Mariposa County Mental Health Services Act Annual Update
Fiscal Year 2021 – 2022

&

Prevention and Early Intervention Report Fiscal Year 2019-2020
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Mariposa County Mental Health Services Act Annual Update
Expenditure Plan 2021 – 2022
Executive Summary

Community Services and Supports (CSS)

❖ Full-Service Partnerships (FSP): There are no changes from the past year, Mariposa County Behavioral Health and Recovery Services (MCBHRS) plans to continue providing mental health services to SMI/SED populations.

❖ General System Development (GSD): One Peer Support position assigned to the Wellness Center will continue.

Prevention and Early Intervention (PEI)

❖ Access and Linkage to Treatment: Mariposa County Behavioral Health and Recovery Services has decided to opt out of the access and linkage component. The reporting requirements for this component require more training and staff time than a very small county has the capacity to implement. MCBHRS is open to all stakeholder feedback.

❖ Timely Access to Services: This is an optional category, that comes with heavy reporting requirements creating a burden on the providers. MCBHRS continues to ensure that each program provided under the PEI umbrella are designed and implements to ensure timely access to services.

❖ Stakeholders overwhelmingly identified school aged youth as an underserved population during the three-year planning process. The programs for this fiscal year remain in line with the three-year plan. Several programs will be provided to school aged youth (school lunch program, horse program, after school program etc.).

❖ Suicide Prevention: During the three-year stakeholder process stakeholders identified school aged youth as the most underserved population and suicide prevention as the most needed service in the community. MCBHRS will continue to fund a program to provide suicide prevention for school aged youth.

Workforce, Education and Training (WET)

❖ MCBHRS is currently developing the WET plan with the central valley regional group to implement undergraduate college and university scholarships, clinical masters and doctoral graduate education stipends, and loan repayment programs. Once the region has determined the funding for these programs, MCBHRS will provide an update to this plan.

Innovation (INN)
MCBHRS is currently in the stakeholder process to develop two innovation projects. MCBHRS will update this plan once those plans become finalized and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

NOTE: All changes / updates from this point on are indicated in red throughout the document.
MHSA Fiscal Accountability Certification

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Mariposa

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

Local Mental Health Director
Name: Baljit Hundal
Telephone Number: 209-742-0919
E-mail: whundal@mariposacounty.org

County Auditor-Controller / City Financial Officer
Name: Luis Mercado
Telephone Number: (209) 742-1310
E-mail: lmercado@mariposacounty.org

Local Mental Health Mailing Address:
5362 Lemeie Lane
P.O. Box 99
Mariposa, CA 95338

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 16 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 counties in future years.

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

R. Hundal
Local Mental Health Director (PRINT) 6/30/21

Luis Mercado
County Auditor Controller / City Financial Officer (PRINT) 6/30/21

I hereby certify that for the fiscal year ended June 30, 2020, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County/City’s financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/17/21 for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2020, the State MHS 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), 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 if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Luis Mercado
County Auditor Controller / City Financial Officer (PRINT) 6/30/21

1 Welfare and Institutions Code Sections 5847(b)(5) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)
MHSA COUNTY COMPLIANCE CERTIFICATION

<table>
<thead>
<tr>
<th>County:</th>
<th>Mariposa</th>
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<table>
<thead>
<tr>
<th>Local Mental Health Director</th>
<th>Program Lead</th>
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<tbody>
<tr>
<td>Name: Baljit Hundal</td>
<td>Name: Baljit Hundal</td>
</tr>
<tr>
<td>Telephone Number: 209-742-0919</td>
<td>Telephone Number: 209-742-0919</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:bhundal@mariposacounty.org">bhundal@mariposacounty.org</a></td>
<td>E-mail: <a href="mailto:bhundal@mariposacounty.org">bhundal@mariposacounty.org</a></td>
</tr>
</tbody>
</table>

County Mental Health Mailing Address:
6362 Lemoe Lane
Mariposa, CA 95338

I hereby certify that I am the official responsible for the administration of county mental health services in said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and non-appropriation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 08/10/2021.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Local Mental Health Director/Designee (PRINT)

Mariposa

Signature Date

County: Mariposa

Date: 6/29/2021
Mental Health Services Act Overview

What is the purpose of this document?
This document serves as a blueprint and description of the programs proposed and funded by the Mental Health Services Act.

What is the Mental Health Services Act (MHSA)?
California voters passed the Mental Health Services Act (MHSA) in 2004; the Act imposes a 1% tax on personal income in excess of one million dollars. Local County Mental Health Programs receive this money to operate an MHSA program.

MHSA Programs are intended to increase access and services for underserved and unserved populations. MHSA includes five main components: Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation (INN); Workforce, Education and Training (WET); Capital Facilities & Technological Needs (CFTN).

Community Services and Supports (CSS) overarching purpose is to ensure that seriously mentally ill individuals have access to all necessary mental health services. This is provided through outreach and direct services for children, transitional aged youth, adults and older adults with a serious mental illness.

Prevention and Early intervention (PEI) programs are partially intended to prevent a serious mental illness by promoting strategies that reduce risk factors. Additionally, PEI programs are to be designed to improve timely access to services and a better understanding of recognizing early signs of mental illness.

Innovation (INN) projects are to be designed to find new approaches to improve mental health services, delivery of services, quality of services, or improve outcomes by promoting interagency collaboration.

Workforce, Education and Training (WET) is the component of MHSA that aims to reduce the workforce shortages of qualified staff in the mental health field, by supporting, building, retaining and training.

Capital Facilities & Technological Needs (CFTN) is designed to address the infrastructure needs to support the implementation of technological needs in order to improve mental health services.

MHSA incorporates standard principles that are to be integrated throughout the mental health programs, services and supports.
What is the MHSA Standard Principles?

**Community Collaboration** – A process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill shared visions and goals.

**Cultural Competence** – Working to achieve the desired goals, while incorporating the community’s diverse beliefs, racial/ethnic, cultural, and linguistic systems into Mariposa County’s policies, program planning, and service delivery.

**Client and Family Driven** – Adult clients and families of children have the primary decision-making role in identifying his or her needs, preferences and strengths. A shared decision-making role in determining services, enhances the supports that are most effective for him or her.

**Wellness, Recovery, and Resilience Focused** – A health system that is focused on promoting wellness, recovery and resilience by people participating fully in their community.

**Integrated Service Experiences for Clients and their Families** – The client, and/or family accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner.

Mariposa County continues to promote all of the standard principles that are fundamental to each of the MHSA programs.

**What is a Three-Year Plan and an Annual Update?**

MHSA regulation require that counties prepare a three-year plan outlining programs and services that will be funded for the next three years. Counties are also required to provide subsequent annual updates to the three-year plan during that timeframe to address each of the components listed above, and any changes in programs. A three-year plan or an annual update requires community stakeholders to participate in a community planning process that allows stakeholders an opportunity to provide feedback on the programs and services counties offer through the MHSA funding.
County Demographics

Mariposa is a small, rural county nestled in the Sierra Nevada foothills and is home to approximately 17,700 residents. As in other rural counties, Mariposa is characterized by the sparse number of young people under the age of 18, a characteristic which is maintained and propelled by a lack of job opportunities which pushes young families out of the county in search of gainful employment.

Aging Population

Mariposa has historically had a higher proportion of retirement-aged residents and a lower proportion of youth and young adults. Relative to the state of California, Mariposa county has a higher concentration of persons aged 60 and older (36% in the county, compared to 19% in the state overall). According to the US Census Bureau, Approximately 4.2% are under the age of five. Approximately 15.5% of the population is between the ages of 5 and 19 years. The county also has proportionally fewer young adults of working age (20-44 years old) (24% in the county, compared to the state 36%).

While the population in Mariposa has been steadily growing over the past several decades, a closer look at age distribution shows a steady decline of the population between the ages of 45 – 64, coupled with the increase in the elderly population, particularly in recent years.

The figure below depicts the number of individual who are Medi-Cal eligible in the county of Mariposa broken down into age groups for FY 18/19.

This graph illustrates the disparity in age groups amongst Mariposa County Medi-Cal residents. This graph also confirms the low population of 18 – 24 year old’s and reaffirms a larger population of 55 – 64 year old’s. In addition, nearly 12% of the population under the age of 65 has a disability, as compared to less than 7% in the state overall.
Ethnicity
Mariposa County has a predominantly White population. Although limited in its racial/ethnic diversity, the County does have a Native American population as well as a small Hispanic population. Census data indicates that the county is approximately 89% White, 11% Hispanic(of any race), 3% Native American, and less than 3% of “other” groups.

In the figure below, you will see the number of individuals who are Medi-Cal eligible in the county of Mariposa broken down by ethnicity for the FY 18/19. As you can see in figure two there is a large White population within Mariposa County, and a considerable separation between the second largest population of Hispanics.

Economic Landscape
Mariposa County has a wide variety of recreational opportunities available that makes the county one of California’s most popular year-round vacation destinations, with Yosemite National Park annually drawing nearly four million tourists from all over the world. As such, tourism is this rural county’s main industry. Yosemite National Park and its affiliates are amongst the areas’ largest employers.

Mariposa’s population is supported by approximately 6,000 wage and salary jobs primarily in the local government and leisure industry. The unemployment rate in Mariposa County is typically higher than the rate state-wide, and currently stands at 5.8%, compared to the California rate of 4.2%. The lack of available jobs leads to higher unemployment, lower median household incomes, and a higher proportion of the population living below poverty, as compared to the state overall. The median household income in Mariposa is $51,385 as compared to $67,169 in the state overall. In such economically challenging conditions, the wellbeing of the County must be
protected against the myriad of negative consequences of poverty. In Mariposa County, 15% of residents live below the poverty level, while 41% live on the edge of poverty.

**Geographic Isolation**
The county spans approximately 1,450 square miles and residences tend to be spread out. All services are provided in the unincorporated township of Mariposa, with some agencies, including the Health & Human Services Agency, providing limited services to those communities that are geographically removed from the town of Mariposa. The sparse population of the County in relation to its geographic size, coupled with a lack of public transportation infrastructure, results in considerable social isolation.

Coupled with a lack of opportunity, the isolation of the County’s residents creates an environment ripe for depression, anxiety, and other mental and behavioral health disorders; this also provides an environment conducive for illegal activities and substance abuse. Additionally, those in need of services face multiple barriers accessing them.

**Housing**
The 2019 Mariposa County Needs Assessment estimated that 33.5% of homeowners in Mariposa County are “housing burdened”, in that they spend 35% or more of household income on housing costs, while renters are spending 38.5%. Furthermore, fair market rent prices have steadily increased over the years for all rental-housing sizes.

Additionally, the population struggles with housing, food security, access to healthcare and transportation –without basic needs, individuals and families can easily fall into bouts of cyclical poverty. Given the challenging landscape of this County, the wellbeing of our residents must be safeguarded, and opportunities to excel must be maximized.
Community Planning

What is a Stakeholder?
A stakeholder is defined by Title 9 as “An individual or entity with an interest in mental health services in the state of California, including but not limited to: an individual with serious mental illness and/or emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.”

Three-Year Planning Process:

Planning/Development stage
(July - September)
- Begin developing a robust list of stakeholders
- Develop extensive stakeholder survey
- Begin planning for stakeholder meetings

Stakeholder Input / Feedback
(October - November)
- Conduct stakeholder meetings
- Receive feedback
- Begin gathering data

Draft Three-Year Plan
(December - February)
- Continue to receive stakeholder feedback
- Evaluate all stakeholder feedback
- Plan and execute draft MHSA plan

Public Review
(March)
- Take draft MHSA plan to Behavioral Health Board
- Post draft MHSA plan for 30 days
- Continue to receive feedback/input

Public Hearing
(April)
- Behavioral Health Board hosts public hearing
- Stakeholders provide final feedback
- Make edits/additions etc. to draft MHSA Plan

Approval
(May - June 30th)
- Submit MHSA 3yr plan to Board of Sups for approval
- Submit approved MHSA 3yr plan to DHCS within 30 days
- Submit approved MHSA 3yr plan to MHSOAC within 30 days
Annual Update Planning Process:

**Planning/Development stage**
(September - December)
- Begin developing a robust list of stakeholders
- Develop extensive stakeholder survey
- Begin planning for stakeholder meetings

**Stakeholder Input/Feedback**
(February - March)
- Conduct stakeholder meetings
- Receive feedback
- Begin gathering data

**Draft Annual Update**
(April)
- Continue to receive stakeholder feedback
- Evaluate all stakeholder feedback
- Plan and execute draft MHSA plan

**Public Review**
(May)
- Take draft MHSA plan to Behavioral Health Board
- Post draft MHSA plan for 30 days
- Continue to receive feedback/input

**Public Hearing**
(May - June)
- Behavioral Health Board hosts public hearing
- Stakeholders provide final feedback
- Make edits/additions etc. to draft MHSA Plan

**Approval**
(June - June 30th)
- Submit MHSA 3yr plan to Board of Sups for approval
- Submit approved MHSA 3yr plan to DHCS within 30 days
- Submit approved MHSA 3yr plan to MHSOAC within 30 days
**2021 Local Review**

**Stakeholder Input / Feedback:**
Feedback was gathered beginning in October 2019 and continued through December 2019. MCBHRS attended 20 different stakeholder groups to provide education and garner feedback. A total of 396 surveys were completed over the three-month period. The surveys were also posted on our Facebook page, and available in all Behavioral Health lobbies.

Feedback was gathered beginning in March 2021 and continued through April 2021. MCBHRS held one virtual stakeholder event to provide education and garner feedback. A total of 50 surveys were completed over the two-month period. The surveys were also posted on our Facebook page, and emailed to community partners.

**30 Day Public Comment:**
The Draft MHSA 3-Year Program and Expenditure Plan for Fiscal Year 20/21 through Fiscal Year 22/23 was posted for a 30-day public review and comment period from May 15th, 2020 through June 16th, 2020.

The Draft MHSA Annual Update for Fiscal Year 2021/2022 was posted for a 30-day public review and comment period from 06/01/2021 through 07/08/2021.

**Circulation Methods:**
The Draft MHSA Plan was posted throughout the community for 30 days. The plan was posted to the Mariposa County Behavioral Health website, the post office, and the Mariposa County Health & Human Services Facebook page, on May 15th, 2020.

