concerns related to the Hispanic and Native American communities. At this time, the committee is comprised of five bi-lingual/bi-cultural staff members, as well as two other staff members. This committee planned and executed two Latino forums in FY 2015-2016; together, these events attracted approximately 40 attendees. Attendees ranged in age from 25-50 years old, the vast majority were Latino women, and a few women brought their children. Dinner was provided; the average cost/attendee at the first event was \$6/person; the average cost/attendee at the second event was \$14/person. Additional forums are planned for FY 2016-2017.

In a further effort to reach out to Mono County's large Hispanic population and improve interagency cultural competency, MCBH plays an active role on the Mammoth Lakes Police Department (MLPD) Hispanic Advisory Committee. The Committee was created in order to provide a safe environment to build trust between the MLPD and the Latino Community. Within the Mono County Latino community, immigration status has been identified as a critical cause of stress and anxiety; therefore, a key goal of this committee is to provide information addressing these types of concerns. The Program involves MLPD, Mammoth School Districts, Social Services, MCBH, Mono County Superior Court, Wild Iris, and Mammoth Lakes Housing. Approximately three member meetings and two town hall style meetings for the community were held in FY 2015-2016.

Another program that MCBH has adopted to serve the community 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. In 2015, 42 clients were served, with an average age of 71. Most clients spoke English and identified as white; the gender make-up of individuals served was 49 percent female and 51 percent male.

Full Service Partnership (FSP) Programs

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.

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 and 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.

Tables 1-3 below report age, gender, and race/ethnicity data for MCBH's FSP clients for FY 2015-2016. These tables report the unduplicated consumers. The total number of duplicated FSP clients for FY 2015-2016 is 62.

Table 1. 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 2. 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 3. 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%

CSS Achievements:

One of MCBH's most notable achievements was receiving an award from the California State Association of Counties (CSAC) in 2015 for its outlying area social event, Dinner and a Movie. This popular activity takes place on the last Friday of the month and regularly attracts approximately 15 attendees. Although many individuals move to Mono County's small, remote communities for seclusion, MCBH finds that activities such as Dinner and a Movie help bring community members of all ages together for healthy social activity.

MCBH also won a CSAC Challenge Grant Award for Health Care Integration and the department successfully completed the Small County Care Initiative. These activities contribute to MCBH's community clinic model and help staff members connect clients with primary care resources.

MCBH is also very proud of its outreach within the Hispanic community. The first forum held by the Cultural Outreach Committee was quite popular and the committee is working to create more events that will have similar appeal and outreach in the community. Additionally, the youth program at the Mammoth Wellness Center is led by a bi-lingual/bi-cultural staff member, which helps attract a more diverse group of young people to the program. This program is also effective because youth help choose and plan the activities, especially in the summer when the group participates in outdoor activities at least once per week.

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. With several large and politically controversial projects, including a permanent supportive housing project, on the horizon, 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, 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.

An additional barrier has been a lack of strong internal systems to track time spent on MHSAs programs and to capture data for evaluation of CSS programs.

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

The most notable change to the MHSA Three-Year CSS Plan has been the expansion of outreach into the Hispanic community, in part through the introduction of the Latino Forums.

PREVENTION AND EARLY INTERVENTION

The Prevention and Early Intervention (PEI) component of the MHSA Three-Year Plan funds one primary program: Mammoth North Star, 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 – therapists, teachers, and administrators often work collaboratively to refer students to the program and respond to crises.

In 2015, this program served 21 students with an average age of 14. Sixty percent of participating students were Hispanic and forty percent were Caucasian. In terms of gender, approximately 30 percent were female and 70 percent were male. Presently, individual progress is tracked with the GAD-7 anxiety scale and the PHQ-9 depression scale.

In fiscal years 2015-2016 and 2016-2017, the Peapod Program, which was an Innovation program in 2014-2015, will become a PEI program. This change will be addressed in subsequent annual updates.

Challenges or barriers and strategies to mitigate

The first identified challenge related to this PEI program is the lack of evaluation. 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 clients' grades and other key indicators. The creation of an evaluation plan for the North Star program is planned for FY 2016-2017. As part of this evaluation, the North Star staff and MHSA coordinator will examine evidence-based treatment models to identify outcomes and consider aligning treatment with such evidence-based practices.

Additionally, Mono County has not yet developed systems for collecting the newly mandated wide range of demographic indicators. This work is ongoing and expected in subsequent Three-

Year Plans. In subsequent Three-Year Plans, Mono County also plans to introduce new PEI programs to meet the PEI General Requirements.

Finally, this 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, Spanish language parenting classes and an extension program for transition age youth.

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

There are no significant changes to the MHSAs Three-Year PEI Plan.

*This is revised, previously-approved program

Purpose & Goal of the Peapod Program

The primary purpose of the Peapod Program is to increase access to services for isolated communities by reaching out to parents with small children living in rural areas. An additional target population is Hispanic parents with small children. The secondary purpose of the program is to increase quality of services, including better outcomes.

The goal of the Peapod Program is to meet the social needs of parents and their children. This is a priority for our county because Mono County is rural and geographically isolated, and it is easy for families to feel alone. Indeed, opportunities for children and their parents are not as easily accessible as they are in more populated areas. By reaching out to parents, especially Hispanic parents, Mono County is increasing access to services among isolated communities, connecting parents with needed health care (physical and mental), and improving outcomes for children and parents.

Innovation Program Description

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 innovative in that it 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.

Contribution to Learning

Over the last five years, the Peapod Program has helped Mono County learn what works and what can be improved in terms of parent/child playgroups that help promote social engagement in isolated communities. The overall learning goal of this project has been to learn how to create and sustain an outreach program for parents and children in rural communities that provides increased access to services. This learning goal will help Mono County Behavioral Health and Mono County First Five identify best practices within the county's rural environment and ultimately increase access to both the Peapod Program and Mono County Behavioral Health Services.

MHSA General Standards

This project is consistent with the Mental Health Services Act General Standards in that it promotes peer-support group services in isolated areas of Mono County that are focused on social interaction, prevention, early intervention, and healthy parent/child outcomes.

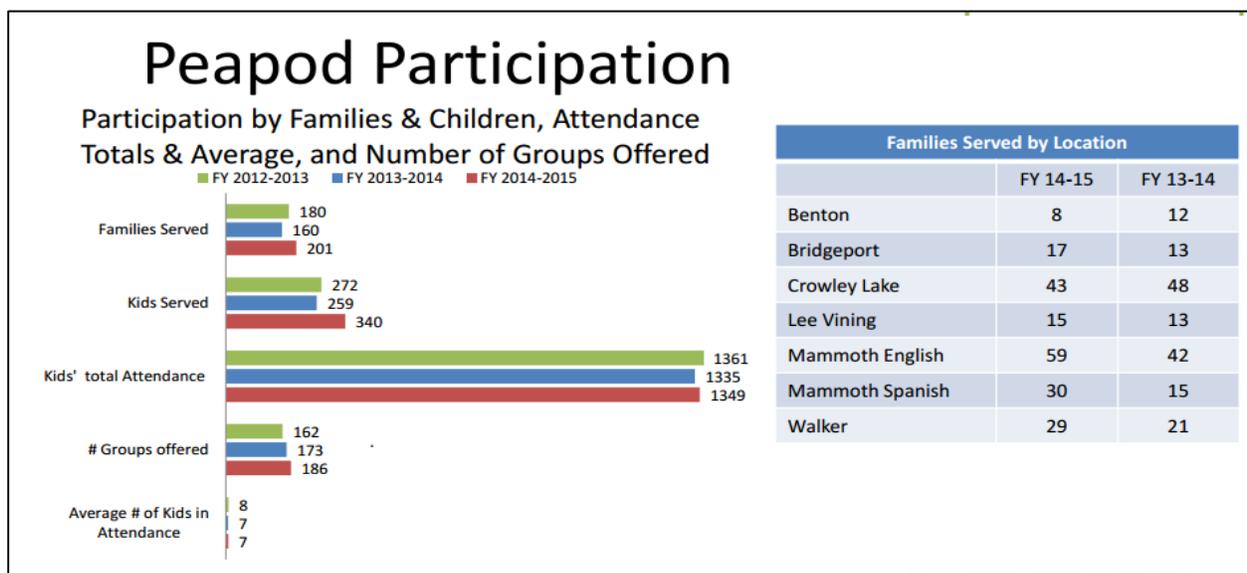
Community Collaboration: Community stakeholder input has been the driving force in the planning and development of this project as well as the implementation and evaluation phases. Participants, consumers, family members, and partner agencies will continue to share information and resources in order to fulfill the goals of project. Also, this project utilizes the strength of a small rural community by engaging peers as playgroup leaders, thereby ensuring critical linkages in isolated parts of our community.

Cultural Competence: Presently, there is one Spanish-language Peapod playgroup that meets in Mammoth Lakes. This playgroup is led by a Hispanic peer-leader and incorporates books, songs, and activities popular within the Hispanic community. Moreover, this playgroup provides a space for Hispanic parents to come together and discuss parenting challenges specific to their community and culture.

Client and Family Driven: This program was developed based upon identified needs within the community. Moreover, each playgroup is led by a trained peer leader, ensuring that the program remains closely tied with community participants and families. All participation in the playgroups is voluntary.

Wellness, Resiliency, and Recovery Focus: The intent of this project is to increase resiliency and promote wellness among parents and their young children. This is accomplished by connecting program participants with needed mental health support, providing social connection for participants, fostering healthy relationships between parents and children, and helping parents and children develop skills that will help them succeed developmentally.

Population Served



Timeline

This program has been in place since FY 2010/11, and in the last five years it has been widely popular with families in Mono County. Through evaluation (both process and outcome), this Innovation program has proven successful in Mono County. We plan to continue the Peapod Program as a Prevention and Early Intervention program in subsequent years given that the program has run its five-year course as an Innovation program. Results of the program and lessons learned have largely been communicated to the community by First Five Mono County.

Evaluation:

Mono County is committed to learning from our Innovation project evaluation, and has shared its findings with stakeholders, including consumers, service providers, and the Mono County Board of Supervisors. Additionally, we have used the evaluation findings to reflect on what is working well and what could be changed to improve our service to the community. First Five Mono County has conducted a well-rounded evaluation of the Peapod Program throughout the last five years of the program. This evaluation includes outcomes and process evaluation components in quantitative and qualitative form. Primary data sources include sign-in sheets and participant surveys.

All families that participated in the program were asked complete a survey measuring their satisfaction, knowledge of new health-related resources, comfort level of seeking out those resources, and their satisfaction with the social aspects of the program. By measuring these components, we are able to assess both the primary and secondary purposes of this program. The results of the 2014-15 evaluation survey are included below in Figure 1. In Figure 2, the results are disaggregated by playgroup site.

Figure 1. Peapod Playgroup Survey Response Averages: 2014-2015 Evaluation

(5 = Strongly Agree, 1 = Strongly Disagree)