The Draft MHSA Plan was posted throughout the community for 30 days. The plan was posted to the Mariposa County Behavioral Health website, the post office, and the Mariposa County Health & Human Services Facebook page, on 06/01/2021 until 07/16/2021.

**Public Hearing:**
After the 30-day public review and comment period, a Public Hearing was held by the Behavioral Health Board on June 16th, 2020. A notification of a Public Hearing was incorporated in this Draft MHSA 3-Year Plan, as well as being posted in the local newspaper and on our county website during the 30-day public review and comment period.

- Data for ethnicity breakdown based on penetration data for the fiscal year 17/18, was corrected post public hearing after an error was identified on the draft at the public hearing. The penetration rate for the ‘white’ category and the ‘other’ category were transposed.
After the 30-day public review and comment period, a Public Hearing was originally to be held by the Behavioral Health Board on 07/08/2021, however no members of the public and only one BHB member was in attendance, so the Public Hearing was rescheduled to Friday July 16th at 1:00pm. A notification of a Public Hearing was incorporated in this Draft MHSA 3-Year Plan, as well as being posted in the local newspaper and on our county website during the 30-day public review and comment period. The second public hearing notice was posted on the county website, the post office, library, and all Behavioral Health lobbies.

**Board of Supervisors Approval:**
The Draft MHSA 3-Year Program and Expenditure Plan for Fiscal Year 20/21 through Fiscal Year 22/23 was presented to the Board of Supervisors for approval on June 16th. Board of Supervisors Approved Plan on June 16th, 2020.

The final draft Annual Update and Expenditure Plan for Fiscal Year 21/22 was presented to the Board of Supervisors for approval on 08/10/2021. Board of Supervisors Approved Plan on 08/10/2021.
Notice of Public Hearing Three-Year Plan

NOTICE IS HEREBY GIVEN that the County of Mariposa will conduct a Public Hearing at the meeting of the Mariposa County Behavioral Health Board on June 16th, 2020 at 1:00pm or as soon thereafter as the item can be heard. The “Mariposa County Mental Health Services Act (MHSA) Three-Year plan (2020 – 2023)” will be reviewed during this meeting. The meeting will be held virtually, please join the meeting from your computer, tablet or smartphone by clicking on this link - https://www.gotomeet.me/VirtualRoom11

You can also dial in using your phone: 1 (646) 749-3112
Access Code: 148-692-197

Mariposa County Behavioral Health and Recovery Services (MCBHRS) invites any and all interested persons to attend virtually and review the proposed “Mariposa County Mental Health Services Act (MHSA) Three-Year plan (2020 – 2023)” and to make comments or suggestions.

A draft copy will be available as of May 15th, 2020. The draft of the Mariposa County Mental Health Services Act (MHSA) Three-Year plan (2020 – 2023) can be obtained at the Mariposa County Public Library and on the bulletin board outside the assessor-recorder’s office at the County Hall of Records.

An electronic copy is available for viewing and printing on the Mariposa County website at www.mariposacounty.org under the Health & Human Services Department, Behavioral Health & Recovery Services, “Mental Health Services Act Information.” An electronic copy can be sent via email upon request. Please phone Donya Evans at (209) 966-2000 to request a copy.

We welcome your full participation in the public review process. We encourage interested persons to review and comment upon the proposed plan.

If you have any questions, please phone Donya Evans at (209) 966-2000.

The purpose of the Public Hearing is to provide citizens an opportunity to comment on the proposed activities. If you are unable to attend the Public Hearing, you may direct written comments to Mariposa County Behavioral Health and Recovery Services, P.O. Box 99, Mariposa, CA 95338, or you may telephone (209) 966-2000.

If you plan to attend the virtual Public Hearing and need a special accommodation because of a sensory or mobility impairment/disability, or have a need for an interpreter, please contact Donya Evans at (209) 966-2000 to arrange for those accommodations.

The County makes all programs available to all persons regardless of age, race, color, religion, sex, national origin, sexual preference, marital status, or disability.
Notice of Public Hearing Annual Update 2021

Notice of Public Hearing

NOTICE IS HEREBY GIVEN that the County of Mariposa will conduct a Public Hearing at the special meeting of the Mariposa County Behavioral Health Board on July 8, 2021 at 11:00am or as soon thereafter as the item can be heard. The “Mariposa County Mental Health Services Act (MHSA) Annual Update (2021 – 2022)” will be reviewed during this meeting. The meeting will be held in person at the Board Hearing Room, 5100 Bullion Street, Mariposa, CA, and virtually on Zoom. Please join the meeting virtually from your computer, tablet or smartphone in Zoom Room 910-9207-7878, passcode 808930, or by clicking on this link –

https://zoom.us/j/91092077878?pwd=N1RpMW1xY2U4aDUzL3JnejFkU2lRUT09

You can also dial in using your phone: 1-669-900-6833
Access Code: 808930

Mariposa County Behavioral Health and Recovery Services (MCBHiRS) invites any and all interested persons to attend virtually or in person to review the proposed “Mariposa County Mental Health Services Act (MHSA) Annual Update (2021 – 2022)” and to make comments or suggestions.

A draft copy of the Mariposa County Mental Health Services Act (MHSA) Annual Update (2021 – 2022) will be available as of June 1, 2021.

An electronic copy is available for viewing and printing on the Mariposa County website at www.mariposascounty.org under the Health & Human Services Department, - Behavioral Health & Recovery Services, - “Mental Health Services Act Information.” An electronic copy can be sent via email upon request. Please email Laura Glenn at lglenn@mariposascounty.org to request a copy.

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Notice of Public Hearing

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You can dial in using your phone: 1-310-372-7549 or 1-800-201-7439
Conference Code: 423074

Mariposa County Behavioral Health and Recovery Services (MCBHRS) invites any and all interested persons to attend virtually or in person to review the proposed "Mariposa County Mental Health Services Act (MHSA) Annual Update (2021 – 2022)" and to make comments or suggestions.

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Stakeholder Input & Feedback

Local Stakeholder Process:
Three Year Stakeholder Process 2020 -

Mariposa County Behavioral Health and Recovery Services (MCBHRS) engaged in a robust stakeholder process, providing education, and receiving input and feedback from stakeholders on the next three years of MHSA.

MCBHRS relies on stakeholders to inform and direct the MHSA programs. Below you will find a comprehensive list of stakeholders. Participants were presented with an informative presentation regarding the MHSA and feedback was gathered on perceived gaps in mental health services available in the county.

Surveys with educational information and questions were also posted on the MCBHRS Facebook page to engage more individuals, and to ensure that those who want to have a voice have an opportunity to express it.

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<th>Stakeholder Group</th>
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<tr>
<td>Mariposa County Behavioral Health Board</td>
<td>10/02/2019</td>
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<tr>
<td>MCBHRS – All Staff meeting</td>
<td>10/03/2019</td>
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<tr>
<td>Connections Homeless Shelter</td>
<td>10/09/2019</td>
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<tr>
<td>Mariposa County Sheriff's Office (Commanders only)</td>
<td>10/30/2019</td>
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<tr>
<td>Men's Bible Study</td>
<td>11/04/2019</td>
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<tr>
<td>Wellness Center</td>
<td>11/04/2019</td>
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<td>Senior Center</td>
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<td>School Board</td>
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<td>Community Corrections Partnerships</td>
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<td>Living Free Initiative</td>
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<td>Yosemite National Park Leadership</td>
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<td>Local Area Child Care Planning Council</td>
<td>12/09/2019</td>
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<td>Posted to our Facebook Page</td>
<td>10/15/2019</td>
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<tr>
<td>Posted to our agencies intranet</td>
<td>10/16/2019</td>
</tr>
<tr>
<td>Surveys available at all HHSA lobbies and MCBHRS website</td>
<td>10/1/19 - 12/13/19</td>
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</tbody>
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Annual Update Stakeholder Process 2021 -

Mariposa County Behavioral Health and Recovery Services (MCBHRS) held a virtual stakeholder meeting on Friday April 2nd, 2021 at 12:00pm and presented to the Behavioral Health Board on May 1st, 2021 at 12:30pm.

The virtual stakeholder meeting was advertised on our Facebook page. The virtual stakeholder meeting allowed participants an opportunity to learn more about MHSA, and the current programs and initiatives that are being offered. Stakeholders were also asked to provide any input and feedback on the programs for this next fiscal year (2021/2022).

MCBHRS relies on stakeholders to inform and direct the MHSA programs. Participants were presented with an informative presentation regarding the MHSA and feedback was gathered on perceived gaps in mental health services available in the county.

Surveys with educational information and questions were also posted on the MCBHRS Facebook page to engage more individuals, and to ensure that those who want to have a voice have an opportunity to express it.

MCBHRS in coordination with the Behavioral Health Board (BHB) hosted a public hearing on 07/08/2021, however only one member of the BHB and no members of the public attended so this meeting was rescheduled and hosted on 07/16/2021.

Stakeholder Description:
Three Year Stakeholder Description 2020 -

There was a total of 396 respondents to the stakeholder survey, below reflects some demographic information of the respondents. Most respondents were either between the 26-59 age group or in the 60+ age group. Thirty-one percent of respondents identified as male, while 69% identified as female.

In addition to the demographic information listed below, an overwhelming amount of respondents identified their primary language as being English, and 83% of respondents identified their ethnicity as being White or Caucasian similarly mirroring the county demographics.

It appears that the largest stakeholder group was comprised of educators / teachers, with 31%. Consumer / Consumer Family Member's represented 19%, and Community Based Organization / Advocates represented 19%.
There was a total of 50 respondents to the stakeholder survey, below reflects some demographic information of the respondents. The majority of the respondents were between the age of 26 – 59 years of age. 64% identified as female, while 14% identified as being male, and 22% of respondents declined to provide a gender.

In addition to the demographic information listed below, and overwhelming number of respondents identified their primary language as being English (94%), and 48% of respondents identified their ethnicity as being White or Caucasian and 28% declined to identify an ethnicity.

The stakeholder groups were comprised of Human Service providers (22%), advocates (16%), Community based organizations (12%), and 12% of participants declined to provide an answer.

While no one identified themselves as a veteran, 10% of respondents did answer ‘yes’ when asked if they were a veteran, while 74% indicated ‘no’, and 16% declined to answer the question.
Stakeholder Results:
Three Year Stakeholder Results 2020-

Stakeholders were asked which behavioral health services had been the most helpful to the community. Among the seven PEI programs currently funded, the school-based counseling program was found to be the most helpful, by 71% of the respondents. In addition, over half the respondents (53%) indicated the Crisis/TRAC team was helpful, followed closely with 45% of respondents finding the suicide prevention hotline the most helpful.
Stakeholders were asked what age groups are underserved in the community when it comes to mental health services. Fifty-Seven percent of respondents identified the 0 – 15 age group as the most underserved in the community, followed second with 53% of respondents identifying the 16-25-year age group as underserved. Thirty-six percent of respondents felt that the 26-59-year age group remains underserved, and 48% of respondents felt that the 60+ age group is underserved in the community.

Additionally, stakeholders were asked to identify some obstacles or barriers that make it challenging to receive mental health services in the community. While all the barriers listed in the survey received considerable endorsement from respondents, the most common obstacle or barrier that the survey respondents reported was transportation (72%), followed by lack of awareness (64%), lack of insurance/money (62%), stigma (52%), and lack of resources (50%). Relatively fewer respondents reported lack of parental or family support (44%) or lack of communication between agencies (41%) as barriers against receiving mental health. Note: The sum of percentages are bigger than 100% as respondents were allowed to choose multiple answers.

Stakeholders were then asked what type of mental health related activities, programs, or services are most needed in the community. The top three services that were identified as a greatest need in the community were: increased access to mental health treatment for underserved populations (67%); 64% indicated a need for more information on mental health and increasing awareness; and 62% indicated a need for more mental health services in schools. Note: The sum of percentages are bigger than 100% as respondents were allowed to choose multiple answers.
Next, the respondents were asked to rank the services listed below by the most to least important. In the figure below, the average of the rankings was calculated and presented by service. On average, suicide prevention was considered the most important, followed closely by preventative services. Obtaining education about mental health and peer support were considered relatively less important than others on average.

Average ranking of the following services (1 being the least important and 6 the most important)
Finally, stakeholders were asked to rank the following as either not needed, somewhat needed, neutral, or very needed. Stakeholders were asked to rank the following statements:

1. Individuals released from jail need increased access to mental health service.
2. Increasing access to mental health services for underserved populations.
3. Promoting inter-agency collaboration, in terms of mental health service.
4. Increase the quality of mental health services, including measurable outcomes.
5. More integrated mental health and physical healthcare services.

The following graph summarizes the percentages of respondents who indicated each activity as very needed. Overall, the majority of statements were indicated to be very important with all ranking more than 50%. Seventy-one percent of respondents felt that increased access for underserved population was the most needed, followed by 68% of respondents indicating that integration with physical healthcare is much needed. Note: The sum of percentages is bigger than 100% as respondents could choose multiple answers.
Annual Update Stakeholder Process 2021 –

Stakeholders were asked which age groups did they feel are the most underserved in the community, 29% indicated that the 26 – 59 age group, while 27% indicated the 16 – 25 age group, 26% indicated the 0 – 15 age group, and 18% felt the 60+ age group was the most underserved.

Participants were also asked how true certain comments about mental health in the community (not true at all, somewhat true, mostly true, very true, and not sure). The statement “Mariposa County has mental health services that meet the needs of the community” lead to the following results. Thirty-two percent felt the statement was mostly true, while 30% found the statement somewhat true, 20% stated it was not true at all, 14% said it was very true, and 4% were not sure.
Participants were then asked how true they found the following statement, “Mental health services provided have been helpful to the community.” Forty-two percent of participants found the statement very true, 30% found the statement mostly true, 16% felt it was somewhat true, 8% found the statement not true at all, and 4% were unsure.

Additionally, they were asked how true they found the following statement, “Mental health services in Mariposa are easy for people to access.” Thirty-four percent found the statement somewhat true, 24% found the statement mostly true, while the same percentage found the statement not true at all. Fourteen percent felt the statement was very true, and 4% felt the statement were not sure.

Lastly, participants were asked how true the following was, “Mariposa County has mental health services that meet the needs of the community.” Thirty-two percent found the statement mostly true, 30% found it somewhat true, 20% found the statement not true at all, 14% felt the statement was very true, and 4% were unsure.

Participants were asked to list some mental health activities, programs or services that have been the most helpful to the community, the following were stated:

- Yosemite National Park Counselor
- Exercise and community events
- Counseling
- 24/7 crisis response
- Having wellness centers for activities, yoga, dance, meditation.
- Case Managers in the school
- Dual diagnosis treatment
- Psychiatric services
- Groups for social anxiety
- Outreach to homeless communities
- Stigma reduction

Secondarily, participants were asked to share their thoughts on how some services could be done better. The following responses were captured:

- Expansion of services in Yosemite National Park
- Open wellness centers
- More providers
- More psychiatrists and counseling to help adults in Yosemite National Park
- Hire culturally competent, bilingual counselors
- Group physical fitness classes and more in person counseling
- Consistency with mental health providers
- More outreach to communities
- Less clinician changes, more stability with a provider
- More services for children age 0-6.
- Community support for isolation
- Transportation
- Housing programs and assistance
- More face to face services
- Programs for special needs kids

Substantive Comments:

- Three Year Substantive Comments 2020 -
  - "More mental health first aid at the apartments in town. Important for everyone to know this information."
  - "More information on services the county has for dementia."
  - "More services for the homeless"
  - "More secure areas at the hospital for reducing homeless exposure. Homeless showing up to admit to the hospitals at night."
  - "A North County Wellness Center."
  - "More outreach to Yosemite Park including Aramark."
  - "Expand services to park employees."
  - "Improve med clinic services in Yosemite."
  - "Wellness Center opportunities in Yosemite."
  - "Transportation."

- Annual Update Substantive Comments 2021 –
  - Broadcasting services that are available to Yosemite National Park residents.
  - Create a wellness center in Yosemite National Park.
  - The programs in place before the pandemic were good, and the addition of programs during the pandemic have been good, but not publicized enough.
  - Mariposa County needs a psychiatric hospital.
  - Mariposa County has a progressive approach to providing the much-needed services for the community.
  - Like that the mental health services are expanding into community-based organization.
  - More education to parents of children with illnesses.
  - More preventative services like youth groups.
  - A clearer process and more consistent.
  - More staff.
  - There is a strong and caring mental health team.
  - Full-Service Partnership programs are not detailed enough, although this represents the major expenditures per year. The budget breakdown for CSS only separates out children and adult programs, which characterizes the types of clients rather than the programs. In comparison, the worksheet for the smaller PEI component shows seven sub-components.
The “medical age distribution” uses unequal age-range categories (e.g., 18-20, 55-64) and looks at trends over only 12 months.
MHSA 2020 – 2023 Overview
Mariposa County received our first MHSA funds in 2005, and we have continued to cultivate and refine these programs since. Mariposa County Behavioral Health and Recovery Service’s goal is to support clients in achieving wellness in as many life domains as possible. Below you will find a list of programs that are aimed at targeting community needs identified through the stakeholder process. *(Updates for the 2021/2022 fiscal year are provided below in red).*

**Community Services and Supports (CSS):**
- **Full Service Partnerships (FSP)**
  - Adult’s and Children’s’ Services
- **General System Development (GSD)**
  - Wellness Center
  - Peer Support – Wellness Center

**Prevention and Early Intervention (PEI):**
- **Prevention Component**
  - Yosemite National Park Counselor
- **Early Intervention Components**
  - School Services
- **Stigma Discrimination & Reduction Component**
  - Mariposa Minds Matter
- **Outreach for increasing recognition**
  - Mental Health First Aid
- **Suicide Prevention**
  - Central Valley Suicide Prevention Hotline
  - School Suicide Prevention
- **Access and Linkage Component**
  - Small County - OPT Out

**Innovation (INN):**
- *No current INN projects*
- **FY 2021/2022** - Currently in the stakeholder process to begin developing two innovation programs:
  - Virtual Reality
  - Psychiatric Advance Directives – Multi-County Collaborative

**Workforce, Education, and Training (WET):**
- *No current WET projects*
- **FY 2021/2022** - Currently in development with the central valley region group to implement the following:
  - Undergraduate College and University Scholarships.
  - Clinical Master and Doctoral Graduate Education Stipends
  - Loan Repayment Programs.
- MCBHRS is still working out the funding for these programs and will provide an update to this plan once finalized.

**Capital Facilities / Technology (CFTN):**
- No current CFTN projects
2020 Community Needs Assessment

Assessment of Mental Health Needs:
A survey, conducted as part of the 2019 Community Health Needs Assessment indicated that community members had greatest health concerns around access to care, jobs, behavioral/mental health, substance use, and housing.

Throughout the stakeholder process, stakeholders overwhelmingly identified a need for increased access to mental health services for the underserved populations, more information about increasing awareness and more mental health treatment in the school systems. This three-year plan has programs that support the needs identified by the community.

Identification of Issues:
Mariposa County ranks 42 out of 58 counties in Health outcomes, representing how healthy counties are within the state, with the healthiest ranked at #1. Rankings are based on two types of measures: how long people live and how healthy people feel while alive.

As part of the county wide 2019 needs assessment, respondents were asked to indicate on a 4-point scale the degree to which a series of issues was an unmet need in their community. Answer choices were as follows: (1) not a need in the community, (2) This is a need in the community, (3) This is an important need in the community, (4) this is a very important need within the community. Children's mental health services was ranked over all at a 3, indicating that this remains an important need within the community. This is also reflected throughout the stakeholder process as school aged youth was identified as the most underserved population in the county.

Mariposa County’s Community Health Improvement Plan states that “without appropriate interventions, behavioral health concerns and addictions can rob individuals of quality of life, with ripple effects for families and across generations.” Coupled with the stakeholder feedback through the three year community planning process for 2020-2023 MHSA plan, indicates a multitude of barriers to receiving services, like lack of transportation, lack of awareness of programs, stigma, and lack of money and/or insurance suggests there are still efforts that need to be made to promote wellness within the community.

Mariposa County’s 2019 Community Health Assessment asserts, “Specific behaviors – whether or not people use tobacco, eat a healthy diet, are physically active, use drugs and alcohol, or have unprotected sex – can have a profound effect on health outcomes. Helping individuals avoid addictive behaviors, promoting healthy behaviors and habits, and advocating for policies that make healthier behaviors easier and more accessible are all ways that Mariposa County can improve health outcomes for its residents.” Accessibility was also identified through the three-year community planning process for
2020-2023 MHSA plan, with 71% identifying an increase in access for underserved populations as being “very needed.”

A lack of mental health services and supports, can often times lead to an increase in: suicide among youth, violence in schools and communities, bullying and harassment, recidivism of victimization, self-harm behavior, family dysfunction and stigma, drug use for self-medication, while at the same time lead to a decrease in: reporting child abuse and neglect, self-regulation, advocacy in the home, legal and school environment, and a lack of accessing other community resources.

Untreated mental illness does not go away on its own; without treatment it is likely some may feel isolation, which can often lead to instability in activities of daily living, making it difficult to live independently. When unable to live independently, the need for a higher level of care, such as a licensed 24-hour care facility, acute psychiatric hospitalization, or an Institution for Mental Diseases (IMD), increases. The three main areas of concern of untreated mental illness are homelessness, hospitalization, and incarceration.

**Utilization Breakdown:**
Mariposa County Behavioral Health and Recovery Services strives to try to reach individuals of all ages, ethnicities, and languages. Of the total Medi-Cal population in Mariposa County, the number of people accessing services for FY 18/19 hovered around 12.5%.

This penetration data shows what percentage of the Medi-Cal eligible population received services. The data represented below is based on Mariposa County Penetration Rates for the past three fiscal years: FY 18/19, FY 17/18, and FY 16/17.

**Age -** Mariposa County penetration rates for fiscal year 2018/2019 demonstrates in the graph below that two lowest penetration rates are for children aged 0 – 5 and for adults over the age of 65.
**Ethnicity** - The graph below depicts the penetration rates for the last three fiscal years. White and Hispanic populations are the most prevalent in our county, coupled with the lowest penetration rates for FY 18/19, illustrated in the graph below, indicates these individuals are underserved.

![Ethnicity Penetration Rates Graph]

**Gender** - The graph below shows that there is a slight discrepancy in the number of males reached versus women over the last three fiscal years.

![Gender Penetration Rates Graph]
**Language** - The graph below indicates that the penetration rate for the Spanish speaking population remains low across three fiscal years.
Community Services and Supports (CSS)

<table>
<thead>
<tr>
<th>Fiscal Year 2020 – 2021</th>
<th>Fiscal Year 2021 – 2022</th>
<th>Fiscal Year 2022 – 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,405,829</td>
<td>$1,405,829</td>
<td>$1,405,829</td>
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</table>

**What is Community Services and Supports?**
Community Services and Supports (CSS) overarching purpose is to ensure seriously mental ill individuals have access to all necessary mental health services. This is provided through outreach and direct services for children, transitional aged youth, adults and older adults with a serious mental illness.

**Proposed Programs within Community Services and Supports (CSS):**

- **Full-Service Partnerships (FSP's)**
  - Adult Services
  - Children Services

- **General Systems Development (GSD)**
  - Wellness Center
  - Peer Support at the Wellness Center

**County’s Capacity to Implement:**
Based on the recent Workforce, Education, and Training (WET) assessment, several ethnic groups are appropriately represented by the current workforce, however, it appears more effort needs to be made in recruiting staff that identify as Native American, as zero percent are currently represented in current staffing. Mariposa County Behavioral Health Services (MCBHRS) contracts with the American Indian Council to provide mental health services to the Native American population. These contract providers were not included in workforce data listed above. More work needs to be done to determine what other races or ethnicities are being served that fall into the Multi/Race or Other category.

Although there is not a large number of staff members proficient in other languages, the majority of consumers are proficient in English, with only the occasional need for Spanish and ASL interpretation. MCBHRS accommodates this need by contracting with a certified ASL interpreter and a tele-interpreter language line. MCBHRS has available to all participants the tele-interpreter service that includes all languages, and staff participate in an annual training to utilize this service.

The MCBHRS Cultural Competence Committee, consisting of MCBHRS employees and community partners brings awareness of different cultures as well as identify barriers or gaps to receiving services.
One of the strengths of MCBHRS, is the career ladder within behavioral health division. A client may enter services and become employed as a Peer Support, moving on to the position of a Mental Health Assistant III through time and experience.

There are limitations to the county workforce as turnover has been an issue, in part due to the housing shortage in the county. This has created barriers to implementing services. The county has been working to support affordable housing development.

Additionally, as in all helping professions, burnout can be an issue. Providing secondary trauma trainings & self-care trainings is one way Health and Human Services Agency (HHSA) has attempted to address this.

Mariposa HHSA has also increased pay for positions through the WET funding that have been identified as hard to fill. Several MCBHRS supervisors hosted a booth at the California Marriage and Family Therapist (CMFT) training and in San Francisco in an effort to recruit more licensed staff members. One major effort MCBHRS has made is to become identified as a student loan forgiveness site to aid staff in applying for student loan forgiveness, if employed by MCBHRS.

Another barrier to implementing the proposed programs and services continues to be the lack of client transportation in the county and the lack of stable housing. To address these issues, HHSA will be hiring staff to provide transportation to assist clients in getting to their appointments. This is also being addressed with the implementation of tele-health services to more effectively meet the need of the clients. MCBHRS will continue to look into all possibilities to promote more affordable housing for the community.

The stigma within the community is also a barrier to individuals reaching out for support and assistance. The Mariposa Minds Matter Committee (funded out of PEI) was formed within the community to address reducing the stigma within the community.
Program Description:
Mariposa County Behavioral Health and Recovery Services (MCBHRS) has been building the infrastructure of the Children’s Unit and Adult's Unit since the original plan was adopted in 2005. Strides have been made in fully implementing the Recovery Model through support and training for staff. The goal is to continue to provide best practice services for our clients by supporting ongoing staff development.

The Full Services Partnership (FSP) program assures that clients and their families receive individualized, intensive services and supports. All ages will be served with client and family driven FSP’s that are culturally responsive. The program includes the team approach for all FSP clients, brought about by the successful Innovation project on team meetings.

The Children’s Unit provides mental health services aimed to reduce functional impairments in children and youth to increase a sense of empowerment, well-being, and optimism. The FSP program for youth is individually designed to fully wrap the youth in services. Therapeutic Behavioral Sciences (TBS) can be provided for short-term intensive targeted behavior modification. This is an addition to the intensive programs and if determined through the teaming approach.

A Personal Care Coordinator, (Mental Health Assistant III) will be assigned to the case and will be the youth’s point of contact throughout the duration of the FSP program. The Mental Health Assistants are trained to facilitate team meetings to identify the needs, concerns, and identify supports through a collaborative approach to development of an action plan with measurable goals.

The Adult Unit will provide a variety of services to meet the needs of the clients and their families. The Adult Unit will continue to use the Adult Team Meeting (ATM) model with monthly meetings for all adult and older adult FSP clients. Strengths assessments and personal recovery plans will be developed during the ATM’s to support client in reaching their goals. During these meetings, family members, when appropriate and endorsed by the client, will be invited to attend to support clients in meeting their personal recovery goals. This will allow for psycho-education, awareness of mental health symptoms and how-to best support loved ones.

Transitional Housing will continue to support three to five clients a year allowing them to gain valuable skills to live independently. Skills to be obtained through Transitional Housing are basic adult living skills and household budgeting. Case Management will support clients learning about and obtaining employment or volunteer opportunities to gain independent living skills.
**Proposed Activities:**
All youth and transitional aged youth FSP participants will be provided with the array of services to best fit each child’s needs, including but not limited to: In Home Based Services to redirect participants in school, home and community settings; Intensive Care Coordination; Case Management to provide linkage to services and access to resources; Individual rehab to teach skills for daily living; Individual therapy to focus on symptom reduction and improvement of functional impairments; and Family Therapy to improve family dynamics, based on individuals need and family voice and choice.