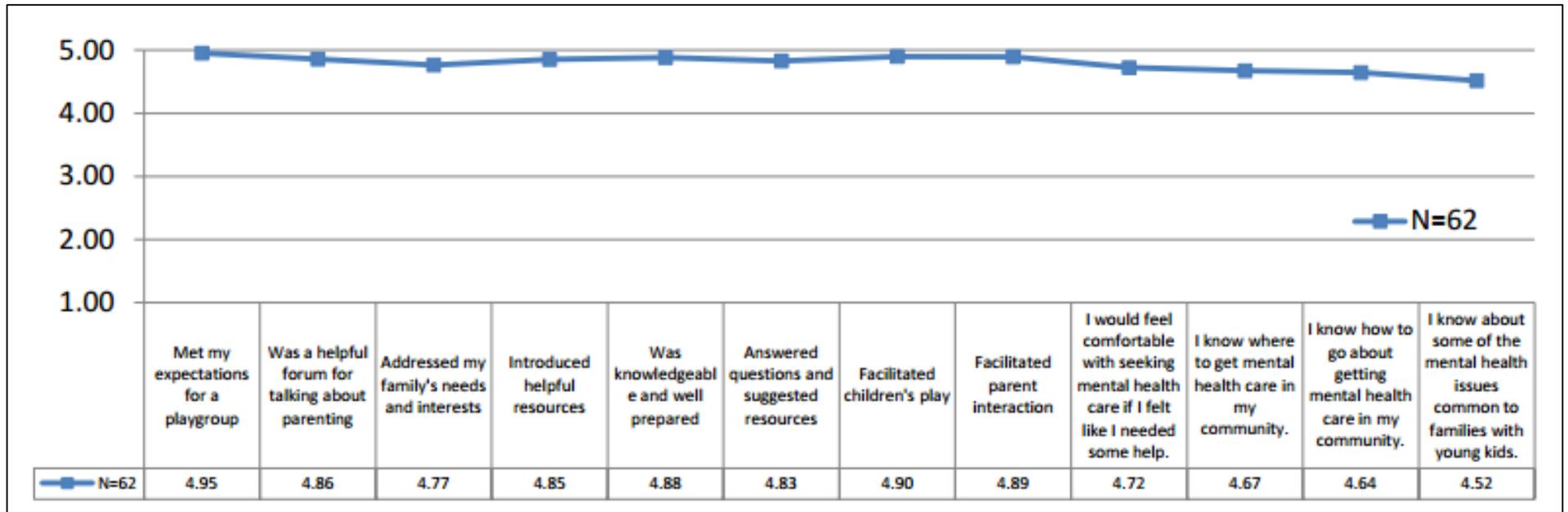
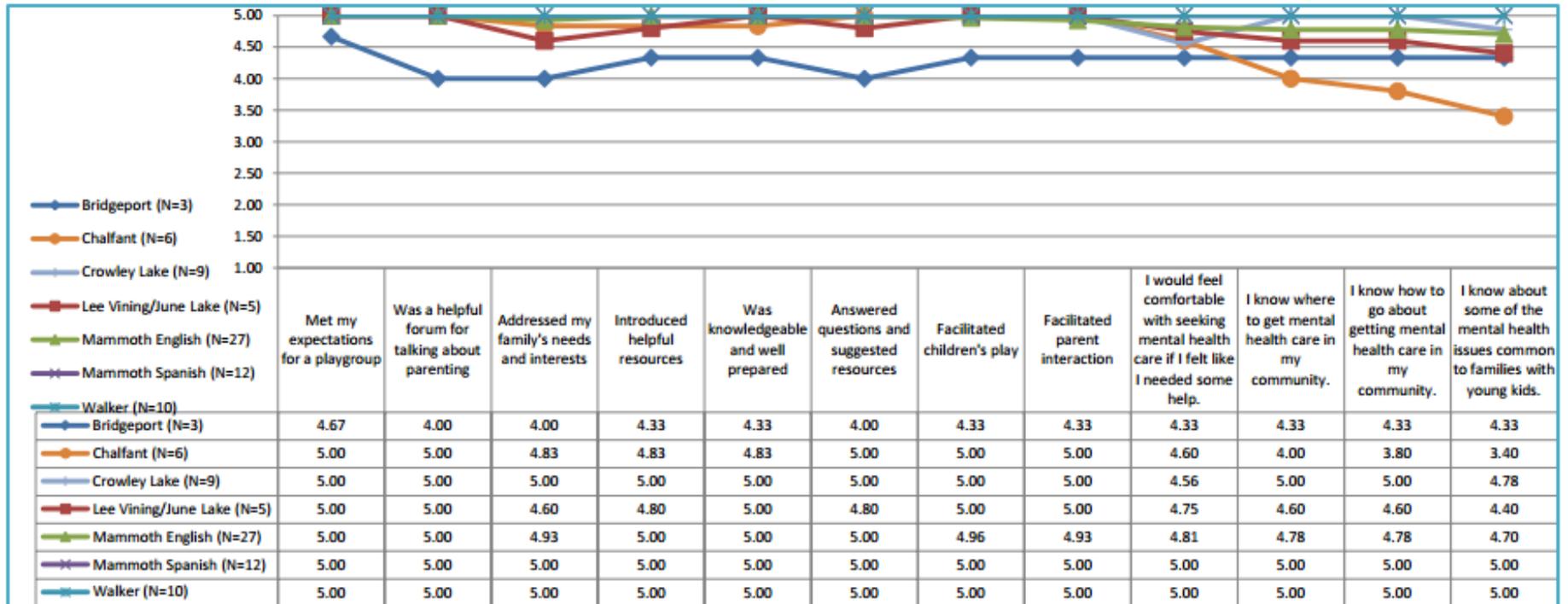


Figure 2. Peapod Playgroup Survey Response Averages by Site: 2014-2015 Evaluation
 (5 = Strongly Agree, 1 = Strongly Disagree)



014-15

Families from all locations participating in Peapod Playgroups responses indicate they “agree” (4) or “strongly agree” with 9 of 10 quality indicator items surveyed.

Evaluation, continued:

The evaluation also includes a qualitative portion in which Peapod parents can comment on the strengths of the program and provide suggestions to tailor the program, both of which contribute to the quality of services for isolated communities (secondary purpose). These qualitative components help provide additional context with which to interpret the quantitative data. In the 2014-15 evaluation, parents commented that the Peapod Program “gives young kids the opportunity to be social in a rural environment.” They also mentioned that Peapod provides “inter-parent support and helpful input from leaders”; the program also “get[s] kids out of the house and playing with peers; [allows me] to connect with other moms.” Many of the suggestions included requests for additional playgroup times, expansion of the current number of children accepted, and year-round playgroups.

Lastly, the evaluation measures the number of families referred to Mono County Behavioral Health and the number of families that received services. This allows us to measure our primary purpose: Increase access to services in isolated communities. In 2014-15, five families were referred and three families received services. This component of the evaluation is critical to ensure that when early intervention is necessary, that Peapod participants have access to and take advantage of mental health services.

Resources to be Leveraged

The greatest resource leveraged is Mono County Behavioral Health’s relationship with First Five Mono County, an established and well-regarded community agency whose mission is to serve parents with young children. Additional resources include the Mono County community centers and wellness centers where the Peapod Programs take place.

Budget for Peapod Program

Note: After FY 2014-2015, this program will be funded through PEI.

Estimated Project Costs (Total per Year):

- **Year 1:** \$35,000
- **Year 2:** n/a
- **Year 3:** n/a

**Innovation Project: Peapod Program
Budget Detail – Year 1**

Type of Expenditure		County MHSA	Other Funding Sources	Total
1.	Personnel			
2.	Operating Expenditures			
3.	Non-recurring Expenditures			
4.	Contract Services (Subcontracts/Professional Services)	35,000		35,000
5.	Evaluation			
6.	Other Expenditures (Admin)			
	Total Proposed Expenditures			
B. REVENUES				
1.	New Revenues			
	a. Medi-Cal (FFP only)			
	b. State General Funds			
	c. Other Revenues			
	Total Revenues			
C. TOTAL FUNDING REQUESTED				
D. TOTAL IN-KIND CONTRIBUTIONS		35,000		35,000

Budget Narrative: Peapod Program

A. EXPENDITURES

1. Personnel – Contractor shall hire, train, and provide administrative oversight to group facilitators, who shall be independent contractors of Contractor, who will provide services including the establishment, facilitation, coordination, and development of “new parent” support groups (“support groups”) in a manner that is consistent with the Mono County’s Mental Health Services Act Innovation Project.

2. Operating Expenditures – Contractor shall provide such office space, supplies, equipment, vehicles, reference materials, and telephone service as is necessary for Contractor to provide the services identified in Attachment A to this Agreement (see below). County is not obligated to reimburse or pay Contractor for any expense or cost incurred by Contractor in procuring or maintaining such items. Responsibility for the

costs and expenses incurred by Contractor in providing and maintaining such items is the sole responsibility and obligation of Contractor.

4. Contract Services – See Attachment A below.

5. Evaluation – Contractor shall evaluate the program locally to determine trends. During the span of this project, we will use feedback from group leaders and participants to alter our groups so that they come as close as possible to meeting participant needs. The Contractor shall maintain data collected from weekly and group end participant surveys and report on the collected data to the community.

B. REVENUE – Revenues have not been projected at this time.

C. TOTAL FUNDING – Total funding for this project is \$35,000.00 (Year 1), \$0.00 (Year 2); and \$0.00 (Year 3).

D. TOTAL IN-KIND CONTRIBUTIONS – No in-kind contributions are expected for this project.

ATTACHMENT A

**AGREEMENT BETWEEN THE COUNTY OF MONO
AND THE MONO COUNTY CHILDREN AND FAMILIES COMMISSION FOR THE
PROVISION OF
NEW PARENT SUPPORT GROUP SERVICES**

TERM: FROM: 07/01/16 TO: 06/30/17

SCOPE OF WORK

Contractor shall perform the following work and services upon County's request:

Contractor shall hire, train, and provide administrative oversight to group facilitators, who will provide services including the establishment, facilitation, coordination, and development of new parent support groups (hereinafter referred to as "Support Groups" or "Peapod Playgroups") in a manner that is consistent with the Mono County's Mental Health Services Act Innovation Project.

The focus of the project is on the development of Support Groups countywide to enhance the mental health and stability of young parents. The learning goal will be to discover which strategies are most effective at encouraging utilization of local mental health services for various populations. The project will seek to increase the access to, and provide a forum for, "underserved" groups of new parents in all areas of Mono County by providing support groups to these persons. The identification of such persons shall be made by Contractor in consultation with the Mono County Behavioral Health Department.

The Support Groups will contribute to learning in a variety of ways, including fostering early recognition of emergent post-partum and other mental disorders and through provision of a forum for open and frank discussion of mental health issues (de-stigmatization), where seeking assistance for mental health problems/issues is encouraged and normalized. The program will also provide a safe and secure setting for these parents to engage in discussion of mental health issues and issues facing new parents; work to increase the knowledge and confidence of new parents; and provide a forum to encourage new parents to gain stronger ties and connection to their community.

Topics that will be covered in each new parent support group will include: basic mental health issues, parenting skills and strategies, how to incorporate an infant into existing family structure, breastfeeding support, how to recognize the early signs of depression and other pre- and post-partum mental health issues, nutrition, and discussion of area resources for assistance. By presenting information about mental health within the same context that information is provided about parenting issues, the project seeks to de-stigmatize the use of local mental health services.

County shall provide mental health training for the Mono County Children and Families Commission staff or contractors providing these services, as needed to meet the terms and

conditions of the MHSA Innovation project. In addition, Funding will be available via the County to provide mental health support for individuals identified in the Support Groups as needing mental health services and who have no other identified payor source. Contractor will work with individuals identified through the Support Groups as persons needing mental health services by referring and encouraging them to contact Mono County Behavioral Health. Any such contact and referral shall be kept confidential from other group members, if communicated to Contractor outside of a group session. It is understood that contact and referral information made during a group session will be communicated to all group participants.

While providing these services, Contractor will also be evaluating Support Group participants for mental health and other service referral, and observing and reporting on the success of the group setting for distribution of, and information about, mental health services.

It is expected that Contractor will collaborate with Mono County Behavioral Health, Mono County Public Health, Mono County Department of Social Services, Mammoth Hospital, and the Mono County Superintendent of Schools. Contractor shall establish primary contacts with each of these agencies to facilitate the goals of this program.

Frequency of Groups

Contractor shall ensure that each Support Group is run for a minimum of ten (10) sessions of at least one (1) hours each. Support Groups may continue beyond ten sessions if Contractor and County determine that the Support Group is effectively furthering the goals of the Peapod project and that such continuation is not in conflict with the administration of other Support Groups required under this Agreement.

The goal of this Agreement is that Contractor will conduct the following number of Support Groups, in the location and in the language specified, unless a lack of need or other circumstances prevents this specific goal from being reached. At a minimum, the following groups will occur:

- Four (4) ten-session English speaking Support Groups will be run in Mammoth Lakes.
- Four (4) ten-session Spanish speaking Support Groups will be run in Mammoth Lakes.
- Four (4) ten-session Support Groups will be run in the Northern part of Mono County, serving Walker/Coleville, Bridgeport, Lee Vining, and/or June Lake.
- Four (4) ten-session Support Groups will be run in the Southeastern part of Mono County, to include Crowley Lake, Chalfant, and/or Benton.

Contractor shall secure adequate space for Support Group meetings and shall provide all materials, supplies, and food for each Support Group. North County Support Groups may use the Antelope Valley Wellness Center, owned and managed by County, provided that Support Groups do not conflict with other scheduled activities.

Contractor shall maintain data collected from weekly and Support Group end participant surveys and will evaluate it locally to determine trends. During the span of this project, Contractor will

use feedback from group leaders and participants to alter the Support Groups so that they come as close as possible to meeting participant needs.

Contractor will collect and maintain data on all group referrals including which community services in addition to the support group are utilized. (e.g., Public Health, Behavioral Health, Mammoth Hospital, etc.) Contractor will try to determine if there are strategies that work better with certain participants to encourage continued attendance at the Support Groups, as well as utilization of mental health resources. Feedback from group leaders and participants will be used to alter Support Groups, as needed, so that they come as close as possible to meeting participant needs.

Data shall be turned in twice annually, along with the Contractor's request for payment for the second and fourth quarters.

WORKFORCE EDUCATION AND TRAINING

The MCBH Workforce Education and Training (WET) program provides training components, career pathways, and financial incentive programs to staff, volunteers, clients, and family members through the following projects:

WET Project Support

We continue to fund staff support to implement and coordinate training and related activities. As part of that effort, we identify ongoing staff education and training needs and pair them with training opportunities both locally and at a regional level. Staff recently completed a cultural competency training, and in 2013 most staff attended a Strengthening Families evidence-based program training. Staff will also receive an upcoming training on working with LGBTQ consumers. In addition to this onsite training, staff are encouraged to seek out training elsewhere in the region and state.

Collaborative Partnership Training and Technical Assistance

We continue to provide training for staff, consumers, and partner agencies both locally and at a regional level. A recent focus is training in the integration of care. We also plan to offer Crisis Intervention Training and Mental Health first aid training for law enforcement and other first responders in our county. MCBH also plans to increase its collaboration with Mammoth Hospital by providing training and technical assistance surrounding mental health referrals.

Workforce Staffing Support

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.

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

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.

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

There are no significant changes to the MHSa Three-Year WET Plan.

CAPITAL FACILITIES/TECHNOLOGICAL NEEDS

MCBH is planning to use Capital Facilities (CF) funds to renovate a five-bedroom house and attached four-unit apartment building that Mono County already owns. Mono County purchased Davison House, located at 71 Davison Rd. in Mammoth Lakes, CA, in 1997 after renting the property for a number of years. The house and apartment building are in need of extensive repairs and renovation, including new roof, new HVAC, improved ADA compliance, fire sprinkler system, etc. Renovating this facility will allow MCBH to house up to 26 consumers with SMI who are homeless or at risk of homelessness. Achievements related to this project include the procurement of an architectural report outlining the work required, meeting with county supervisors to build political will around the project, and presenting before the Mono County Board of Supervisors. The MHSA Coordinator will design a full-scale evaluation of this permanent supportive housing project before residents move in.