All adult and other adult FSP participants will be provided with ATM’s and a variety of other services tailored to the need of the individual. These services include intensive case management, individual rehabilitation, medication services, individual and group therapy.

ATM’s will increase the coordination, direction, and organization of client service. These meetings will allow for family members and significant others to learn effective ways to support the clients. Case management services will increase clients' abilities to obtain needed services and resources to reduce their mental illness and increase their access to care. Individual rehabilitation will assist clients in learning skills to remain or gain independent living skills. Medication services will increase clients’ understanding of the risk and benefits of medication in order to make informed decisions about their care. Individual and group therapy will encourage clients in developing strategies to reduce the impacts of mental illness on their functioning.

**Individuals Served:**
The FSP program is expected to serve up to 30 individuals annually and this number is expected to maintain the same over the next three fiscal years.

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Percentage Served</th>
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<tbody>
<tr>
<td>Children aged (0 – 15)</td>
<td>13%</td>
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<tr>
<td>Transitional aged youth (16 – 25)</td>
<td>15%</td>
</tr>
<tr>
<td>Adults aged (26 – 59)</td>
<td>57%</td>
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<tr>
<td>Older adults aged (60+)</td>
<td>15%</td>
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</table>

*** Due to the extremely small numbers, the estimated numbers served in each age group, gender and ethnicity are presented as percentages.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage Served</th>
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<tbody>
<tr>
<td>Male</td>
<td>58%</td>
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<tr>
<td>Female</td>
<td>42%</td>
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<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage Served</th>
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</thead>
<tbody>
<tr>
<td>Cuban</td>
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<tr>
<td>Mexican / Mexican American</td>
<td>4%</td>
</tr>
<tr>
<td>Not Hispanic</td>
<td>92%</td>
</tr>
<tr>
<td>Other Hispanic / Latino</td>
<td>4%</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>0%</td>
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</table>
**Budget:**
Children’s Services is estimated to spend $436,149.00 per fiscal year. This number is estimated to remain the same over the next three fiscal years. This is funded with both MHSA funds and Medi-Cal reimbursement funds.

Adult’s Services is estimated to spend $926,816.00 per fiscal year. This number is estimated to remain the same over the next three fiscal years. This is funded with both MHSA funds and Medi-Cal reimbursements funds.

*The above amounts are budget estimates based on MHSA revenue projections. The actual expenditures may be lower or higher depending on the actual MHSA revenue received in these future years.*

**FY 2021/2022 Annual Update:**
For the 21/22 fiscal year, Children’s services will continue to serve children and youth through our FSP program. The focus is to increase Intensive Care Coordination (ICC) services to send the message to the children and families we serve, that using an integrative approach that is client centered, strength based, and trauma informed treats the whole person promoting overall wellness. The need to increase ICC comes at a time where individuals in Mariposa County experiences a recent natural disaster, the Mono Windstorm, which resulted in property and home damage in addition to the loss of employment and other ill effects of the COVID-19 pandemic.

For the 21/22 fiscal year, the Adult unit will continue with the same goal which is to offer and complete adult team meetings for every FSP client, using a combination of virtual and in-person sessions. To meet the challenge that MCBHRS encountered with the previous year, a Mental Health Assistant will be designed to facilitate all team meetings. To ensure coordination and client care, the facilitator will be an objective party to the case and not the current case worker. This approach has been effective in other units and agencies and we anticipate this will be a success as well. MCBHRS will continue to provide mental health services as described above to clients with severe mental illness.

The number of individuals served, and the budget remains the same for the 2021/2022 fiscal year.
Program Description:
The Mariposa Wellness Center aims to improve the mental health and overall wellness of Community Members. The Wellness Center provides a supportive and safe environment where participants who are 18 years and older can engage in activities provided by the Mariposa County Behavioral Health and Recovery Services (MCBHRS).

The Center provides social engagement as well as skill building activities to address daily living, job skills, budgeting, and creative expressions. Members have the opportunity to receive support, take classes, or teach a class (with permission and supervision), while meeting others on the path to improving the quality of their lives.

Members will have the opportunity to engage in structured programming including, but not limited to the following:
- Creative Expression
- Psycho-Education Classes
- Relaxation and Stress Management
- Job Readiness Skills
- Employment Development Assistance
- Financial/Budgeting/Saving
- Resource connection & referrals
- Peer Support
- Shared Life Experiences
- Volunteer Program
- Socialization
- Recreation and Exercise
- Community Activities
- Skill Building
- Health/Nutrition/Hygiene

The Mariposa Wellness Center operates by empowering members and providing support by forming meaningful relationships. The Center is aimed at facilitating personal growth.

The Wellness Center is staffed by one full time Mental Health Aid with lived experience regarding mental health and wellness to serve as a role model and mentor.

Proposed Activities:
Activities of the Wellness Center include daily living activities, including but not limited to: cooking, food shopping, budgeting, job training, job searching, stress management, communication skills, relaxation techniques, yoga, art classes and crafting, creative writing, and others which help to expand and enhance learning and expressive opportunities for those who may not have had such opportunities. The Wellness Center
also provides an environment where individuals can receive support and validation in an open and nonjudgmental manner.

**Individuals Served:**
The Wellness Center currently serves an average of 8 individuals per day and is open Mondays, Tuesdays, and Wednesday from 1pm to 5pm. The Wellness Center has the capacity to serve 12 individuals per day.

**Budget:**
MCBHRS estimates spending $7,500.00 on the Wellness Center each fiscal year. This number is expected to remain the same over the next three fiscal years.

*The above amounts are budget estimates based on MHSA revenue projections. The actual expenditures may be lower or higher depending on the actual MHSA revenue received in these future years.*

**FY 2021/2022 Annual Update:**
Prior to the COVID-19 pandemic, the Wellness Center was open Monday through Wednesday 1:00pm – 5:00pm and served on average 8 individuals per day. At one point, MCBHRS expanded to a separate centralized location to increase the hours of operation. Unfortunately, due to the COVID-19 pandemic and shutdown, to slow the spread our Wellness Center has been closed until it can safely re-open.

MCBHRS will re-open the Wellness Center using a combination of virtual and in person sessions, with the goal of resuming activities Monday through Wednesday 1:00pm - 5:00pm. Through the pandemic, we recognized an increase in desire for personal connection in the community. MCBHRS will continue to follow the guidelines recommended from the CDC for in person operations. MCBHRS is still planning on the “grand re-opening” date. Once decided, MCBHRS will advertise through social media, the local newspaper, and other advertising streams so that the community can join in celebrating the return to Wellness Center Activities.

MCBHRS has also added one day a month in the North County (Coulterville) area for the Wellness Center.

The proposed activities, individuals served, and the budget reaming the same this coming fiscal year.
Program Description:
The Mariposa Wellness Center activities are developed and implemented by a Peer Support Partner. The Peer Support also facilitates and co-facilitates groups. As relationships build, the Peer Support can then provide support in FSP services as needed. This program was initially funded through the Workforce, Education, and Training (WET) component, and with its continued success, will continue to be funded through CSS. This has proven to be a successful venture as our Peer Supports were able to take over much of the operations of the Wellness Center and established a core group of consumers.

As part of Mariposa County’s overall MHSA strategy to establish and incorporate a Peer Support team, we will encourage peers to pursue the National Mental Health America certification.

The Wellness Center is a program that serves all community members regardless of participation in mental health. The Wellness Center is open to anyone over the age of 18. The peer support aid that runs the Wellness Center can provide a wealth of knowledge and information about county mental health, facilitating referrals to mental health when necessary. This program allows for improved access to services for those who make the step toward recovery by first starting at the Wellness Center, then being encouraged to seek services at MCBHRS if needed.

Forty-two percent of respondents during the most recent (2020-2023) three-year plan stakeholder surveys, found the wellness center and peer supports to be helpful to the community. MCBHRS proposes continuing this program into the next three years 2020 – 2023.

Individuals Served:
This staff member is expected to serve up to 12 individuals daily during the operation of the wellness center. The peer support position is allocated for one individual at 60% full-time equivalent.

Budget:
MCBHRS estimates spending $35,364.00 on the Peer Support position each fiscal year. This number is expected to remain the same over the next three fiscal years.

*The above amounts are budget estimates based on MHSA revenue projections. The actual expenditures may be lower or higher depending on the actual MHSA revenue received in these future years.
**FY 2021/2022 Annual Update:**

MCBHRS had one full time permanent Peer Support Specialist that created an environment that was welcoming and supportive to the Wellness Center participants. During the COVID-19 pandemic this individual was promoted, leaving this position vacant as has been the pattern so far.

MCBHRS is in the process of hiring for the Peer Support Specialist to have this position filled during this next year. The Peer Support will participate in the MHFA training for children and adults upon hire and will be supervised by a Licensed Practitioner of the Healing Arts who will provide support and encouragement as they navigate this role. The Peer Support will prepare and lead activities at the Wellness Center, as well as provide some direct care services. MCBHRS continues the perspective of the Peer Support Specialist position as part of the career ladder which offers additional promotions up to the Mental Health Assistant III through time and experience.
Prevention and Early Intervention

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What is Prevention and Early Intervention?
Prevention and Early Intervention (PEI) programs are partially intended to prevent a serious mental illness by promoting strategies that reduce risk factors. Additionally, PEI programs are designed to improve timely access to services and to provide a better understanding of recognizing early signs of mental illness. The PEI programs are made up of six components. Title 9 of the California Code of Regulations defines these six components below.

Early Intervention: “Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness.”

Prevention: “A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this program is to bring about mental health including reduction of negative outcomes as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and as applicable, their parents, caregiver, and other family members.”

Outreach for Increasing Recognition of Early Signs of Mental Illness: “A process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.”

Access and Linkage to Treatment: “A set of related activities to connect children with severe mental illness, and adults and seniors with severe mental illness, as early in the onset of these conditions, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs.”

Stigma and Discrimination Reduction: “The County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.”
Suicide Prevention: “Organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This category of programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.”

Proposed Programs within Prevention and Early Intervention (PEI):

Early Intervention:
School Services

Prevention:
Yosemite National Park Counselor

Outreach for Increasing Recognition of Early Signs of Mental Illness:
Mental Health First Aid

Stigma and Discrimination Reduction:
Mariposa Minds Matter Task Force

Suicide Prevention:
Central Valley Suicide Prevention Hotline (CVSPH)
School Suicide Prevention

Access and Linkage to Treatment:
Small County – opt out

PEI Community Planning Process:
The community planning process for the PEI component was included in the three-year plan stakeholder process. This section of the MHSA three-year plan includes information on what PEI means and the components that fall under PEI. This document should also serve to inform stakeholders of the requirements of PEI.

Stakeholders will be involved in all phases of the PEI programs from planning, implementing, and evaluation. Stakeholders will also be presented with outcome data once they become available, to ensure they are well informed and involved in the monitoring stage of projects.

All programs funded by PEI will reflect and be consistent with all applicable Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320.
**Early Intervention**

**School Services – Counseling Services**

**Program Description:**
MCBHRS proposes to fund early intervention services in the schools intended to bring about mental wellness aimed at measuring the reduction of prolonged suffering through the following programs.

**After School Peer Mentoring Program** – Implementation of an After-School Peer Mentoring Program aimed at educating at risk high school youth grades 10 -12 on the fundamentals of psychology and psychotherapy, then have them act as peer mentors for at risk youth grades 7-9. This peer mentoring model will aim to empower and decrease symptoms of the upper-grade level at risk youth by having them first learn the material, then take a leadership role in teaching it to the lower-grade level youth. Lower-grade level youth will benefit from this model as well, due to the fact that they will not internalize it as potentially another lecture from an authority figure, but rather from someone like them, that they can connect and relate to.

**Lunch Program** – Provider will offer a Lunch-Time program that would take place 2x per week. This program would include active participation and engagement through physical activities and games geared toward mental health. Staff will also help to increase awareness on the effectiveness of engagement in physical activities by inviting participants to rate their mood before and after each activity. Activities may include but are not limited to: sports (volleyball, softball, kickball), arts and crafts, board games, group games/activities.

**Teacher Training** – Provider will also offer teacher/staff training 4x per year. These trainings would aim to educate staff on the implementation of conflict resolution in the classroom. The goal of this training series would be to identify at risk youth and surround them with support in the classroom, decreasing the number of students being sent out of class. Staff would be trained on identifying and eliminating current shame-based discipline within the classroom setting to decrease the frequency and intensity if emotional/behavioral symptoms in the classroom. Staff would be trained on health conflict resolution by increasing knowledge of conflict resolution skills and engaging in the training activities outlined in Hacking School Discipline: 9 Ways to Create a Culture of Empathy & Responsibility Using Restorative Justice by Nathan Maynard and Brad Weinsten. This part of the program would be geared towards teachers who do end up kicking students out of class and would help to provide health conflict resolution and reintegration into the classroom.

**Individuals Served:**
The target population are students between the ages of 13-18 who have a family history of neurological, behavioral, socioeconomic, and environmental challenges. Staff will
work to identify students that fall into the high-risk category. The expected number to be served for each program are listed below.

- **After School Peer Mentoring Program** – 50 individuals each fiscal year
- **Lunch Program** – 100 individuals each fiscal year
- **Teacher Training** – 15 to 30 individuals each fiscal year

**Outcomes and Indicators:**
Targeted negative outcomes include, but are not limited to anxiety, depression, ADHD, ODD, conduct disorder, anger, suicidal/homicidal ideation, and stress resulting in negative behaviors at school.

These programs will include these evidence-based practices: cognitive behavioral therapy, dialectical behavioral therapy, mindfulness based stress reduction, emotional freedom technique, and non-violent communications.