MCBH used Technological Needs (TN) funds to purchase and implement a new visual electronic health record called ECHO. Some key benefits and achievements related to ECHO include unified progress notes and treatment planning, the ability to upload pictures of consumers 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 Davison House. 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 holding several town hall meetings to listen to and address concerns. Another barrier is the scale of the renovations required and 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 while the weather may still permit construction. 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, the treatment planning dictionary is still an issue that we are working on at this time. Finally, 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.

We allocated resources from TN to purchase and implement a new visual electronic health record called ECHO, which launched April 2016.

We will be allocating resources from CF for the renovation of a property (Davison House) that will become Permanent Supportive Housing within the next three years.

THREE-YEAR MHSA EXPENDITURE PLAN FUNDING SUMMARY

Fiscal Year 2014-15 through Fiscal Year 2016-17 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 2014-15 Funding						
	1. Unspent Funds from Prior Fiscal Years	\$5,168	\$847,425	\$484,456	\$553,622	\$1,100,534	\$0
	2. FY 2014-15 Funding	\$1,359,555	\$339,889	\$89,444	\$0	\$0	\$0
	3. Transfer In	\$0	\$0	\$0	\$0	\$0	\$0
	TOTAL REVENUES	\$1,364,723	\$1,187,314	\$573,900	\$553,622	\$1,100,534	\$100,000
B.	Fiscal Year 2014-15 Expenditures	-\$770,277	-\$144,497	-\$43,432	-\$2,500	-\$62,570	
	TOTAL	\$594,446	\$1,042,817	\$530,468	\$551,122	\$1,037,964	\$100,000
C.	FY 2015-16 Funding						
	1. Unspent Funds from Prior Fiscal Years	\$594,446	\$1,042,817	\$530,468	\$551,122	\$1,037,964	\$0
	2. FY 2015-16 Funding	\$1,214,252	\$303,564	\$79,885	\$0	\$0	\$0
	3. Transfer In	\$0	\$0	\$0	\$0	\$0	\$0
	TOTAL REVENUES	\$1,808,698	\$1,346,381	\$610,353	\$551,122	\$1,037,964	\$0
D.	Fiscal Year 2015-16 Expenditures	-\$1,165,807	-\$138,560	\$0	\$0	-\$47,934	\$120,000
	TOTAL	\$642,891	\$1,207,821	\$610,353	\$551,122	\$990,030	\$120,000
E.	FY 2016-17 Estimated Funding						
	1. Estimated Unspent Fund from Prior Fiscal Years	\$642,891	\$1,207,821	\$610,353	\$551,122	\$990,030	\$0
	2. Estimated New 2016-17 Funding	\$915,974	\$228,993	\$60,261	\$0	\$0	\$0
	3. Transfer In	\$0	\$0	\$0	\$0	\$0	\$0
F.	TOTAL REVENUES	\$1,558,865	\$1,436,814	\$670,614	\$551,122	\$990,030	\$0
	Fiscal Year 2016-17 Estimated Expenditures	-\$887,998	-\$185,150	\$0	-\$10,000	-\$62,331	\$100,000
	TOTAL	\$670,867	\$1,251,664	\$670,614	\$541,122	\$927,699	\$100,000

CSS EXPENDITURE PLAN

Community Services and Supports (CSS) Component Worksheet 2014-15

County: Mono

12/1/2016

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2014-15		
		MHSA	Medi-Cal FFP	Other Funds
FSP Programs				
1 Socialization & Wellness Center	\$770,277	\$770,277		
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			
Other CSS Non-FSP Program Expenditures	\$0			
CSS Administration	\$0			
CSS MHSA Housing Program Assigned Funds	\$0			
Total CSS Expenditures	\$770,277	\$770,277	\$0	\$0

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2015-16		
		MHSA	Medi-Cal FFP	Other Funds
FSP Programs				
1 Socialization & Wellness Center	\$1,125,557	\$1,125,557		
2 Supported Housing	\$40,250	\$40,250		
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	\$0			
CSS MHSA Housing Program Assigned Funds	\$0			
Total CSS Expenditures	\$1,165,807	\$1,165,807	\$0	\$0

Community Services and Supports (CSS) Component Worksheet 2016-17

County: Mono

12/1/2016

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2016-17		
		MHSA	Medi-Cal FFP	Other Funds
FSP Programs				
1 Socialization & Wellness Center	\$887,998	\$887,998		
2 Supported Housing	\$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			
Other CSS Non-FSP Program Expenditures	\$0			
CSS Administration	\$0			
CSS MHSA Housing Program Assigned Funds	\$0			
Total CSS Expenditures	\$887,998	\$887,998	\$0	\$0

PEI EXPENDITURE PLAN

Prevention and Early Intervention (PEI) Component Worksheet 2014-2015

County: Mono

Date: 12/1/2016

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2014-15		
		MHSA	Medi-Cal FFP	Other Funds
PEI Programs				
1 School Based Counslor	\$126,300	\$126,300		
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			
PEI Administration	\$18,197	\$18,197		
Total PEI Expenditures	\$144,497	\$144,497	\$0	\$0

Prevention and Early Intervention (PEI) Component Worksheet 2015-16

County: Mono

Date: 12/1/2016

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2015-16		
		MHSA	Medi-Cal FFP	Other Funds
PEI Programs				
1 School-Based Counslor	\$85,487	\$85,487		
2 PeaPod Program	\$35,000	\$35,000		
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			
PEI Administration	\$18,073	\$18,073		
Total PEI Expenditures	\$138,560	\$138,560	\$0	\$0

Prevention and Early Intervention (PEI) Component Worksheet 2016-17

County: Mono

Date: 12/1/2016

	(A)	(B)	(C)	(D)
	Mental Health Expenditur	Fiscal Year 2016-17		
		MHSA	Medi-Cal FFP	Other Funds
PEI Programs				
1 School Based Counselor	\$126,000	\$126,000		
2 PeaPod Program	\$35,000	\$35,000		
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			
PEI Administration	\$24,150	\$24,150		
Total PEI Expenditures	\$185,150	\$185,150	\$0	\$0

INN EXPENDITURE PLAN

Innovation (INN) Component Worksheet 2014-15

County: Mono

Date: 12/1/2016

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2014-15		
		MHSA	Medi-Cal FFP	Other Funds
Innovation Programs				
1 Peapod Program	\$34,471	\$34,471		
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	\$8,961	\$8,961		
Total Innovation Expenditures	\$43,432	\$43,432	\$0	\$0

Innovation (INN) Component Worksheet 2015-16

County: Mono

Date: 12/1/2016

	(A)	(B)	(C)	(D)
	Health Expenditures	Fiscal Year 2015-16		
		MHSA	Medi-Cal FFP	Other Funds
Innovation Programs				
1 N/A	\$0			
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	\$0			
Total Innovation Expenditures	\$0	\$0	\$0	\$0

Innovation (INN) Component Worksheet 2016-17

County: Mono

Date: 12/1/2016

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2016-17		
		MHSA	Medi-Cal FFP	Other Funds
Innovation Programs				
1 N/A	\$0			
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	\$0			
Total Innovation Expenditures	\$0	\$0	\$0	\$0

WET EXPENDITURE PLAN

Workforce, Education and Training (WET) Component Worksheet 2014-15

County: Mono

Date: 12/1/2016

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2014-15		
		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	\$2,500	\$2,500		
WET Administration	\$0			
Total WET Expenditures	\$2,500	\$2,500	\$0	\$0

Workforce, Education and Training (WET) Component Worksheet 2015-16

County: Mono

Date: 12/1/2016

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2015-16		
		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	\$0		
WET Administration	\$0			
Total WET Expenditures	\$0	\$0	\$0	\$0

Workforce, Education and Training (WET) Component Worksheet 2016-17

County: Mono

Date: 12/1/2016

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2016-17		
		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	\$10,000	\$10,000		
WET Administration	\$0			
Total WET Expenditures	\$10,000	\$10,000	\$0	\$0

CF/TN EXPENDITURE PLAN

Capital Facilities/Technological Needs (CFTN) Component Worksheet 2014-15

County: Mono

Date: 12/1/2016

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2015-16		
		MHSA	Medi-Cal FFP	Other Funds
Capital Facility Projects				
1	\$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 EHR Conversion Project	\$54,409	\$54,409		
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	\$8,161	\$8,161		
Total Technological Needs Expenditures	\$62,570	\$62,570	\$0	\$0
Total CFTN Expenditures	\$62,570	\$62,570	\$0	\$0

Capitla Facilities/Technological Needs (CFTN) Component Worksheet 2015-16

County: Mono

Date: 12/1/2016

	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2015-16		
		MHSA	Medi-Cal FFP	Other Funds
Capital Facility Projects				
1 Davison Road Project	\$21,461	\$21,461		
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	\$3,219	\$3,219		
Total Capital Facility Expenditures	\$24,680	\$24,680	\$0	\$0
Technological Needs Projects				
13 Echo EHR Conversion Project	\$20,221	\$20,221		
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	\$3,033	\$3,033		
Total Technological Needs Expenditures	\$23,254	\$23,254	\$0	\$0
Total CFTN Expenditures	\$47,934	\$47,934	\$0	\$0

Captial Facilities/Technological Needs (CFTN) Component Worksheet 2016-17

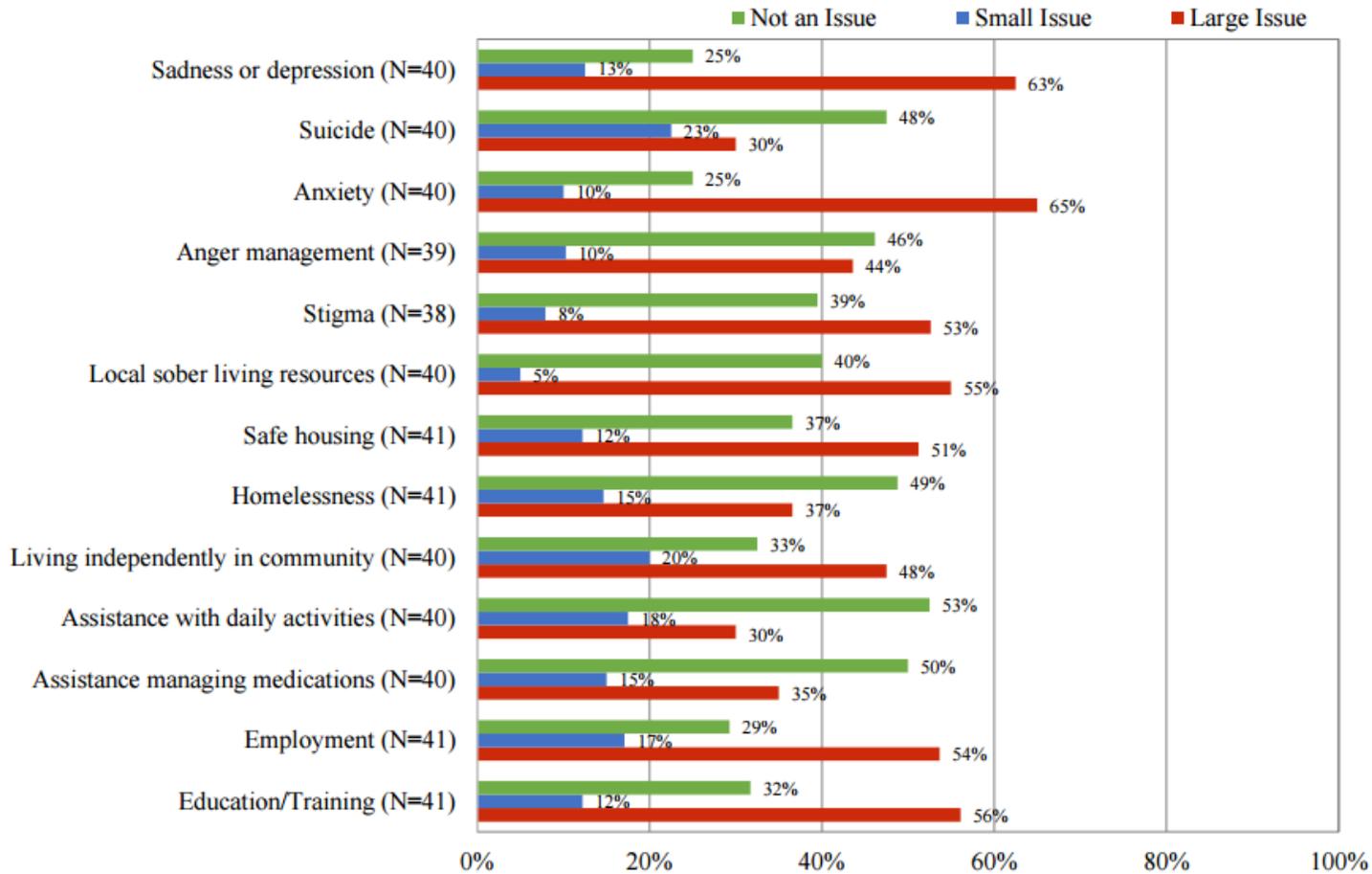
County: Mono

Date: 12/1/2016

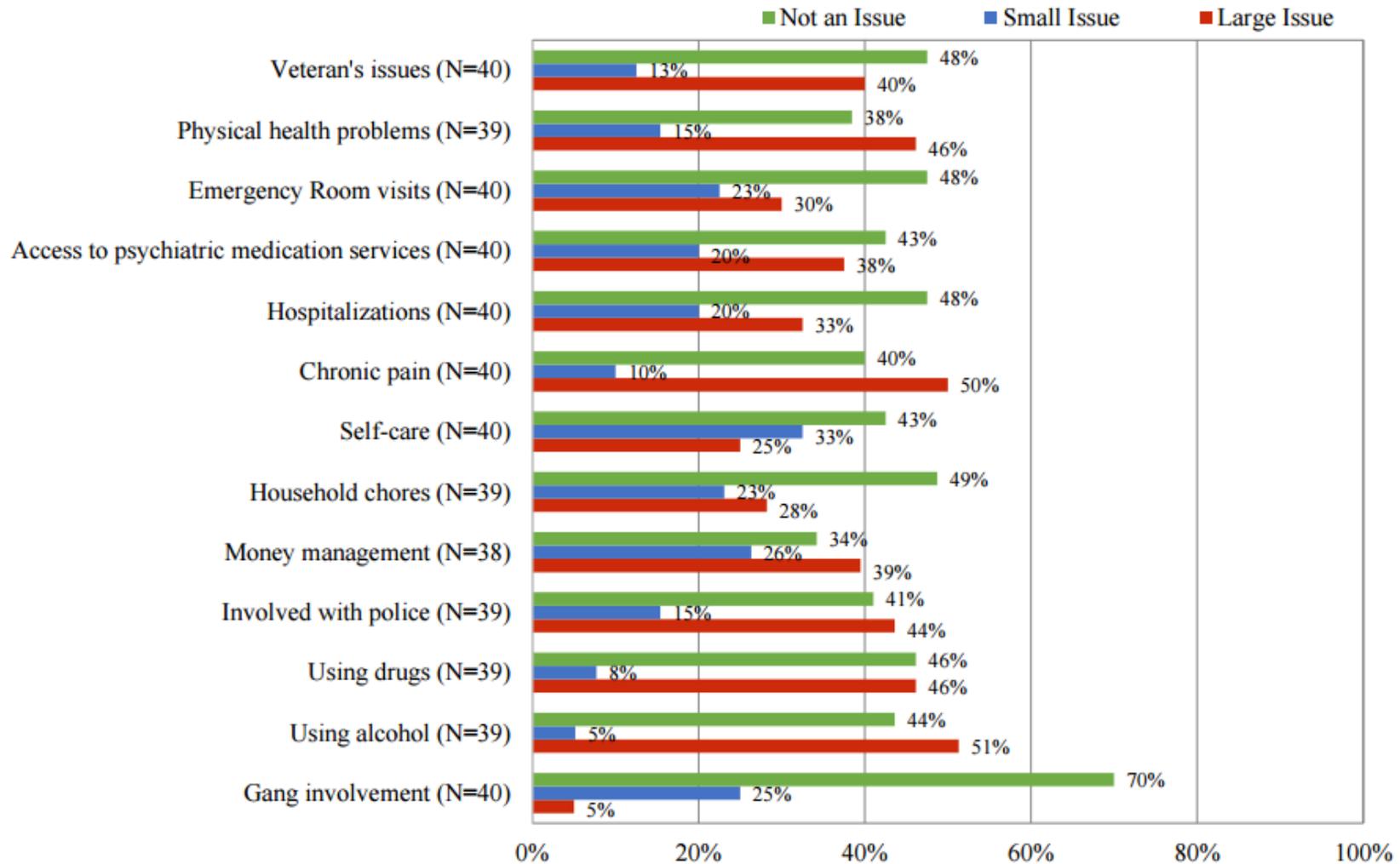
	(A)	(B)	(C)	(D)
	Total Mental Health Expenditures	Fiscal Year 2016-17		
		MHSA	Medi-Cal FFP	Other Funds
Capital Facility Projects				
1	\$0			
2	\$0			
3	\$0			
4	\$0			
5	\$0			
6	\$0			
7	\$0			
8	\$0			
9	\$0			
10	\$0			
11	\$0			
12	\$0			
Capital Facility Administration	\$0			
Total Capital Facility Expenditures	\$0	\$0	\$0	\$0
Technological Needs Projects				
13 Echo EHR Conversion Project	\$54,201	\$54,201		
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	\$8,130	\$8,130		
Total Technological Needs Expenditures	\$62,331	\$62,331	\$0	\$0
Total CFTN Expenditures	\$62,331	\$62,331	\$0	\$0

MHSA SURVEY RESULTS

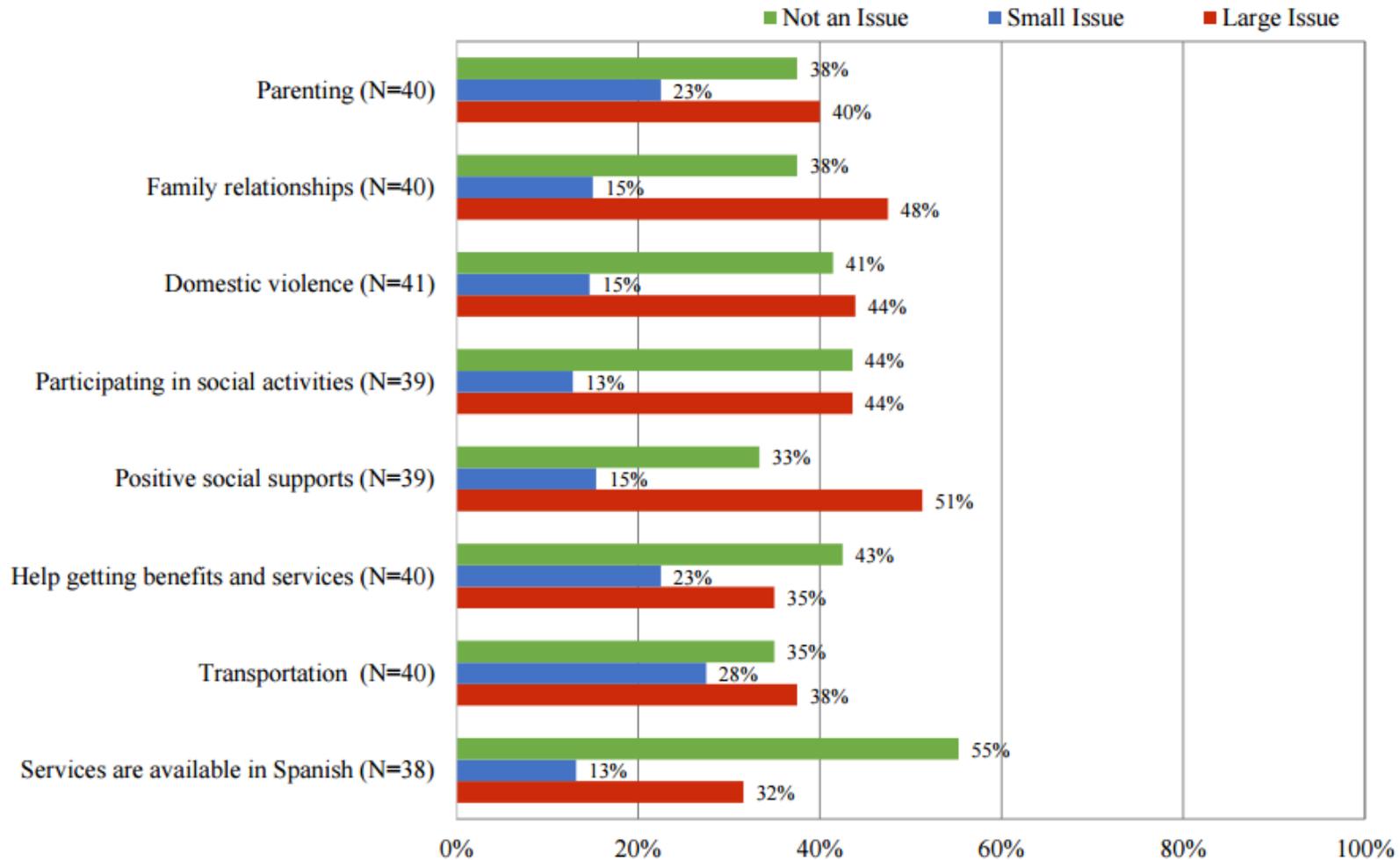
Mono County Mental Health MHSA Adult Survey Results *Adult Issues* 2015



**Mono County Mental Health
MHSA Adult Survey Results
Adult Issues
2015**

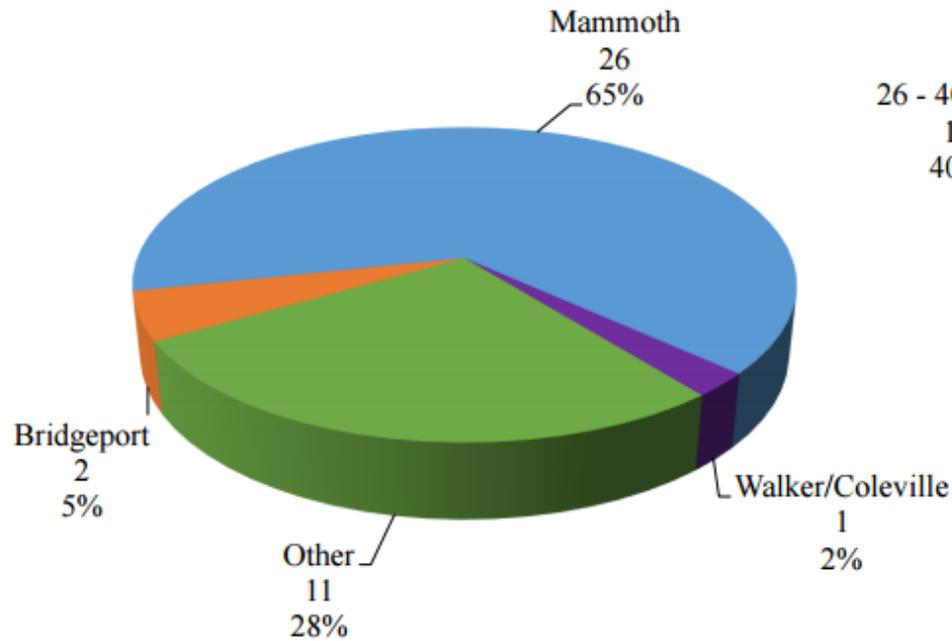


**Mono County Mental Health
MHSA Adult Survey Results
Adult Issues
2015**

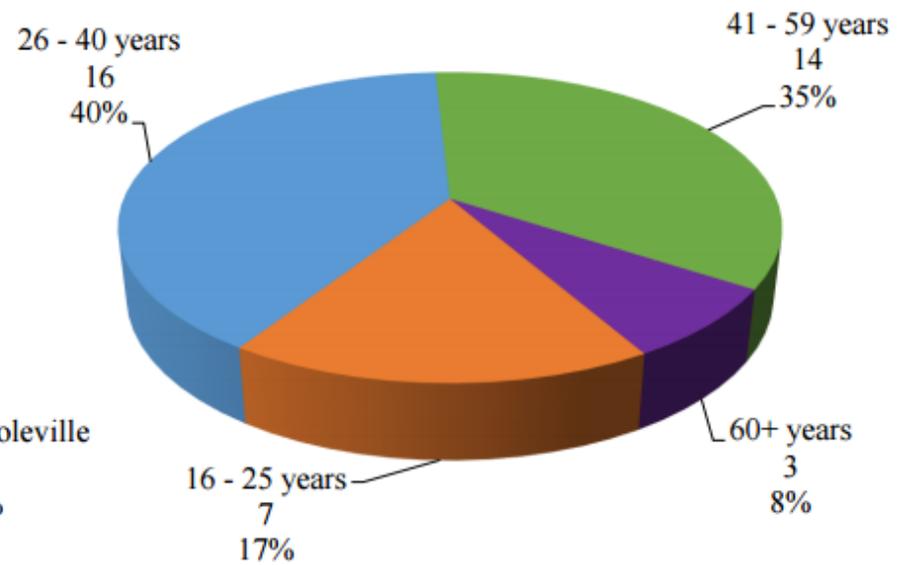


Mono County Mental Health MHSA Adult Survey Results 2015

Area (that you live in):
(N=40)

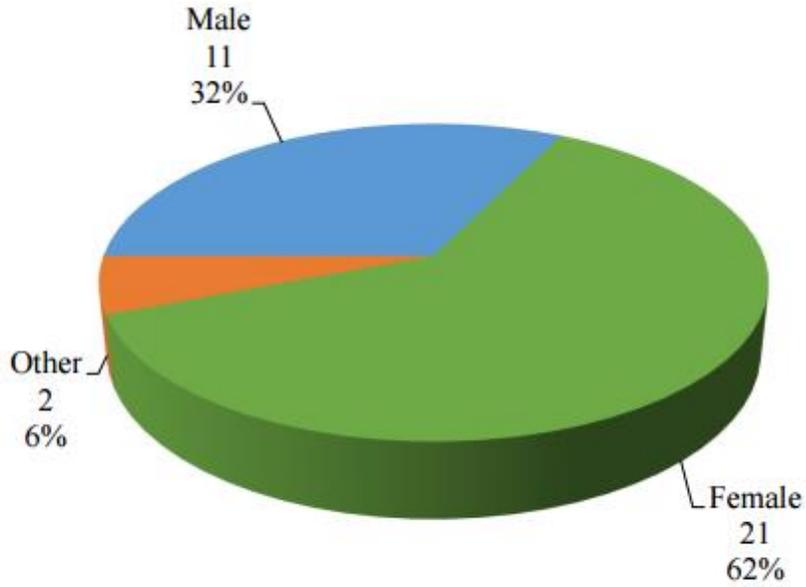


Age:
(N=40)