**After School Peer Mentoring Program and Lunch Program** - The objectives of the program include, but are not limited to: learning and practicing positive ways of coping as seen by increasing knowledge of positive coping skills by 3 (from baseline); practicing journaling as seen by increasing engagement in mindful journaling engagement by 1x per week for 10 minutes (from baseline); learning and practicing relaxation techniques as seen by increasing engagement in Mindfulness Based Stress Reduction exercises by 15 minutes 1x per week (from baseline); identifying and challenging irrational thoughts and patterns of symptoms/behaviors as seen by increasing psycho-education on CBT/DBT and engaging in CBT/DBT based exercises by 20 minutes 1x per week (from baseline); learning and practicing healthy communication skills as seen by increasing psycho-education in non-violent communications (NVC) and engaging in NVC exercises by 10 minutes 1x per week (from baseline); learning and practicing self-monitoring as seen by increasing psycho-education on mindfulness based stress reduction and the mind/body connection and engaging in related exercise by 15 minutes 1x per week (from baseline); and reducing the frequency and intensity of symptoms as seen by decreasing student participant PHQ-9 and GAD-7 symptom severity scores by 1 degree in each category (from baseline) from program start date. If student participant initial reports having little to no interest in doing things nearly every day, services would aim to get their response to decrease 1 degree, shifting it to more than half the days weekly, by the next evaluation.

The program goal will be to stabilize emotional/behavioral functioning in student participants. Program activities may include, but are not limited to: psycho-education therapeutic techniques (building rapport, active listening, reflecting, holding space), psycho-education on therapeutic theory (CBT, DBT, mindfulness Based Stress Reduction, Non-Violent Communication, and Emotional Freedom Technique, psycho-education on coping skills that aim to reduce stress (mindfulness, journaling, breathing techniques, healthy communication, emotional freedom technique), interactive games related to mental health, and peer mentoring processing sessions.
The PHQ-9 and GAD-7 assessments will be administered to each program participant in the after-school program 4x per year to assess for potential risk, as well as progress being made. A decrease in severity of symptoms between survey 1-2 and 2-3 and 3-4. These self-report assessments will demonstrate program effectiveness. The after-school program clinical team will meet upon completion of the survey collection to analyze data and measure effectiveness of program resources.

**Teacher Training** - The objectives of this training program includes decreasing frequency and intensity of emotional behavioral symptoms in the classroom by decreasing ineffective disciplinary action and replacing them with healthy conflict resolution skills. Objectives of this training would also include, learning and practicing healthy conflict resolution as seen by increasing knowledge of conflict resolution skills by 5 (from baseline).

**Budget:**
MCBHRs estimates spending $151,000.00 on the school services each fiscal year. This number is expected to remain the same over the next three fiscal years.

*The above amounts are budget estimates based on MHSA revenue projections. The actual expenditures may be lower or higher depending on the actual MHSA revenue received in these future years.*

**FY 2021/2022 Annual Update:**
Due to COVID-19, and schools shutting down for a period, this program initially had a slow start as programs needed to be revamped. This upcoming fiscal year (2021/2022) there have been some proposed changes to the existing plan to better serve the youth outside of the school setting. The 2021/2022 program has been modified in a way that COVID restrictions will not hinder the ability to offer the programs.

**Enrichment programs** – This is an array of programs that will be offered for students grades 6 – 12th who have been identified as being at risk due to reported history of neurological, emotional/behavioral, socio/economic, and environmental challenges. In coordination with the Mariposa County Unified School District (MCUSD) students who fall into this at-risk category will be identified and referred to these programs. Due to the COVID-19 pandemic, the location of the programs may vary depending on restrictions being implemented by the school district. To enroll in the enrichment programs, students will be screened to identify the most appropriate students for each of the programs listed below. The goal is to identify students in need using the school personnel and staff presence on campus. A check in program will be utilized two days a week on campus (barring no COVID-19 restrictions prohibit this) to survey the population and refer students to appropriate programs utilizing the PHQ-2, GAD-2, and the Adverse Childhood experiences (ACE) Assessment. To qualify, students must have an ACE score of at least 4 (6 for Sacred Rok) or be reporting symptoms of stress (anxiety, depression, etc.); or a score of at
least 3 or more on the PHQ-2 and/or the GAD-2; or showing academic decline that could be due to social/emotional challenges. According to the Centers for Disease Control (CDC) individuals with four or more categories of childhood exposure to adversity, compared to those who had experienced none had four to twelve times increased likelihood for increased health risks for alcoholism, drug abuse, depression, and suicide attempts; and a two to four times more likely for increased smoking, poor self-related health, more than 50 sexual intercourse partners, and sexually transmitted diseases; and 1.4 to 1.6 times more likely to have a decrease in physical activity and severe obesity.

Targeted negative outcomes include, but are not limited to anxiety, depression, PTSD, ADHS, ODD, conduct disorder, anger, suicidal/homicidal ideations, and stress resulting in negative behaviors at home and school. Early childhood experiences with trauma has proven to exacerbate mental, physical, and emotional issues as adults. A large part of our county’s youth has experienced a number of traumatic events in their young lives and are at risk for issues throughout their lifetime. The ACES survey will also be used to identify youth that are at risk of developing mental health issues.

Enrichment programs may include, but are not limited to:

- **Self-Esteem Building:**
  - Self-defense and somatic therapy will be used as a medium for health and healing. The program is geared towards cultivating self-esteem and victimization rehabilitation through teaching the empowering tools of self-defense, setting boundaries through assertive communication, body language and posture, to help students process and release the challenge and/or traumas of victimization they’ve endured and learn to cope positively.
  - Activities include, but are not limited to psycho-education on stress reduction (mindfulness, journaling, breathing techniques, healthy boundaries, and empowered communication skills), and somatic therapy techniques that help students to increase awareness of how their past challenges are showing up in their minds and bodies as stress and tension, and learn how to use esteem building physical exercise as a tool for releasing stored trauma. Students will learn how to identify somatic sensations and emotions, so that they can have an increased awareness of how they are feeling.
  - This program is expected to serve 30 students annually.

- **Psychology Skills Course:**
  - This program will be provided for identified at risk youth that are struggling to engage with teachers, family members, and/or peers in a healthy and productive manner. The group course content will include psychology skills, healthy communication, implementation of healthy coping skills, peer-mentoring, and problem solving/resolution techniques.
Activities include, but are not limited to: psycho-education on therapeutic techniques (building rapport, active listening, reflecting, holding space), psycho-education on therapeutic theory (CBT, DBT, Mindfulness based stress reduction, and non-violent communication), interactive games related to mental health, and peer-mentoring processing sessions. This program is expected to serve 30 students annually.

- **Horse Therapy:**
  - Horse Therapy will be used as a medium for health and healing. The program is geared towards cultivating increased awareness and using the powerful horse/human connection to help students process and release the challenges they’ve been harboring and learn to cope positively.
  - This program will include mindfulness-based stress reduction while working with the horses. Students will learn to connect to their breath and use it as an indicator of what is going on for them mentally and emotionally. Students will learn that changing their breathing patterns can improve their mental and emotional states. Students will learn to use their breath as a coping skill to down regulate their nervous system when facing fearful or challenging situations. Once students learn to do this with a horse, they will be able to do this in other areas of their lives as well. Learning this important skill can help improve current mental health issues, as well as prevent future symptoms from emerging.
  - This program is expected to serve 30 students annually.

- **Yoga - Increasing Awareness:**
  - Yoga will be used as a medium for health and healing. This program will be open to all students that fall within the 6-12th grade requirement and will be used to help screen students experiencing emotional/behavioral challenges that may benefit from the other enrichment programs. The program is geared towards increasing awareness of the mind/body connection, teaching healthy coping/life skills, and decreasing mental health challenges in the identified student population.
  - Program activities may include but are not limited to psycho-education on stress reduction, somatic therapy, and cognitive behavioral techniques that help students to increase awareness of the mind/body connection. If students can increase awareness of how their thoughts influence their emotions and somatic sensations, they can learn to mindfully choose a healthy way to resolve their negative thoughts and emotions.
  - This program is expected to serve 60 students annually.

- **Sacred Rok – Psycho-education:**
  - Outdoor exploration will be used as a medium for health and healing. This program is geared towards cultivating increased awareness using mindfulness-based practices to help students process and release challenges and learn to cope positively.
To qualify for this program, students must have an ACE score of at least a six and be reporting severe symptoms of mental illness or showing severe academic decline that could be due to social/emotional challenges.

Program activities may include but are not limited to psycho-education on nature and stress reduction. Interventions (such as mindfulness based stress reduction, journaling, breathing techniques, meditation, and direct connection to nature) and self-care (identifying emotional needs and learning how to tend to those needs in a respectful and compassionate manner) will be incorporated into the Sacred Rok program. This program will teach youth to respect nature, in an effort to learn how to start to respect and nurture themselves and others. Sacred Rok believes that building a safe and nurturing community can help to break the cycle of violence and trauma that has taken place in many of young youths' lives. The program will guide students through identifying the natural calming and nurturing effects of nature through psycho-education, direct contact with nature, hiking, mindfulness-based stress reduction exercises, and discussion/processing around gained insights as they pertain to personal development.

This program is expected to serve 18 students annually.

The goal of these enrichment programs is to address conditions early in its manifestation, to curb the decline in functioning and promote wellness in the youth of Mariposa.

For each program listed above students will participate in mental health check-ins before and after each session where students will be led in a mindfulness based body scan that will help them to identify how they are doing mentally, emotionally, and physically. Each program will be operated from a strength-based and trauma informed perspective. Conflict resolution and de-escalation techniques will be utilized during each activity if necessary.

Enrichment program curriculum will be created and directed by a Licensed Mental Health Clinician. All program curriculum will be presented by a Licensed Mental Health Clinician or a Mental Health Professional directly supervised by the Licensed Mental Health Clinician. All Mental Health Professional Staff will have a master’s level education allowing them to guide mental health activities under the direct supervision of a Licensed Mental Health Clinician. Psychotherapy will only be provided by a Board approved Mental Health Professional.

Partnering agencies (Sacred Rok instructor, Horse Program instructor, Self-Esteem building instructor) will be working within their professional area of expertise and not providing mental health services. All partnering agency staff will have to attend an extensive training program provided to ensure their ability to provide a positive environment free of re-traumatization.
The PHQ-2 and the GAD-2 assessment tools will be utilized before and after each session to collect and track anxiety and depression in addition to collecting data pertaining to youth demographics. Longitudinal tracking of these assessments will help determine the effectiveness of the program.

The outcome/indicator for this program is to measure and see a decrease in the severity of depression and anxiety as indicated by a lower score on the PHQ-2 and the GAD-2.

**Student Check-ins** – This program will be geared towards grades 9 – 12th. It will be provided to students based on being identified by MCUSD as needing or requesting further services. These services can be provided in person privately, in a community setting, in a group, on school campus, or even virtually. The PHQ-2 and the GAD-2 assessment tools will be utilized before and after each session to collect data pertaining to the youth demographics and to track depression and anxiety, in addition to collecting data pertaining to youth demographics.

This program also includes an aspect of teacher/student conflict resolution and classroom re-integration (as proposed in the original three-year plan listed above). This program will be provided by a master’s level mental health staff person and will be supervised by a Licensed Mental Health Clinician.

This program is expected to serve 192 one-time student contacts, and 40 students who require ongoing contacts.

The outcome/indicator for this program is to measure and see a decrease in the severity of depression and anxiety as indicated by a lower score on the PHQ-2 and the GAD-2.

**Teacher/Staff Trainings** – This program is a training series geared towards helping teachers learn the best practices for resolving conflict in the classroom, building positive relationships with students, and creating strength-based classroom environments using trauma informed care and principles. This training series will help teachers learn practical skills that will help them learn to reduce disruptions and acting out behaviors in the classroom and to ultimately reduce the number of students who are kicked out of class and sent to the principal’s office. This program will start with one initially training, then possible follow up three months later.

This program is expected to serve up to 40 teachers at the high school level, potentially impacting up to 700 students.

The outcome/indicator for this program is to measure and see a decrease in the number of students who are sent out of the classroom post the conflict resolution training provided to teachers, as indicated by the number of students sent to the principal’s office each month.
**Budget** – As this program got a slow start in the 2020-2021 fiscal year, not all of the $151,000 was expended, it is proposed to roll that funding into this next year’s plan for a total of $158,500.00 for this next fiscal year (2021-2022).

This program is estimated to serve up to 1060 individuals this fiscal year.
Program Description:

Yosemite National Park (YNP) lies within the boundaries of Mariposa County. In 2017 the National Park Service (NPS) employed 1,200 individuals in the summer and 800 individuals in the winter. The concessionaire within YNP employs a significant number of employees both seasonally and annually. YNP is geographically isolated and remote and has little resources in the way of mental health services. This large population remains underserved. It is worth mentioning that in 2016, there were 5,217,144 visitors to Yosemite, a slight decline occurred in subsequent years due to wildfires.

MCBHRS proposes to provide a Clinician onsite to address and promote recovery within the unique community that is Yosemite. Interventions and services will include crisis response, first responder stress, mental health issues, and groups.

This community-based prevention program will provide services and interventions in an effort to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The overall services provided include, but are not limited to group therapy, therapeutic interventions, crisis response, emotional support/wellness groups, educational series, and psycho-education to those working and living in Yosemite National Park.

Proposed activities that are intended to reduce the negative outcomes listed in WIC include: wellness coaching/educational drop in hours (short term need), crisis and support groups, psycho-educational series (e.g. Mindfulness, emotional intelligence), employer/employee consultations regarding mental health, training opportunities for facilitated dialogues (Allies for Inclusion) offered on different topics and park stressors, linkage to community resources (counseling, cal fresh, Health and Human Services Community Assistance Programs, psychiatry), and monthly/quarterly newsletter addressing emotional wellness and links to resources.

Yosemite National Park is an hour and a half from the township of Mariposa, where the majority of mental health services are available. This creates a burdensome access to the mental health system. Providing services and activities within the boundaries of YNP greatly enhances access and availability to services that would reduce negative outcomes that may result from untreated mental illness.

As individuals or their families are identified as being in need of further mental health services, the Clinician will provide direct access and linkage to MCBHRS or other appropriate services. This program facilitates timely access to services for this underserved population by virtue of their accessibility in the community setting. The program is designed and will be implemented in the community setting to reduce stigma by talking openly about mental wellness.
The intended settings of these services will be within the YNP boundaries in an effort to strengthen and elevate access for this underserved population. This creates a less burdensome access to mental health services. Community members would otherwise face a lack of long drive times and a lack of transportation.

**Individuals Served:**
This program is designed to target remote, rural, underserved, and high-risk residents and employees of YNP. An estimate of 75 – 350 people will be served each fiscal year.