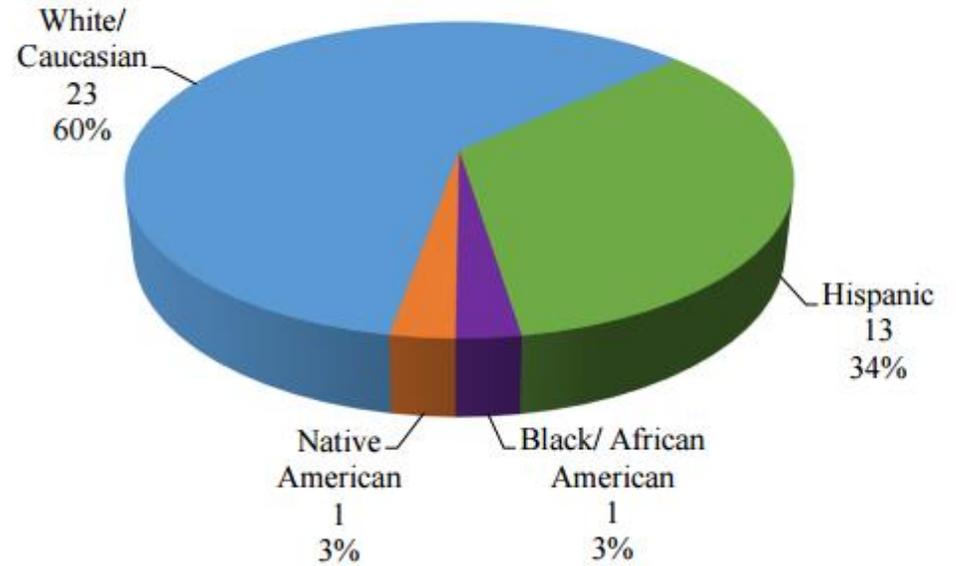


**Mono County Mental Health
MHSA Adult Survey Results
2015**

Gender:
(N=34)



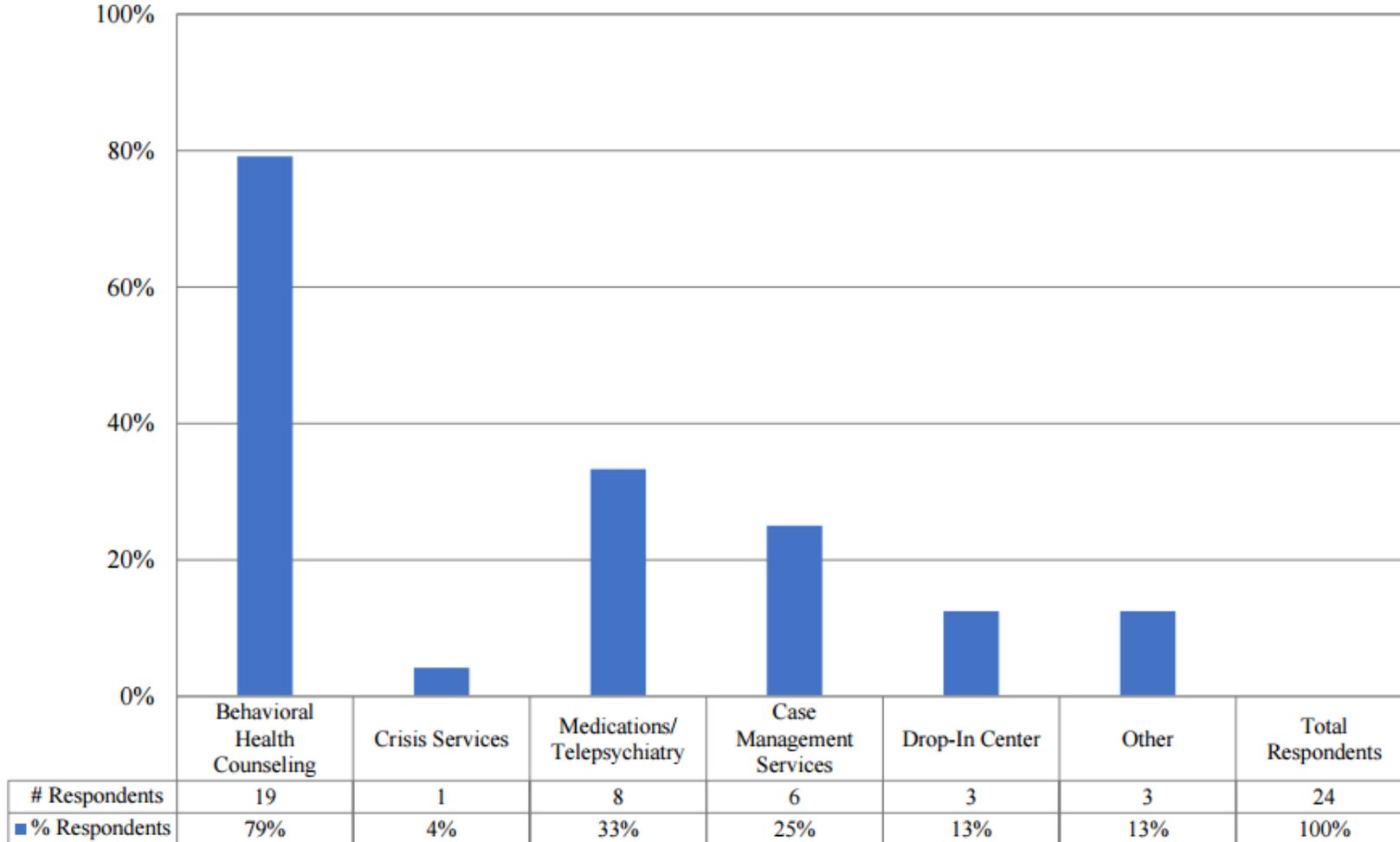
Race/Ethnicity:
(N=38)



**Mono County Mental Health
MHSA Adult Survey Results**

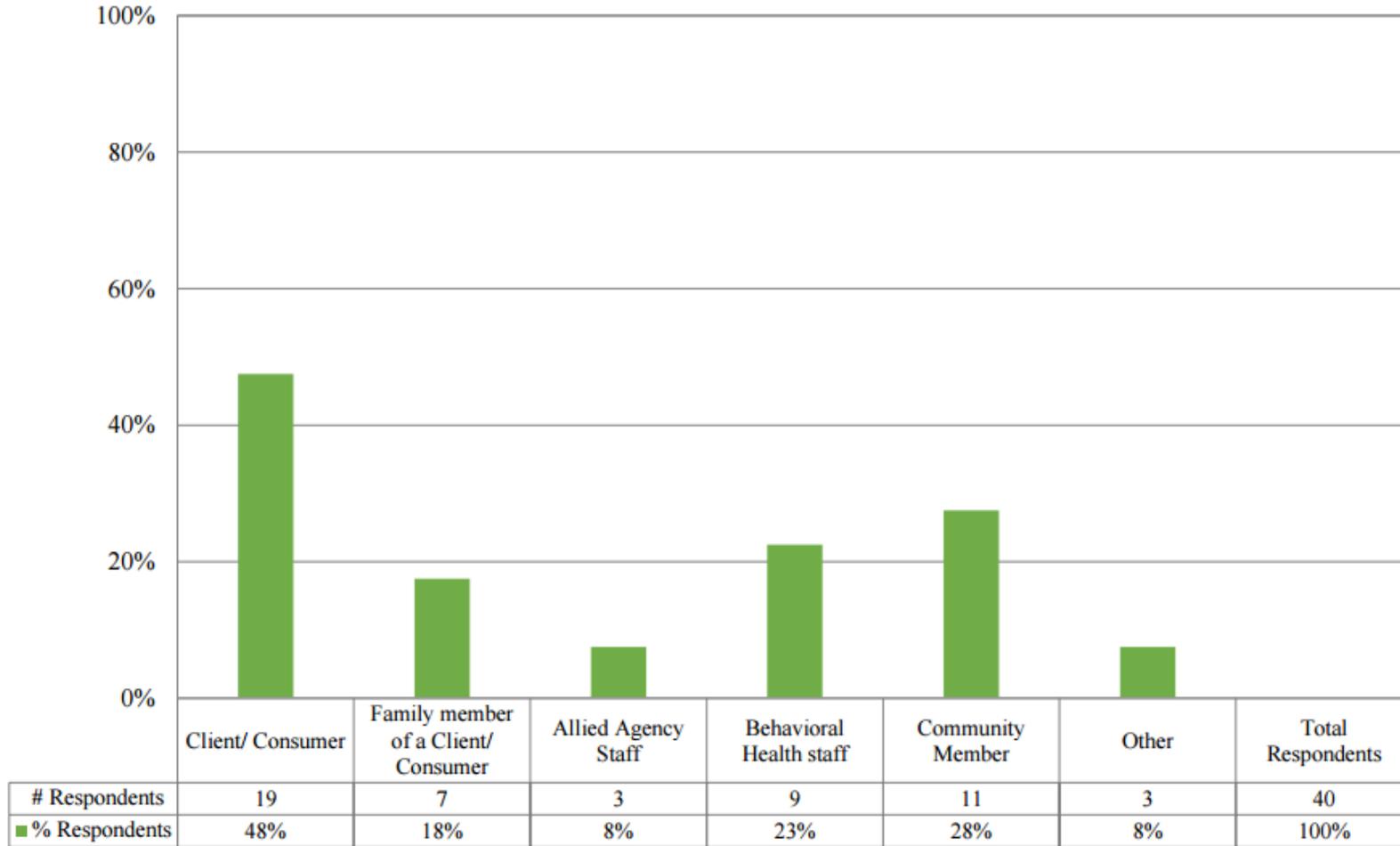
2015

Which Behavioral Health services have you used in the past year?
(Respondents may choose multiple responses)