**Outcomes and Indicators:**
This program expects to decrease staff suicide rates, unemployment, prolonged suffering, and homelessness (specifically by keeping individuals employed and connected to employee housing and their current community), by providing therapeutic and educational interventions.

The program will utilize the following evidence-based practices:
- mindfulness and meditation
- non-violent communication trainings
- therapeutic modalities
  - Internal Family Systems
  - Emotional Focused Therapy
  - Cognitive Behavioral Therapy
  - Somatic Practices
  - Peer Support and Education

All individuals served by this program will be accounted for through quarterly stats. Pre/post surveys will be given to analyze the duration of symptoms.

The goal of this prevention program is to provide behavioral health interventions and education to increase emotional wellness and resilience. The program is also aimed at reducing the need for longer term counseling services, hospitalizations, or significant impairments to activities of daily living (including the ability to maintain regular employment and housing).

**Budget:**
MCHBRS estimates spending $50,000.00 on the YNP services each fiscal year. This number is expected to remain the same over the next three fiscal years.

*The above amounts are budget estimates based on MHSA revenue projections. The actual expenditures may be lower or higher depending on the actual MHSA revenue received in these future years.*

**FY 2021/2022 Annual Update:**
In the 21/22 fiscal year, this program will largely remain the same as proposed, additionally, this program will utilize more telehealth groups and services when required due to the COVID-19 pandemic. The Contractor will measure the impacts of the
programs provided to indicate a reduction of risk factors or an increase of protective factors by:

1. Providing a two-five-week series of mindfulness and communication psychoeducation groups.
   a. Measure: A decrease of stress of other negative affects at the end of each session measured by a Likert scale.

2. Providing at least three rounds of mental health check-ins for front line staff and first responders by leading mindfulness exercises and utilizing the stress continuum for resiliency levels.
   a. Measure: An increase in identification or utilization of protective factors as indicated by participants movement towards green (high levels of resiliency) on the stress continuum.

3. Providing an annual facilitation of conflict resolution and stress identification for medical staff.
   a. Measure: An increase in identification of personal needs and values as indicated by a post survey.

4. Providing, as needed, informal community connection groups (community chats) to build social supports.
   a. Measure: An increase in level of connection, measured by a Likert scale.

5. Providing a three-four-week series on internal family systems to provide psychoeducation on coping skills.
   a. Measure: An increased awareness of negative affects through psychoeducation as indicated through self-report or qualitative findings.

6. Providing an annual mental health consultation and psychoeducation training for first responders.
   a. Measure: Successfully meeting objectives of psychoeducation by an increase in the knowledge of how to provide resources for someone who may be experiencing crisis or mental/emotional instability as measured by a post survey.

This program is estimated to serve around 410 individuals this fiscal year.
Outreach for Increasing Recognition of Early Signs

Program Description:
Mental Health First Aid (MHFA) is an evidence-based program that MCBHRS implemented in 2014 after stakeholders identified this as need within the community. This program engages and trains first responders to recognize and respond effectively to early signs of mental illness. MCBHRS staff that have been trained as trainers will facilitate these classes.

The objective of this training is to bring awareness of the prevalence and negative impact mental illness can have on an individual, family, and friends. The goal is to share information and resources so that the person leaves the training with an understanding of how to connect someone to mental health resources. The training can also shed some myths of mental illness and increase a sense of compassion for those suffering with untreated mental illness.

Each training informs responders on how to access, and link individuals, to treatment. Trained responders may interface with unserved or underserved populations. Responders are trained in assisting individuals seeking treatment and promoting timely access to services. MHFA has been identified as being a helpful educational tool that respondents can use to: notice the early signs of mental health problems, empower respondents to feel confident in being able to help someone experiencing a mental health problem, and reduce stigma surrounding mental illness in the community and nearby surrounding areas.

The design and implementation of these trainings are intended to reduce stigma and discrimination attached to seeking or receiving services by talking freely about mental wellness.

Trainings are scheduled at various locations across the county to encourage more participation at a location that is convenient for responders. An increase in the number of participants should help facilitate access to services by training more individuals to recognize signs of mental illness.

MCBHRS has two mental health assistants certified to train MHFA that make up the training team.

MCBHRS proposes that this program continue to be funded as stakeholders have expressed how important this program is to our community.

Individuals Served:
MHFA instructors plan to engage with members of the community and nearby surrounding communities to train and educate those individuals on the signs and symptoms of mental illness. Respondents of the MHFA trainings includes, but are not
limited to: first responders (law enforcement, EMS, crisis workers, ER staff etc.), health care workers (including those with a background in mental health), school staff, community members, local businesses including owners and employees, and community youth.

MCBHRS strives to hold 10 training sessions each year: with a minimum of 6 training sessions in a combination of courses specific to youth, adults, first responders, and specific course target populations. MCBHRS estimates that each training will have 10 participants but require a minimum of five people for the training to take place. MCBHRS estimate serving at least 30 individuals a year.

MCBHRS will hold trainings at various locations so that more individuals are reached in a community and environment they are comfortable in.

**Outcomes and Indicators:**
MHFA is listed in the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-based Programs and Practice.

The expected outcomes of MHFA is a comprehensive training program that increases an individual’s knowledge of signs, symptoms, risk factors, protective factors, and confidence to assist someone who may be struggling.

The MHFA program uses pre/post surveys to gather information regarding comprehension, interest, and other comments for improvement. In addition, data collection will be rendered at the completion of the course identifying age, gender, ethnicity, recruitment, and lived experience. The course evaluation was developed by the MHFA training programs.

Pre/post surveys will be utilized to check in with potential responders during the training. The training team will use interactive activities during the training to answer questions and establish rapport. Staff will measure if potential responders feel more confident in recognizing signs and symptoms of mental illness at the completion of the course.

The effectiveness of this program will be demonstrated through the pre/post surveys. Effectiveness will be evident if potential respondents felt more confident responding to a mental health crisis after each training. An increase in the number of participants that are renewing their certification every three years will also indicate the effectiveness of the program. For reference, in the last fiscal year 43 out of 44 participants felt more confident in being able to respond to someone experiencing a crisis.

**Budget:**
MCBHRS estimates spending $10,000.00 on MHFA each fiscal year. This number is expected to remain the same over the next three fiscal years.

*The above amounts are budget estimates based on MHSA revenue projections. The actual expenditures may be lower or higher depending on the actual MHSA revenue received in these future years.*
**FY 2021/2022 Annual Update:**
In the 21/22 fiscal year, MCBHRS plans to roll out the virtual MHFA training to reach all rural areas in the county, and to ensure this needed program is implemented despite the COVID-19 pandemic. Distance and transportation have been large barriers for the community in the past, leading to limited participation from community partners outside of the township of Mariposa. MCBHRS embraced the challenges of using technology during the pandemic to expand the reach across the county.

The outcomes, individuals served, and budget remain the same this coming fiscal year.
Stigma and Discrimination Reduction
Mariposa Minds Matter

Program Description:
Mariposa Minds Matter (MMM) is an integral part of the Behavioral Health Board (BHB). MMM is made up of members of the BHB, consumers, community-based partners, and staff. Activities held throughout the year are designed to reduce stigma in our unique rural community. In 2018, the Committee renamed themselves from the ‘Stigma Reduction Committee’ to the ‘Mariposa Minds Matter Task Force’. This program is designed to welcome community member’s participation in the development of stigma and discrimination reducing activities.

MMM is a program specifically targeted to reduce stigma and discrimination by increasing awareness through education, resources, quizzes, games, demonstrations of sound baths and aromatherapy. This program is expected to increase acceptance, dignity, and inclusion for individuals with mental illness. The intention of the program is to also encourage self-acceptance for those that may be struggling.

MMM is a project-based task force, participating in several events throughout the county ranging from the annual county fair to the local farmers market. The task force will have a booth at several festivals throughout the year in an effort to generate conversations about the stigma and discrimination around mental health. Conversations about stigma (personal, social, and institutional) is a key component to reducing negative feelings, attitudes, beliefs, perceptions, stereotypes, and discrimination related to being diagnosed with a mental illness or receiving services for a mental illness. The booths will provide both verbal and written educational materials on mental health and stigma reduction. Materials will include, but not limited to an emotion wheel, children’s drawing boards and mental health screenings.

Twice yearly, MMM will host community video events to feature a specific mental health diagnosis. These videos will also include a lived experience speaker and handouts.

MMM also plans to provide one booth annually in a heavily trafficked area. This booth will provide information on mental illness, mental health and stigma reduction.

While this program will mainly consist of one-touch encounters, MMM will strive to provide access and linkage, and timely access to services as appropriate for individuals attending events.

The program is designed to be fluid, as far as where the outreach is directed. The objective is to reach as many individuals as possible; in a rural community reaching individuals can often be a challenge. The ability to reach more individuals is enhanced by participating in events that are expected to bring folks to one area, (e.g. the county fair).
**Individuals Served:**
300 people are expected to be served through the community events: the local fair and the farmers markets. In addition, 50 participants are expected to be served through the video presentations.

This is mainly a one-touch encounter strategy; however, give-a-ways will be offered to entice participation.

**Outcomes and Indicators:**
The expected outcomes are a reduction in negative feelings, attitudes, beliefs, perceptions, stereotypes, and discrimination related to being diagnosed with mental illness. The program is also expected to increase acceptance, dignity, and inclusion for individuals with mental illness and their families. It is also expected to encourage self-acceptance for members of the committee.

MMM will collect data at all community events using pre/post surveys to determine the effectiveness in changing attitudes, knowledge, and/or behavioral regarding being diagnosis with mental illness, having a mental illness, and/or receiving mental health services. The MMM will use the data to drive the direction and target of future campaigns.

Pre/post surveys will demonstrate if the stigma reduction interventions effective in bringing about the desired outcomes listed above.

**Budget:**
MCBHRS estimates spending $2,500.00 on the stigma reduction program each fiscal year. This number is expected to remain the same over the next three fiscal years.

*The above amounts are budget estimates based on MHSA revenue projections. The actual expenditures may be lower or higher depending on the actual MHSA revenue received in these future years.*

**FY 2021/2022 Annual Update:**

MMM will continue to hold booths at community events to promote awareness of and participation in mental health and wellness and stigma reduction education and activities. Pre-tests will be given to participants, then they will be provided with brochures and other informing materials with information dispelling popular myths about mental illness to reduce stigma. Then post tests will be given to the participants to determine the effectiveness of intent and information provided.

In addition, MMM will look to explore holding a film event open to the public on subject matter relevant to a current mental health issue to promote education, awareness, and stigma reduction. All COVID-19 safety precautions and guidelines will be observed. A question and answer session will take place after each showing with lived experience participants and mental health professionals leading the discussion. Public participants
will be asked to complete an evaluation at the end of each presentation to determine effectiveness of intent and information provided, and to assist with future presentation areas of interest.

MMM will also begin outreach and explore responsibility of developing a speaker event with the local NAMI branch. Pre and Post surveys will be utilized to gauge impact and satisfaction with the event.

The individuals served, and budget remain the same in this coming year (2021/2022).
Suicide Prevention
Central Valley Suicide Prevention Hotline

Program Description:
The Central Valley Suicide Prevention Hotline (CVSPH) took their first call on January 17, 2013. The hotline operated on a limited basis five days a week for twelve hours each day. In July 2013, CVSPH expanded operations to 24 hours per day, seven days per week, and 365 days per year.

CVSPH is a program administered through CalMHSA on behalf of counties that are participating in the program. It serves as the counties primary suicide prevention hotline. CVSPH operates a 24/7 suicide prevention hotline accredited by the American Association of Suicidology and will continue to answer calls through its participation in the national suicide prevention lifeline which provides interpreters for 150 different languages.

CVSPH serves a culturally diverse group of seven counties in California’s Central Valley: Fresno, Tulare, Kings, Madera, Mariposa, Merced, and Stanislaus. The Hotline is operated by staff utilizing volunteers to minimize cost and maximize efficiency.

The Hotline assists individuals who are looking for resources and education regarding a loved one or friend; provides support for those in crisis and keeps people safe who have suicidal ideation or that are in the process of killing themselves.

The program is designed to help improve access to services by linking callers to the appropriate services. The accessibility of a local hotline providing callers with information and resources ensures that the program is non-stigmatizing and nondiscriminatory.

Individuals Served:
The program is expected to serve 50 individuals per fiscal year.

Outcomes and Indicators:
The expected outcome of this evidence-based practice is to reduce suicide by the accessibility of a local hotline providing timely access to services. The number of callers will be used to indicate a change in attitude and behavior to prevent mental illness-related suicide.

The CVSPH uses the Columbia Suicide Severity Rating scale to screen their callers with the intention of preventing suicide for Mariposa County.

Budget:
MCBHRS estimates spending $7,411.00 on the CVSPH each fiscal year. This number depends on the price charged by the vendor according to our share of the call volume but is expected to remain the same over the next three fiscal years.
*The above amounts are budget estimates based on MHSA revenue projections. The actual expenditures may be lower or higher depending on the actual MHSA revenue received in these future years.

**FY 2021/2022 Annual Update:**
This program will continue to assist individuals who are looking for resources and education regarding suicide. The individuals served, expected outcomes, and budget will remain the same in the 2021/2022 fiscal year.
Suicide Prevention
School Suicide Prevention

Program Description:
School aged youth was identified as one of the most underserved population in Mariposa County. Suicide prevention was identified as one of the most needed programs through the three-year planning and stakeholder process.

MCBHRS proposes funding a school-based suicide prevention program that targets school aged youth. This program is intended to provide youth with education on the signs and symptoms of suicide and to provide crisis intervention if and when necessary.

This program will primarily consist of educational groups on suicide prevention; however, a more targeted intervention may be utilized on a case by case basis.

Individuals Served:
This program is expected to serve approximate 50 individuals per fiscal year.

Outcomes and Indicators:
The expected outcome of this program is to engage youth in conversations about suicide in an effort to provide education and information. The program will be targeted educational groups held in the school setting.

The program will measure a change in attitude, beliefs, behaviors, and knowledge about suicide in several manners. For educational groups a pre/post survey or screening will be utilized to assess for any changes in beliefs or knowledge after the groups. For more targeted crisis interventions a screening tool will be utilized to measure the number of individuals that were successfully de-escalated after intervention as opposed to those that required a higher level of care or hospitalization.