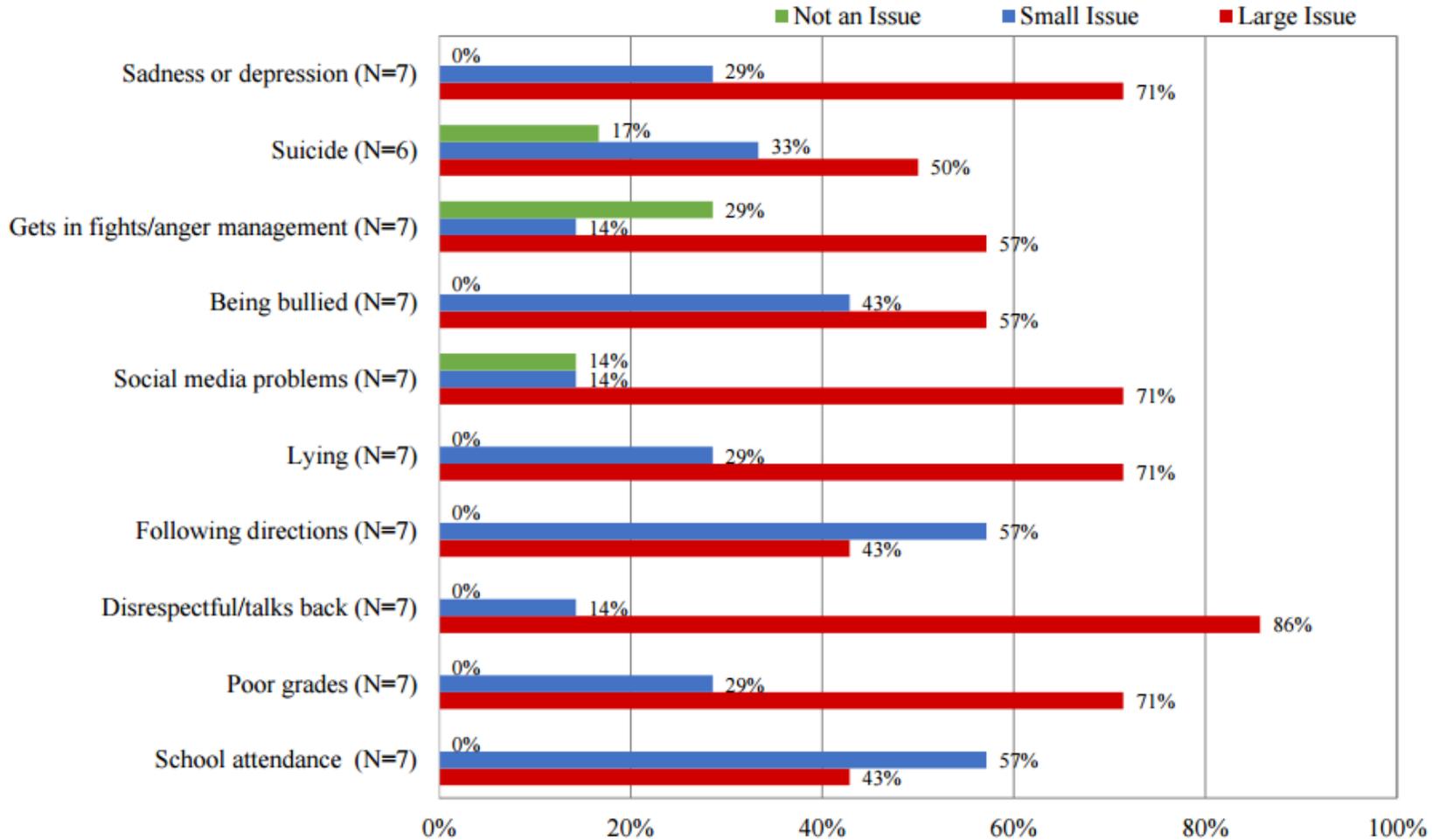


**Mono County Mental Health
MHSA Adult Survey Results
2015**

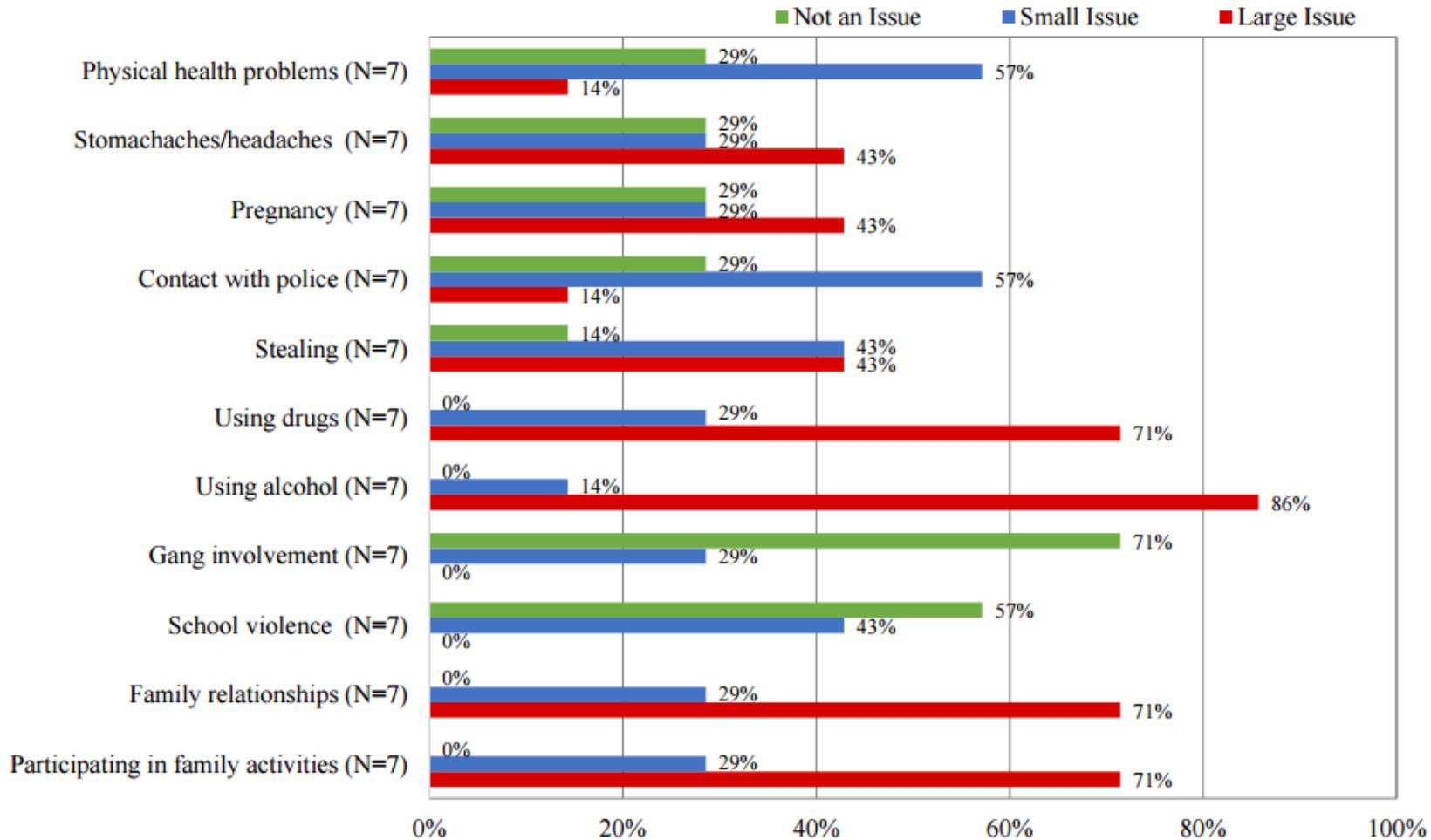
Which of the following best describes your role in the community?
(Respondents may choose multiple responses)



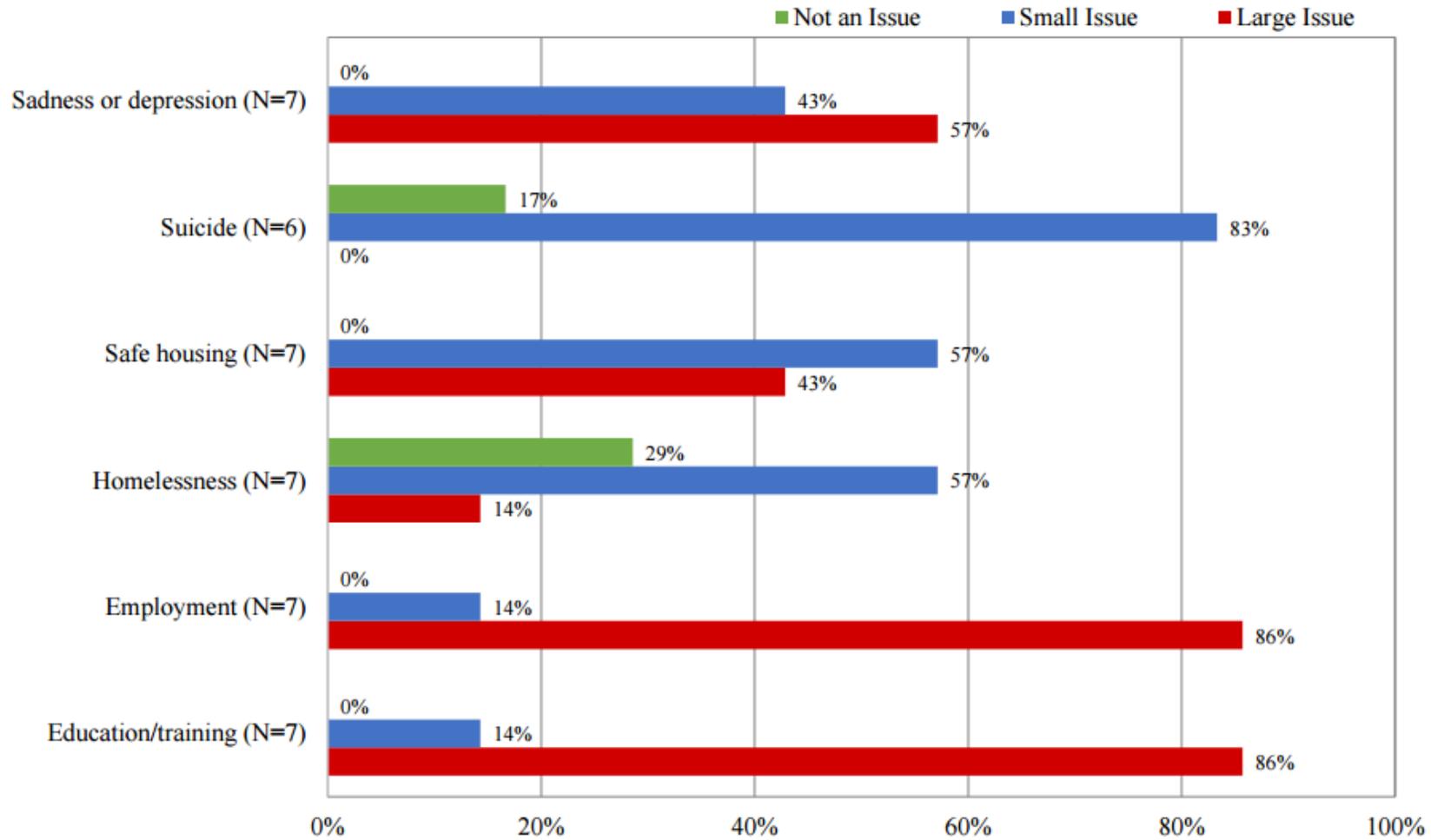
**Mono County Mental Health
MHSA School Personnel Survey Results
Children/Youth Issues
2015**



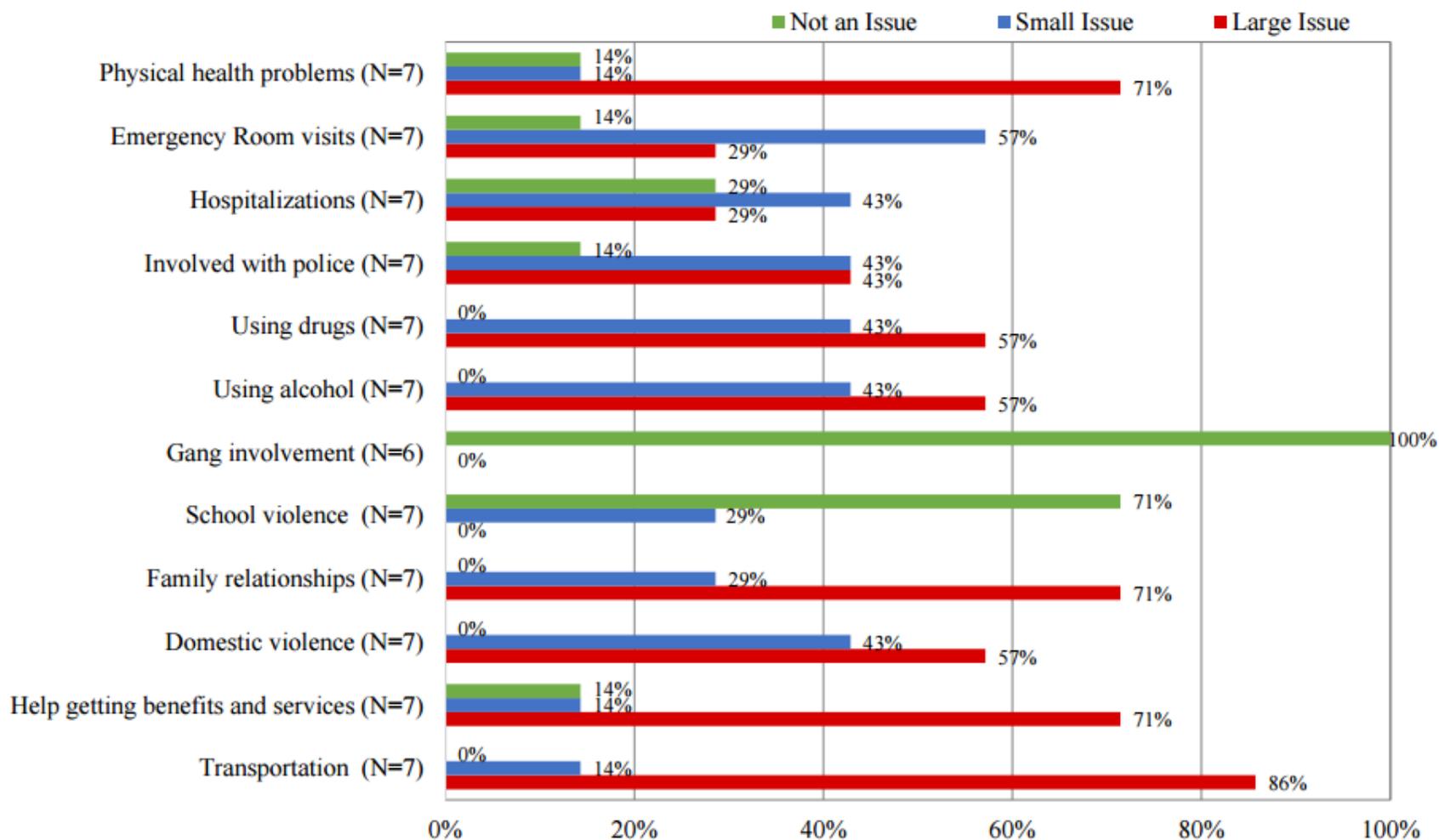
**Mono County Mental Health
MHSA School Personnel Survey Results
Children/Youth Issues
2015**