Budget:
MCBHRS estimates spending $40,000 on the school-based suicide prevention program each fiscal year. This number is expected to remain the same over the next three fiscal years.

*The above amounts are budget estimates based on MHSA revenue projections. The actual expenditures may be lower or higher depending on the actual MHSA revenue received in these future years.

FY 2021/2022 Annual Update:
After struggling to get started in the 2020/2021 fiscal year due to COVID-19 and the schools shutting down for a period of time, the goal for this next fiscal year 2021/2022, is to implement a suicide prevention program with a curriculum that focuses on building inner strength in youth and is evidence based, similar to the plan set out prior to the pandemic. This fiscal year, there will be a focus to provide services to school aged
youth, but not necessarily on the school campus. The outcomes, individuals served, and budget remain the same this coming fiscal year.
Each project listed above in the PEI component facilitate and ensure access and linkage to services. As such, MCBHRS has decided to opt out of the access and linkage component. The reporting requirements for this component requires more training and staff time than a very small county has the capacity to implement.

**FY 2021/2022 Annual Update:**
For the 21/22 fiscal year, MCBHRS will continue to opt out of this component. Now, more than ever with the COVID-19 pandemic, the capacity to implement this program and ensure reporting requirements are met would heavily strain the already strained workforce.
### Innovation

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<tr>
<th>Fiscal Year 2020 – 2021</th>
<th>Fiscal Year 2021 – 2022</th>
<th>Fiscal Year 2022 – 2023</th>
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</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>$139,048</td>
<td>$142,159</td>
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**What is Innovation?**

Innovation (INN) projects are designed to find new approaches to improve mental health services, delivery of services, quality of services, or improve outcomes by promoting interagency collaboration.

**Proposed Programs within Innovation (INN):**

- Psychiatric Advance Directives (Multi-County Collaborative) – In Draft
- Virtual Reality – In Draft

**Community Planning Process:**

MCHBRS currently does not have any active Innovation Projects.

MCHBRS is currently working on utilizing stakeholder results from this three-year plan to draft a proposal for an Innovative Project. The proposal will then be posted for a 30-day public review and approved by the local mental health board. Once approved, MCHBRS will take the proposal to the Mariposa County Board of Supervisors for approval.

**FY 2021/2022 Annual Update:**

Mariposa County Behavioral Health Board Members were asked to join the psychiatric advance directive informal presentation held by USC’s Saks Institute on April 7, 2021 (flyers were emailed to members). Board members were also invited to attend the supported decision-making informal presentation April 20, 2021 (flyers were emailed to members). (See Appendix C)

On May 5th, MCHBRS presented a PPT to the Behavioral Health Board on psychiatric advanced directives (PADs) and received input and feedback. (See Appendix G)

Additionally, MCHBRS hosted a virtual innovation stakeholder meeting on May 12, 2021 where community members were invited to learn more about innovation, and to give their input and feedback on proposed strategies to improve mental health services in the community. (See Appendix C, D, and H)

Two stakeholder surveys were posted to our Facebook page to gather more community input and feedback, one on psychiatric advance directives, and another on the use of virtual reality in mental health treatment.
Three-Year Plan (2020 – 2023):
MCBHRS Innovation plan will be finalized in the 20/21 fiscal year. The selected primary purpose and the reasons that the primary purpose is the priority of the county will be included in the innovation plan prior to submission.

MCBHRS will submit the final Innovation Plan and budget to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for final approval in the 20/21 fiscal year.

If the plan is approved by the MHSOAC, MCBHRS will ensure that all phases of the Innovation project includes meaningful stakeholder involvement. Stakeholders will also be included in the evaluation of the Innovation project, and the decision regarding whether to continue the Innovation project, or elements of the project without Innovation funds.

Any Innovation projects will be consistent with all relevant MHSA regulations and standards.
Psychiatric Advance Directives –

Psychiatric Advance Directives (PADs) project is a multi-county collaborative project supported by the MHSOAC focusing on developing advanced directives to improve the response to individuals who may experience a mental health crisis. The idea behind PADs is like that of the healthcare advance directive, that allows individuals the opportunity to identify their care and treatment before a life changing event can occur.

PADs are a form of Supportive Decision-Making (SDM), a decision-making methodology where people work with friends, family members, and professionals who help them understand the situations and choices they face so they may make their own decisions regarding their treatment. The process of developing a PAD, with support from, among others, county mental health professionals, can help people clarify their preferences for treatment so that they will receive appropriate support and care, especially during mental health crisis. When implemented skillfully, a PAD is a powerful tool to increase a person’s quality of care within the mental health and justice-involved settings.

The primary purpose of the PADs project is to increase the quality of mental health services, including measured outcomes. Using PADs, clients will gain autonomy in decision-making toward their mental health care. This project will provide the groundwork for community collaboration, creating PADs Teams, a standardized PADs county “tool-kit,” and evaluate the process and success in engaging clients and non-engaged consumers.

This project really changes the way that mental health treatment is implemented by allowing the consumer a voice and choice before a crisis occurs, so that during a crisis, that individual has laid out what works, what doesn’t work, what makes things worse, and what makes things better. This methodology could really allow for a more effective use of and leveraging resources.

This project is proposed to do the following:

1. Engage the community, consumers, peers, families, consumer advocacy groups, law enforcement, and the judicial system.
2. Develop community-wide standardized training for understanding, accessing, recognizing, and implementing PADs within the community.
3. Create a standardized PAD template.
4. Training for trainers.
5. Draft and advocate for legislation enabling PAD use, accessibility, adherence, and sustainability.
6. Create statewide PADs technology platform.
7. Evaluate the impact of PADs with process and impact data and outcomes.

If PADs are found to be successful in positively affecting consumer outcomes, essentially this project would contribute to learning not only locally, but potentially statewide, and even nationwide.

MCBHRS will continue to develop this project and will work to identify and describe the priority population to utilize PADs. Initially the project could target just the homeless population, our aging population, hospitalized populations etc.

The PADs project will be designed and implemented in a way that is consistent with all relevant MHSA standards.

**Community Program Planning for PADS –**
The local Behavioral Health Board (BHB) was invited to attend two informative listening lessons on April 20, 2021 and May 12, 2021 on supportive decision making and psychiatric advanced directives.

An informative PowerPoint was formally presented to the BHB on PADs. (See appendix for the PPT).

Additionally, MCBHRS hosted a stakeholder meeting on 05/12/2021 where information on the psychiatric advance directives were provided to the participants as well as an opportunity to provide feedback or ask questions. (See appendix H for the PPT)

MCBHRS then posted a survey on our Facebook page to gather more information from stakeholders on the use of psychiatric advance directives and participation in the multi-county collaborative project. The following results were found:

- 100% of participants think there is a need to increase the quality of mental health services provided in Mariposa County.
- 91% of respondents indicated that they, a loved one, or someone they know would be interested in creating a PAD.
- 83% of people believed that integrating PADs would enhance their overall mental health treatment.
- 92% of respondents believed that allowing individuals to identify their treatment upfront, before a crisis occurs, will improve client outcomes. (See appendix I for more results).

Information on this program was presented at the July 16th, 2021 public hearing, where stakeholders were given another opportunity to provide input and feedback on psychiatric advance directives.
This project was approved by the MHSOAC on 06/24/2021.

Stakeholders will be involved at every stage of this project, from project design, implementation and training, and even what information should be collected on a PAD. Once this project reaches the evaluation stage, all information will be presented to stakeholders where they will be asked about the future of the project and if they feel it was successful and if those aspects of the project should continue.
Virtual Reality (VR) –
VR has been used as a tool in therapy and has proven effective in treating anxiety disorders. The idea behind incorporating VR into mental health treatment is to increase engagement and quality of services individuals receive. The use of VR could increase the ability of the treating provider to understand a problem and intervene in real time. This process also allows for a more controlled environment, for example, if a client experiences social anxiety, VR could simulate a social setting allowing the provider to walk the client, in real time, through coping skills without actually having the client in a social setting.

MCBHRS would propose incorporating VR in mental health services with children. The goal is to use this tool to provide psychoeducation, mindfulness, and simulate other environments and experiences that children struggle with.

MCBHRS will continue the stakeholder process for this project, and will request technical assistance, and eventually approval from the MHSOAC before this project is implemented.

Currently there is no budget allocated for this program as MCBHRS is only in the stakeholder stage of this project.
Workforce Education and Training

<table>
<thead>
<tr>
<th>Fiscal Year 2020 – 2021</th>
<th>Fiscal Year 2021 – 2022</th>
<th>Fiscal Year 2022 – 2023</th>
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<tr>
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What is Workforce, Education and Training?
Workforce, Education and Training (WET) is the component of MHSA that aims to reduce the workforce shortages of qualified staff in the mental health field, by supporting, building, retaining and training.

Proposed Programs within Workforce, Education and Training (WET):
❖ There is currently no funding for WET.

Workforce Needs Assessment 2020:
(See full WET Assessment – Appendix)

MCBHRs conducted a WET assessment in January 2020 to determine current workforce shortages and identify hard to fill positions. Staff were asked to complete a short survey identifying their licensure/position, their ethnicity and any language proficiencies. It should be noted that 18% of the current workforce did not respond to the information requested.

Comparability of workforce, by ethnicity, to population receiving public mental health services:

Several ethnic groups were identified as being appropriately represented by the current workforce, however, it appears more work needs to be done to recruit staff that identify as Native American, with zero percent staffing represented. MCBHRs contracts with the American Indian Council to provide mental health services to the Native American population. These contract providers were not included in workforce data listed above. More work needs to be done to determine what other races or ethnicities are being served that fall into the Multi/Race or Other category.

Language Proficiency:
Three staff members self-identified as being proficient in Spanish, and one staff indicted they were proficient in French. Although there is not a large number of staff members proficient in other languages, the majority of consumers are proficient in English, with only the occasional need for Spanish and ASL interpreter. MCBHRS offsets this need by contracting with a certified ASL interpreter and a tele-interpreter language line. Staff are trained annually on the usage of the language line to ensure, when the need arises, staff have access to multiple languages. One area that warrants further exploration is whether Non-English-speaking communities are not seeking out the services they need because of perceived language barriers. Further exploration may be necessary to determine if the need is great enough to offer an incentive for direct service hires with ASL or Spanish language proficiency, or training for current employees in these languages.

**Positions designated for individuals with consumer experience:**
Currently there are two positions designed for individuals with consumer experience. The Wellness Center has a Mental Health Aide, Peer Support position. Mariposa County also has a position for a Peer System Navigator. This position has not formally been filled, historically staff have entered this position, and then moved on to promotional opportunities before this program has had the opportunity to be fully developed. These positions provide an opportunity for consumers and family members to enter the mental health profession, and potentially be promoted through the Mental Health Assistant (I – III) career ladder.

**Other, Miscellaneous:**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0-15 Years</th>
<th>6-11 Years</th>
<th>12-17 Years</th>
<th>18-20 Years</th>
<th>21-24 Years</th>
<th>25-34 Years</th>
<th>35-44 Years</th>
<th>45-54 Years</th>
<th>55-64 Years</th>
<th>65+ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Served</td>
<td>5%</td>
<td>14%</td>
<td>30%</td>
<td>13%</td>
<td>12%</td>
<td>13%</td>
<td>14%</td>
<td>15%</td>
<td>12%</td>
<td>6%</td>
</tr>
</tbody>
</table>

It is notable that Mariposa County’s 65+ age group makes up 27% of the population, and yet the penetration rate for this group is 6%. Forty-eight percent of stakeholders identified the 60+ age range as an underserved population in the community. This could be indicative of the county’s lack of Medicare providers. The older adult age group remains an underserved population for MCBHRS.

**FY 2021/2022 Annual Update:**
The Office of Statewide Health Planning and Development (OSHPD) announced a WET regional partnership grant. MCBHRS falls under the central region and as such have been participating with the region to plan and organize these programs.

MCBHRS is interested in the following programs:
• **Undergraduate College and University Scholarships:** Provides scholarships to undergraduate students in exchange for paid or volunteer work in a local mental health setting. The grantee may consider the following factors in determining the scholarship level: students’ academic aspirations (including certificate, associate degree, and bachelor’s degree), pre-placement training and education received, lived experience, and/or other possible factors. The grantee shall determine the amount awarded and length of volunteer or paid work commitment.

• **Clinical Master and Doctoral Graduate Education Stipends:** Provide funding for post-graduate clinical master and doctoral education service performed in a local PMHS agency. Regional Partnerships would select students in advance of their final year of education and provide funds in exchange for paid or volunteer work in a local mental health setting, giving consideration to applicants who previously received a scholarship. The Grantee shall determine the amount they award and length of volunteer or paid work commitment.

• **Loan Repayment Program:** Provide educational loan repayment assistance to PMHS professionals that the local jurisdiction identifies as high priority in the region, giving consideration to applicants who previously received a scholarship and/or stipend. The Grantee may consider the following factors when determining award amounts: applicants who previously scholarships and/or stipends, educational attainment, the level of unmet need in the community served, and years of service in the PMHS. The Grantee also determines the amount they award and length of volunteer or paid work commitment.