**Mono County Mental Health
MHSAs School Personnel Survey Results
Parent and Family Issues
2015**

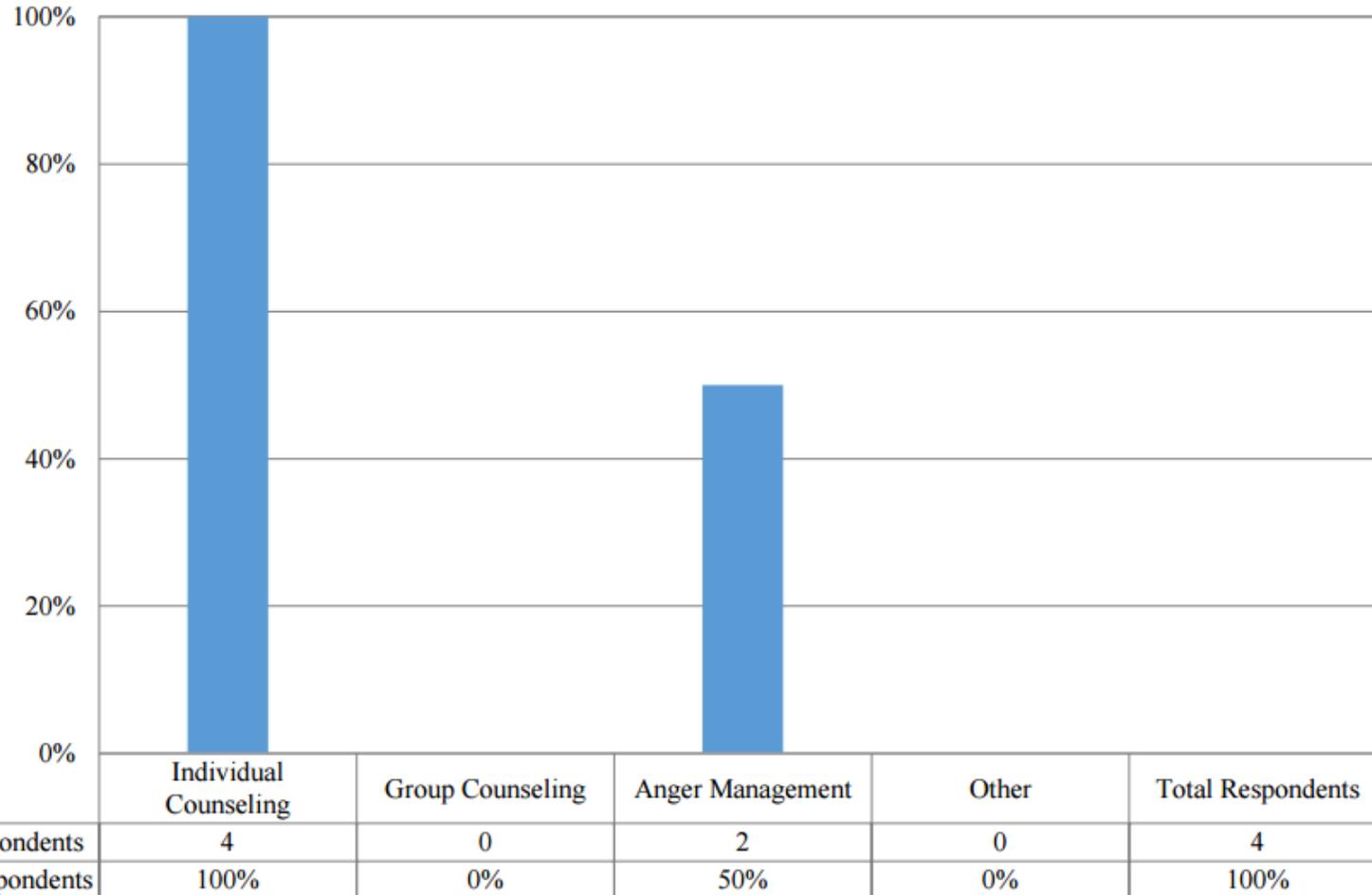


**Mono County Mental Health
MHSA School Personnel Survey Results
Parent and Family Issues
2015**



**Mono County Mental Health
MHSAs School Personnel Survey Results
2015**

What Behavioral Health services are currently available at your school?
(Respondents may choose multiple responses)

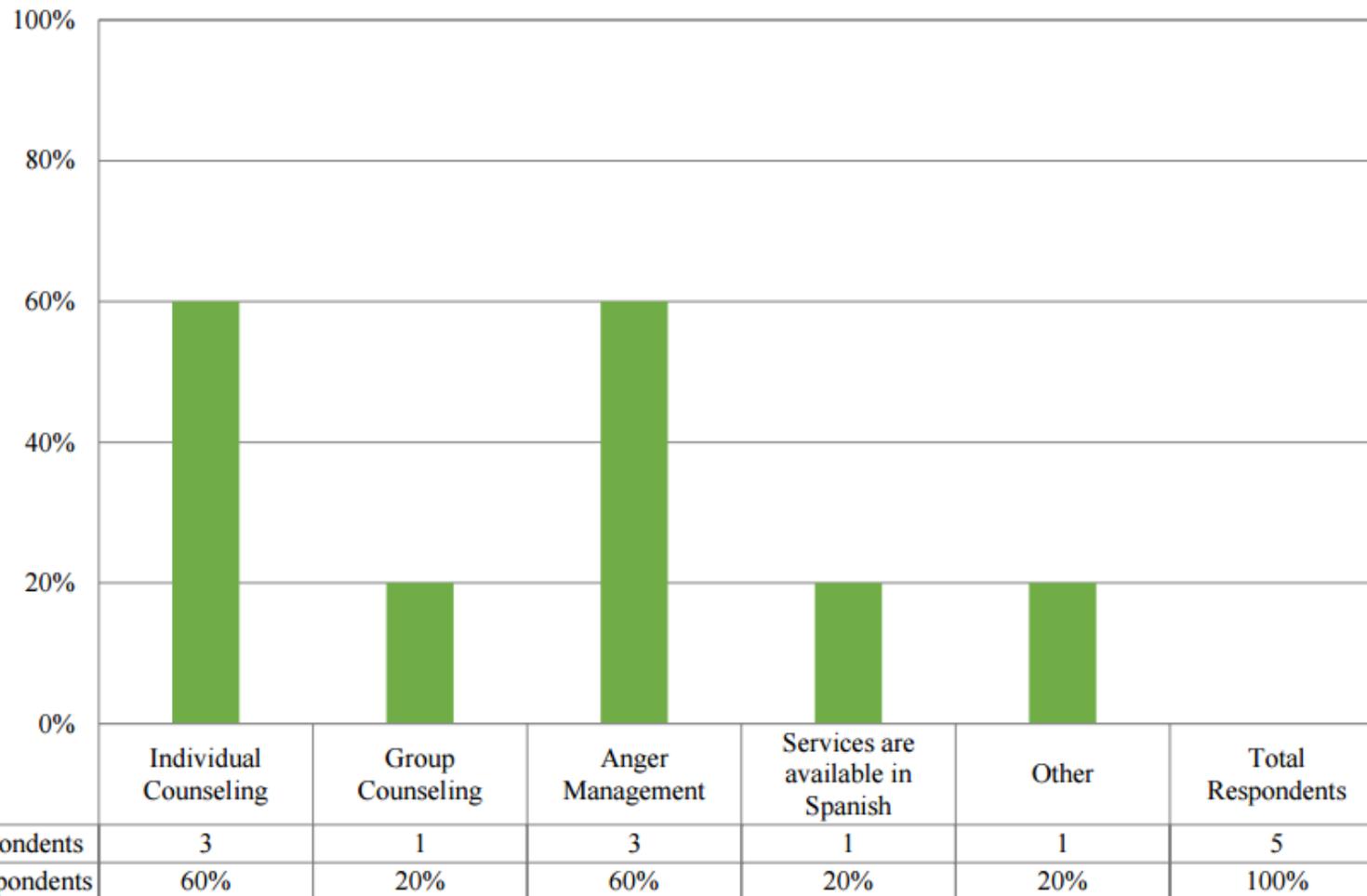


**Mono County Mental Health
MHSA School Personnel Survey Results**

2015

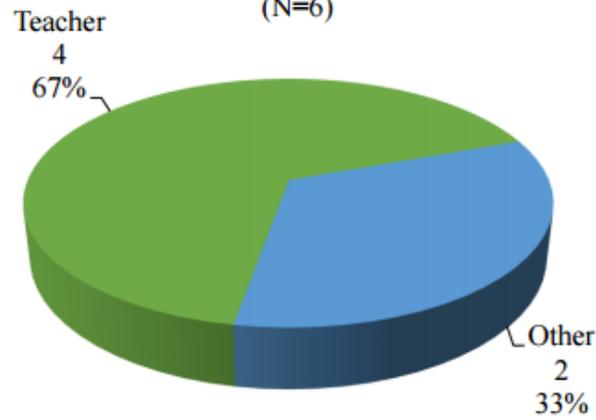
Are there other Behavioral Health services needed at your school?

(Respondents may choose multiple responses)

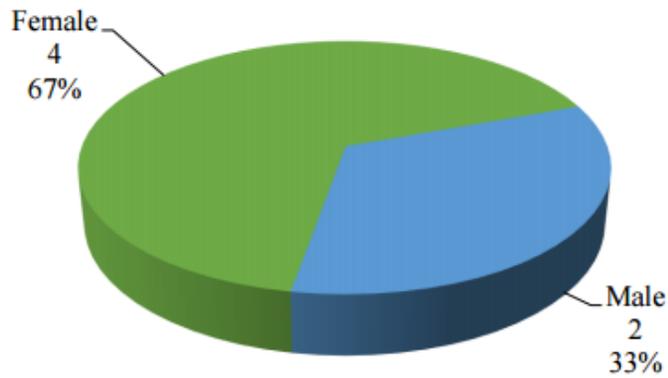


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MHSA School Personnel Survey Results
2015**

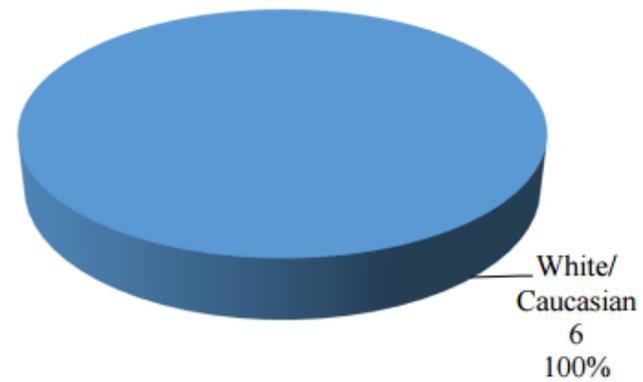
Job Function:
(N=6)



Gender:
(N=6)



Race/Ethnicity:
(N=6)





**Mono County Behavioral Health
Mental Health Services Act
Three-Year Plan Annual Update
FY 2015-2016**

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:

1. Conducting a series of surveys created by IDEA Consulting
 - a. Adult Survey
 - i. Including consumers, family members, allied agency staff, behavioral health staff, and community members
 - ii. Administered summer 2015
 - iii. 40 participants with representation from multiple communities in Mono County, ranging from 16-60+ years old
 - iv. 62 percent of participants were female, 32 percent male, 6 percent other
 - v. 60 percent of participants were White/Caucasian, 34 percent were Hispanic
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 - a. September, 2016
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 - a. 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 consumers, the MCBH QA/QI Coordinator, and one County Supervisor (though she is not representing the Board).
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4. Conducting a focus group with MCBH's Cultural Outreach Committee to learn more about Mono County's Hispanic community.
 - a. This committee is comprised of 5 bi-lingual/bi-cultural staff members, as well as 2 other staff members.
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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 consumers, their families, allied agencies (social services, law enforcement, etc.), behavioral health employees, members of the Hispanic community, and community leaders. Consumers, their providers, and their families were engaged through the distribution of electronic surveys; the community was engaged through forums advertised in local media outlets. 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 Committee members. There was strong support of the vision and goals for this Three-Year Plan and full support with the budget details.

2015-2016 ANNUAL UPDATE: LOCAL REVIEW PROCESS

This annual update underwent the local review process in conjunction with the 2014-2017 Mono County MHSa Three-Year Plan. Please [click here](#) for a full description of the methods used to circulate the annual update and a summary of the recommendations received during the stakeholder review and public hearing.

The MCBH MHSA Community Supports and Services (CSS) program will continue to provide services to all ages [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 Full Service Partnerships, which embrace a “whatever it takes” service approach to helping individuals achieve their goals. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, 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.

MCBH provides a number of CSS programs, services, and activities that fall into the outreach and engagement category. The department operates two wellness centers: one in Mammoth Lakes and one in the outlying community of Walker. The MCBH Cultural Outreach Committee was formed specifically to develop programming and discuss concerns related to the Hispanic and Native American communities. This committee planned and executed two Latino forums in FY 2015-2016; together, these events attracted approximately 40 attendees. Another program that MCBH has adopted to serve the community is the Healthy IDEAS program, which is a depression screening tool for seniors. The program takes place at the Walker Senior Center and is facilitated by Mono County Social Services.

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. 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, and MCBH has an interdisciplinary team that works together to find and secure housing for FSP clients who are homeless or at risk of homelessness.

Table 1. 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 2. 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 3. 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%

Challenges or barriers, and strategies to mitigate:

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. An additional challenge has been identified related to the Healthy IDEAS program; in follow-up meetings, stakeholders have identified needs other than depression screening, such as hospice care. MCBH will consider developing new programming to help meet other identified mental health needs among seniors in the remote northern part of the county.

List any changes for FY 2015-2016, if applicable:

The most notable change to the MHSA Three-Year CSS Plan for FY 2015-2016 has been the expansion of outreach into the Hispanic community, in part through the introduction of the Latino Forums.

The Prevention and Early Intervention (PEI) component of the MHSA Three-Year Plan funds two programs. The first is Mammoth North Star, 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 students and their families in Mono County. Our school-based counseling center focuses on prevention and early intervention strategies and treatments.

The second program funded by PEI in FY 2015-2016 is the Peapod Program, which was previously an Innovation program. 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. Please see below for process evaluation data from FY 2015-2016; [click here](#) for more thorough evaluation data and results.

Challenges or barriers, and strategies to mitigate

A key challenge related to the Mammoth North Star program is the lack of evaluation. 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 clients' grades and other key indicators. The creation of an evaluation plan for the North Star program is planned for FY 2016-2017.

List any changes for FY 2015-2016, if applicable

The most significant change in PEI for FY 2015-2016 was moving the Peapod Program from the Innovation category into the Prevention and Early Intervention category. After running its course as an INN program, Peapod was proven valuable, effective, and popular in Mono County. It also meets the goals and requirements of the PEI category, making the transition seamless.

Peapod Overview FY 2015-16



FY 15-16 Totals	Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance	Children Ages 0-3	Children Ages 3-5	Children Ages 5+	Children Age Unknown
	Chalfant	3	4	24	12	2	2	1	1	0
	Bridgeport	13	20	132	25	5	12	7	2	1
	Crowley	43	71	285	32	9	34	13	2	22
	Lee Vining	2	2	6	6	1	1	1	0	0
	Mammoth E.	46	67	236	38	6	46	16	1	4
	Mammoth S.	15	28	110	20	6	10	5	11	2
	Walker	26	51	217	37	6	8	6	6	31
	Total	148	243	1010	170	6	113	49	23	60

County-wide
Total Children: 245

Q1	Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance	Q2	Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance
	Chalfant	0	0	0	0	0		Chalfant	2	2	11	7	2
	Bridgeport	0	0	0	0	0		Bridgeport	6	7	15	4	4
	Crowley	26	39	97	10	10		Crowley	17	50	70	8	9
	Lee Vining	1	1	1	1	1		Lee Vining	0	0	0	0	0
	Mammoth E.	23	35	75	10	8		Mammoth E.	6	7	14	3	5
	Mammoth S.	14	10	32	8	4		Mammoth S.	4	5	9	2	5
	Walker	12	11	76	8	10		Walker	7	18	21	4	5
	Total	76	96	281	37	8		Total	42	89	140	28	5

Q3	Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance	Q4	Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance
	Chalfant	3	4	7	3	2		Chalfant	3	4	6	2	3
	Bridgeport	13	18	78	12	7		Bridgeport	9	13	40	9	4
	Crowley	12	16	29	5	5		Crowley	26	46	89	9	9
	Lee Vining	2	1	1	1	1		Lee Vining	0	0	0	0	0
	Mammoth E.	21	25	73	10	7		Mammoth E.	26	33	74	11	7
	Mammoth S.	4	11	13	2	7		Mammoth S.	5	13	56	8	7
	Walker	8	13	35	10	4		Walker	9	18	43	9	6
	Total	63	88	236	43	5		Total	78	127	308	48	6

2015-2016 ANNUAL UPDATE: INN

MCBH has determined that this component will not be implemented at this time.

In the previous fiscal year (FY 2014-2015), the Peapod Program was funded through INN; however, this program has now been transferred to the PEI category.

MCBH anticipates proposing a new INN program for FY 2017-2018.

The MCBH Workforce Education and Training (WET) program provides training components, career pathways, and financial incentive programs to staff, volunteers, clients, and family members. We fund staff support to implement and coordinate training and related activities. As part of that effort, we identify ongoing staff education and training needs and pair them with training opportunities both locally and at a regional level. A recent focus is training in the integration of care. We also plan to offer Crisis Intervention Training and Mental Health first aid training for law enforcement and other first responders in our county. MCBH also plans to increase its collaboration with Mammoth Hospital by providing training and technical assistance surrounding mental health referrals.

Challenges or barriers, and strategies to mitigate. Identify shortages in personnel, if any:

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.

List any changes for FY 2015-2016, if applicable:

No changes were made to the MHSA WET Program in FY 2015-2016.

MCBH is planning to use Capital Facilities (CF) funds to renovate a five-bedroom house and attached four-unit apartment building that Mono County already owns. Mono County purchased Davison House, located at 71 Davison Rd. in Mammoth Lakes, CA, in 1997 after renting the property for a number of years. The house and apartment building are in need of extensive repairs and renovation, including new roof, new HVAC, improved ADA compliance, fire sprinkler system, etc. Renovating this facility will allow MCBH to house up to 26 consumers with SMI who are homeless or at risk of homelessness. Achievements related to this project include the procurement of an architectural report outlining the work required, meeting with county supervisors to build political will around the project, and presenting before the Mono County Board of Supervisors. The MHSA Coordinator will design a full-scale evaluation of this permanent supportive housing project before residents move in.

Challenges or barriers, and strategies to mitigate.

There are several potential challenges related to Davison House. 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; the department is also holding several town hall meetings to listen to and address concerns. Another barrier is the scale of the renovations required and 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 while the weather may still permit construction. At present, MCBH is meeting/has met all relevant benchmarks and goals related to CF/TN projects.

List any changes for FY 2015-2016, if applicable:

No changes were made to the MHSA CF/TN Program in FY 2015-2016.

FY 2015-2016 MHSA FUNDING SUMMARY

Fiscal Year 2014-15 through Fiscal Year 2016-17 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 2014-15 Funding						
	1. Unspent Funds from Prior Fiscal Years	\$5,168	\$847,425	\$484,456	\$553,622	\$1,100,534	\$0
	2. FY 2014-15 Funding	\$1,359,555	\$339,889	\$89,444	\$0	\$0	\$0
	3. Transfer In	\$0	\$0	\$0	\$0	\$0	\$0
	TOTAL REVENUES	\$1,364,723	\$1,187,314	\$573,900	\$553,622	\$1,100,534	\$100,000
B.	Fiscal Year 2014-15 Expenditures	-\$770,277	-\$144,497	-\$43,432	-\$2,500	-\$62,570	
	TOTAL	\$594,446	\$1,042,817	\$530,468	\$551,122	\$1,037,964	\$100,000
C.	FY 2015-16 Funding						
	1. Unspent Funds from Prior Fiscal Years	\$594,446	\$1,042,817	\$530,468	\$551,122	\$1,037,964	\$0
	2. FY 2015-16 Funding	\$1,214,252	\$303,564	\$79,885	\$0	\$0	\$0
	3. Transfer In	\$0	\$0	\$0	\$0	\$0	\$0
	TOTAL REVENUES	\$1,808,698	\$1,346,381	\$610,353	\$551,122	\$1,037,964	\$0
D.	Fiscal Year 2015-16 Expenditures	-\$1,165,807	-\$138,560	\$0	\$0	-\$47,934	\$120,000
	TOTAL	\$642,891	\$1,207,821	\$610,353	\$551,122	\$990,030	\$120,000
E.	FY 2016-17 Estimated Funding						
	1. Estimated Unspent Fund from Prior Fiscal Years	\$642,891	\$1,207,821	\$610,353	\$551,122	\$990,030	\$0
	2. Estimated New 2016-17 Funding	\$915,974	\$228,993	\$60,261	\$0	\$0	\$0
	3. Transfer In	\$0	\$0	\$0	\$0	\$0	\$0
F.	TOTAL REVENUES	\$1,558,865	\$1,436,814	\$670,614	\$551,122	\$990,030	\$0
	Fiscal Year 2016-17 Estimated Expenditures	-\$887,998	-\$185,150	\$0	-\$10,000	-\$62,331	\$100,000
	TOTAL	\$670,867	\$1,251,664	\$670,614	\$541,122	\$927,699	\$100,000



**Mono County Behavioral Health
Mental Health Services Act
Three-Year Plan Annual Update
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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. 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 and MCBH has an interdisciplinary team that works together to find and secure housing for FSP clients who are homeless or at risk of homelessness.

Challenges or barriers, and strategies to mitigate:

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. An additional challenge has been identified related to the Healthy IDEAS program; in follow-up meetings, stakeholders have identified needs other than depression screening, such as hospice care. MCBH will consider developing new programming to help meet other identified mental health needs among seniors in the remote northern part of the county.

List any changes for FY 2016-2017, if applicable:

No changes were made to the MHSA CSS Program in FY 2016-2017.

The Prevention and Early Intervention (PEI) component of the MHSA Three-Year Plan funds two programs. The first is Mammoth North Star, 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. Our school-based counseling center focuses on prevention and early intervention strategies and treatments.

The second program funded by PEI is the Peapod Program, which 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. Please [click here](#) for program evaluation data and results.

Challenges or barriers, and strategies to mitigate:

A key challenge related to the Mammoth North Star program is the lack of evaluation. 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 clients' grades and other key indicators. The creation of an evaluation plan for the North Star program is planned for FY 2016-2017.

List any changes for FY 2016-2017, if applicable:

In early 2017, MCBH plans to begin development of an evaluation for the Mammoth North Star program. Details of this evaluation and its implementation will be reported in MCBH's 2017-2020 MHSA Three-Year Plan.

2016-2017 ANNUAL UPDATE: INN

MCBH has determined that this component will not be implemented at this time.

MCBH anticipates proposing a new INN program for FY 2017-2018.

The MCBH Workforce Education and Training (WET) program provides training components, career pathways, and financial incentive programs to staff, volunteers, clients, and family members. We fund staff support to implement and coordinate training and related activities. As part of that effort, we identify ongoing staff education and training needs and pair them with training opportunities both locally and at a regional level. A recent focus is training in the integration of care. We also plan to offer Crisis Intervention Training and Mental Health first aid training for law enforcement and other first responders in our county. MCBH also plans to increase its collaboration with Mammoth Hospital by providing training and technical assistance surrounding mental health referrals.

Challenges or barriers, and strategies to mitigate. Identify shortages in personnel, if any:

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.

List any changes for FY 2016-2017, if applicable:

No changes were made to the MHSA WET Program in FY 2016-2017.

MCBH is planning to use Capital Facilities (CF) funds to renovate a five-bedroom house and attached four-unit apartment building that Mono County already owns. Mono County purchased Davison House, located at 71 Davison Rd. in Mammoth Lakes, CA, in 1997 after renting the property for a number of years. The house and apartment building are in need of extensive repairs and renovation, including new roof, new HVAC, improved ADA compliance, fire sprinkler system, etc. Renovating this facility will allow MCBH to house up to 26 consumers with SMI who are homeless or at risk of homelessness. Achievements related to this project include the procurement of an architectural report outlining the work required, meeting with county supervisors to build political will around the project, and presenting before the Mono County Board of Supervisors. The MHSA Coordinator will design a full-scale evaluation of this permanent supportive housing project before residents move in.

Challenges or barriers, and strategies to mitigate.

There are several potential challenges related to Davison House. 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; the department is also holding several town hall meetings to listen to and address concerns. Another barrier is the scale of the renovations required and 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 while the weather may still permit construction. At present, MCBH is meeting/has met all relevant benchmarks and goals related to CF/TN projects.

List any changes for FY 2016-2017, if applicable:

No changes were made to the MHSA CF/TN Program in FY 2016-2017.

2016-2017 MHSA FUNDING SUMMARY

Fiscal Year 2014-15 through Fiscal Year 2016-17 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 2014-15 Funding							
1. Unspent Funds from Prior Fiscal Years	\$5,168	\$847,425	\$484,456	\$553,622	\$1,100,534	\$0	
2. FY 2014-15 Funding	\$1,359,555	\$339,889	\$89,444	\$0	\$0	\$0	
3. Transfer In	\$0	\$0	\$0	\$0	\$0	\$0	
TOTAL REVENUES	\$1,364,723	\$1,187,314	\$573,900	\$553,622	\$1,100,534	\$100,000	
B. Fiscal Year 2014-15 Expenditures	-\$770,277	-\$144,497	-\$43,432	-\$2,500	-\$62,570		
TOTAL	\$594,446	\$1,042,817	\$530,468	\$551,122	\$1,037,964	\$100,000	
C. FY 2015-16 Funding							
1. Unspent Funds from Prior Fiscal Years	\$594,446	\$1,042,817	\$530,468	\$551,122	\$1,037,964	\$0	
2. FY 2015-16 Funding	\$1,214,252	\$303,564	\$79,885	\$0	\$0	\$0	
3. Transfer In	\$0	\$0	\$0	\$0	\$0	\$0	
TOTAL REVENUES	\$1,808,698	\$1,346,381	\$610,353	\$551,122	\$1,037,964	\$0	
D. Fiscal Year 2015-16 Expenditures	-\$1,165,807	-\$138,560	\$0	\$0	-\$47,934	\$120,000	
TOTAL	\$642,891	\$1,207,821	\$610,353	\$551,122	\$990,030	\$120,000	
E. FY 2016-17 Estimated Funding							
1. Estimated Unspent Fund from Prior Fiscal Years	\$642,891	\$1,207,821	\$610,353	\$551,122	\$990,030	\$0	
2. Estimated New 2016-17 Funding	\$915,974	\$228,993	\$60,261	\$0	\$0	\$0	
3. Transfer In	\$0	\$0	\$0	\$0	\$0	\$0	
TOTAL REVENUES	\$1,558,865	\$1,436,814	\$670,614	\$551,122	\$990,030	\$0	
F. Fiscal Year 2016-17 Estimated Expenditures	-\$887,998	-\$185,150	\$0	-\$10,000	-\$62,331	\$100,000	
TOTAL	\$670,867	\$1,251,664	\$670,614	\$541,122	\$927,699	\$100,000	

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