MCBHRS will continue to work with OSHPD and the regional partnership to determine how much funding will be available to Mariposa County. MCBHRS will then work with stakeholders and provide an update to this plan.
Proposed Programs within Capital Facilities and Technology Needs (CFTN):
   - MCBHRS expended all of these one-time funds.
### County: Mariposa

<table>
<thead>
<tr>
<th>Fiscal Year 2021/22</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
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</thead>
<tbody>
<tr>
<td>Community Services and Supports</td>
<td>Prevention and Early Intervention</td>
<td>Innovation</td>
<td>Workforce Education and Training</td>
<td>Capital Facilities and Technological Needs</td>
<td>Prudent Reserve</td>
<td></td>
</tr>
</tbody>
</table>

#### A. Estimated FY 2020/21 Funding

1. Estimated Unspent Funds from Prior Fiscal Years
   - 0
2. Estimated New FY2020/21 Funding
   - 1,405,829
3. Transfer in FY2020/21
   - 0
4. Access Local Prudent Reserve in FY2020/21
   - 0
5. Estimated Available Funding for FY2020/21
   - 1,405,829

#### B. Estimated FY2020/21 MHSA Expenditures

- 2,277,331

#### C. Estimated FY2021/22 Funding

1. Estimated Unspent Funds from Prior Fiscal Years
   - (871,502)
2. Estimated New FY2021/22 Funding
   - 1,405,829
3. Transfer in FY2021/22
   - 0
4. Access Local Prudent Reserve in FY2021/22
   - 0
5. Estimated Available Funding for FY2021/22
   - 534,327

#### D. Estimated FY2021/22 Expenditures

- 2,248,533

#### E. Estimated FY2022/23 Funding

1. Estimated Unspent Funds from Prior Fiscal Years
   - (1,714,206)
2. Estimated New FY2022/23 Funding
   - 1,405,829
3. Transfer in FY2022/23
   - 0
4. Access Local Prudent Reserve in FY2022/23
   - 0
5. Estimated Available Funding for FY2022/23
   - (308,377)

#### F. Estimated FY2022/23 Expenditures

- 2,369,932

#### G. Estimated FY2022/23 Unspent Fund Balance

- (2,678,309)

#### H. Estimated Local Prudent Reserve Balance

1. Estimated Local Prudent Reserve Balance on June 30, 2014
   - 0
2. Contributions to the Local Prudent Reserve in FY 2020/21
   - 0
3. Distributions from the Local Prudent Reserve in FY 2020/21
   - 0
4. Estimated Local Prudent Reserve Balance on June 30, 2015
   - 0
5. Contributions to the Local Prudent Reserve in FY 2021/22
   - 0
6. Distributions from the Local Prudent Reserve in FY 2021/22
   - 0
7. Estimated Local Prudent Reserve Balance on June 30, 2016
   - 0
8. Contributions to the Local Prudent Reserve in FY 2022/23
   - 0
9. Distributions from the Local Prudent Reserve in FY 2022/23
   - 0
10. Estimated Local Prudent Reserve Balance on June 30, 2017
   - 0

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a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.
FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Mariposa
Date: 5/18/21

<table>
<thead>
<tr>
<th>Fiscal Year 2020/21</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<tbody>
<tr>
<td></td>
<td>Estimated Total Mental Health Expenditures</td>
<td>Estimated CSS Funding</td>
<td>Estimated Medi-Cal FFP</td>
<td>Estimated 1991 Realignment</td>
<td>Estimated Behavioral Health Subaccount</td>
<td>Estimated Other Funding</td>
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<td>301</td>
<td>40,110</td>
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<td>0</td>
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<td>3. Peer Support</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>4. Wellness Center</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>2. Wellness Center</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CSS MHSA Housing Program Assigned Funds</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>Total CSS Program Estimated Expenditures</td>
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<td>2,277,331</td>
<td>77,895</td>
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<td>0</td>
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<td><strong>FSP Programs as Percent of Total</strong></td>
<td>101.5%</td>
<td>101.5%</td>
<td>101.5%</td>
<td>101.5%</td>
<td>101.5%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Fiscal Year 2021/22</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimated Total Mental Health Expenditures</td>
<td>Estimated CSS Funding</td>
<td>Estimated Medi-Cal FFP</td>
<td>Estimated 1991 Realignment</td>
<td>Estimated Behavioral Health Subaccount</td>
<td>Estimated Other Funding</td>
</tr>
<tr>
<td><strong>FSP Programs</strong></td>
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</tr>
<tr>
<td>1. Children</td>
<td>1,468,478</td>
<td>1,328,989</td>
<td>139,498</td>
<td>139,498</td>
<td>139,498</td>
<td>139,498</td>
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<tr>
<td>2. Adult</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Peer Support</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Wellness Center</td>
<td>7,500</td>
<td>7,500</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1. Non-FSP Programs</td>
<td>35,364</td>
<td>35,364</td>
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<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>2. Wellness Center</td>
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<td>0</td>
</tr>
<tr>
<td>CSS Administration</td>
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<td>CSS MHSA Housing Program Assigned Funds</td>
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<td>Total CSS Program Estimated Expenditures</td>
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<td><strong>FSP Programs as Percent of Total</strong></td>
<td>108.0%</td>
<td>108.0%</td>
<td>108.0%</td>
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<td>108.0%</td>
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<table>
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<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimated Total Mental Health Expenditures</td>
<td>Estimated CSS Funding</td>
<td>Estimated Medi-Cal FFP</td>
<td>Estimated 1991 Realignment</td>
<td>Estimated Behavioral Health Subaccount</td>
<td>Estimated Other Funding</td>
</tr>
<tr>
<td><strong>FSP Programs</strong></td>
<td>1,007,467</td>
<td>924,655</td>
<td>82,812</td>
<td>82,812</td>
<td>82,812</td>
<td>82,812</td>
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<td>1. Children</td>
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<td>1,402,413</td>
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<td>139,498</td>
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<td>2. Adult</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>3. Peer Support</td>
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<td>4. Wellness Center</td>
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<td>7,500</td>
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<td>0</td>
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<td>0</td>
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<tr>
<td>1. Non-FSP Programs</td>
<td>35,364</td>
<td>35,364</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Wellness Center</td>
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</tr>
<tr>
<td>CSS MHSA Housing Program Assigned Funds</td>
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<td><strong>FSP Programs as Percent of Total</strong></td>
<td>107.6%</td>
<td>107.6%</td>
<td>107.6%</td>
<td>107.6%</td>
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## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
### Prevention and Early Intervention (PEI) Component Worksheet

**County:** Mariposa  
**Date:** 5/18/21

### Fiscal Year 2020/21

<table>
<thead>
<tr>
<th>PEI Programs - Prevention &amp; Early Intervention</th>
<th>Mariposa Program</th>
<th>Estimated Total Mental Health Expenditures</th>
<th>Estimated PEI Funding</th>
<th>Estimated Medi-Cal FFP</th>
<th>Estimated 1991 Realignment</th>
<th>Estimated Behavioral Health Subaccount</th>
<th>Estimated Other Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach for Increasing Recognition</td>
<td></td>
<td>1. Existing operating expenses</td>
<td>143,523</td>
<td>143,523</td>
<td>0</td>
<td>0</td>
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<tr>
<td>of Early Signs of Mental Illness</td>
<td></td>
<td>2. MH First Aid</td>
<td>10,000</td>
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<td>0</td>
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<tr>
<td>Early Intervention</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Stigma Reduction and Discrimination Reduction</td>
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<td>4. Stigma Reduction Activities</td>
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<td>0</td>
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<tr>
<td>Suicide Prevention</td>
<td></td>
<td>5. Central Valley Suicide Prevention Hotline</td>
<td>7,411</td>
<td>7,411</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
<td>6. YNP Services</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Suicide Prevention</td>
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<td>7. School Suicide Prevention</td>
<td>40,000</td>
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</table>

**PEI Administration** 0  
**PEI Assigned Funds** 0  
**Total PEI Program Estimated Expenditures** 404,434

### Fiscal Year 2021/22

<table>
<thead>
<tr>
<th>PEI Programs - Prevention &amp; Early Intervention</th>
<th>Mariposa Program</th>
<th>Estimated Total Mental Health Expenditures</th>
<th>Estimated PEI Funding</th>
<th>Estimated Medi-Cal FFP</th>
<th>Estimated 1991 Realignment</th>
<th>Estimated Behavioral Health Subaccount</th>
<th>Estimated Other Funding</th>
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</thead>
<tbody>
<tr>
<td>Outreach for Increasing Recognition</td>
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<td>of Early Signs of Mental Illness</td>
<td></td>
<td>2. MH First Aid</td>
<td>10,000</td>
<td>10,000</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Early Intervention</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Stigma Reduction and Discrimination Reduction</td>
<td></td>
<td>4. Mariposa Minds Matter</td>
<td>2,500</td>
<td>2,500</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Suicide Prevention</td>
<td></td>
<td>5. Central Valley Suicide Prevention Hotline</td>
<td>7,411</td>
<td>7,411</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
<td>6. YNP Services</td>
<td>50,000</td>
<td>50,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Suicide Prevention</td>
<td></td>
<td>7. School Suicide Prevention</td>
<td>40,000</td>
<td>40,000</td>
<td>0</td>
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</table>

**PEI Administration** 0  
**PEI Assigned Funds** 0  
**Total PEI Program Estimated Expenditures** 432,156

### Fiscal Year 2022/23

<table>
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<tr>
<th>PEI Programs - Prevention &amp; Early Intervention</th>
<th>Mariposa Program</th>
<th>Estimated Total Mental Health Expenditures</th>
<th>Estimated PEI Funding</th>
<th>Estimated Medi-Cal FFP</th>
<th>Estimated 1991 Realignment</th>
<th>Estimated Behavioral Health Subaccount</th>
<th>Estimated Other Funding</th>
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</thead>
<tbody>
<tr>
<td>Outreach for Increasing Recognition</td>
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<td>184,978</td>
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<td>10,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Early Intervention</td>
<td></td>
<td>3. School Services</td>
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<td>151,000</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Stigma Reduction and Discrimination Reduction</td>
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<td>4. Mariposa Minds Matter</td>
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<td>2,500</td>
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<td>0</td>
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</tr>
<tr>
<td>Suicide Prevention</td>
<td></td>
<td>5. Central Valley Suicide Prevention Hotline</td>
<td>7,411</td>
<td>7,411</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
<td>6. YNP Services</td>
<td>50,000</td>
<td>50,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Suicide Prevention</td>
<td></td>
<td>7. School Suicide Prevention</td>
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<td>40,000</td>
<td>0</td>
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**PEI Administration** 0  
**PEI Assigned Funds** 0  
**Total PEI Program Estimated Expenditures** 445,889
## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
### Innovations (INN) Component Worksheet

| County         | Mariposa | Date: | 5/18/21 |

### Fiscal Year 2020/21

<table>
<thead>
<tr>
<th>INN Programs</th>
<th>Estimated Total Mental Health Expenditures</th>
<th>Estimated INN Funding</th>
<th>Estimated Medi-Cal FFP</th>
<th>Estimated 1991 Realignment</th>
<th>Estimated Behavioral Health Subaccount</th>
<th>Estimated Other Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. (new plan TBD)</td>
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<td>0</td>
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<tr>
<td>2.</td>
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<td>0</td>
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</tr>
<tr>
<td>3.</td>
<td>0</td>
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</tr>
<tr>
<td><strong>INN Administration</strong></td>
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<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>Total INN Program Estimated Expenditures</strong></td>
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<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
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### Fiscal Year 2021/22

<table>
<thead>
<tr>
<th>INN Programs</th>
<th>Estimated Total Mental Health Expenditures</th>
<th>Estimated INN Funding</th>
<th>Estimated Medi-Cal FFP</th>
<th>Estimated 1991 Realignment</th>
<th>Estimated Behavioral Health Subaccount</th>
<th>Estimated Other Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Advanced Directives - Multi County</td>
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<td>139,048</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1. Collaborative</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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</tr>
<tr>
<td>3.</td>
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<tr>
<td><strong>INN Administration</strong></td>
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<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>Total INN Program Estimated Expenditures</strong></td>
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<td><strong>139,048</strong></td>
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<td><strong>0</strong></td>
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### Fiscal Year 2022/23

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<th>Estimated INN Funding</th>
<th>Estimated Medi-Cal FFP</th>
<th>Estimated 1991 Realignment</th>
<th>Estimated Behavioral Health Subaccount</th>
<th>Estimated Other Funding</th>
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<td>142,159</td>
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<td>0</td>
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</tr>
<tr>
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<td>0</td>
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</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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</tr>
<tr>
<td><strong>INN Administration</strong></td>
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<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
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<tr>
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<td><strong>142,159</strong></td>
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<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
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</tbody>
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# FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Workforce, Education and Training (WET) Component Worksheet

**County:** Mariposa  
**Date:** 5/18/21

### Fiscal Year 2020/21

<table>
<thead>
<tr>
<th>WET Programs</th>
<th>Estimated Total Mental Health Expenditures</th>
<th>Estimated WET Funding</th>
<th>Estimated Medi-Cal FFP</th>
<th>Estimated 1991 Realignment</th>
<th>Estimated Behavioral Health Subaccount</th>
<th>Estimated Other Funding</th>
</tr>
</thead>
<tbody>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Training and Technical Assistance</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Mental Health Career Pathways Programs</td>
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<td>0</td>
</tr>
<tr>
<td>4. Residency and Internship Programs</td>
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<td>6.</td>
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**Total WET Program Estimated Expenditures:** 0 0 0 0 0 0

### Fiscal Year 2021/22

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<th>Estimated Total Mental Health Expenditures</th>
<th>Estimated WET Funding</th>
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<th>Estimated 1991 Realignment</th>
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<th>Estimated Other Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Workforce Staffing Support</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>2. Training and Technical Assistance</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Residency and Internship Programs</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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**Total WET Program Estimated Expenditures:** 0 0 0 0 0 0

### Fiscal Year 2022/23

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<th>Estimated Behavioral Health Subaccount</th>
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**Total WET Program Estimated Expenditures:** 0 0 0 0 0 0

86
FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

| County: Mariposa | Date: 5/18/21 |

### Fiscal Year 2020/21

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<td>Estimated Other Funding</td>
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**CFTN Programs - Capital Facilities Projects**
1. Family Services Center 0 0 0 0 0 0
2. MHIT 0 0 0 0 0 0
3. 0

**CFTN Programs - Technological Needs Projects**
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2. 0
3. 0

**CFTN Administration** 0

**Total CFTN Program Estimated Expenditures** 0 0 0 0 0 0

### Fiscal Year 2021/22

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**CFTN Programs - Capital Facilities Projects**
1. Family Services Center 0 0 0 0 0 0
2. MHIT 0 0 0 0 0 0
3. 0

**CFTN Programs - Technological Needs Projects**
1. 0
2. 0
3. 0

**CFTN Administration** 0

**Total CFTN Program Estimated Expenditures** 0 0 0 0 0 0

### Fiscal Year 2022/23

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<td>Estimated Other Funding</td>
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**CFTN Programs - Capital Facilities Projects**
1. Family Services Center 0 0 0 0 0 0
2. MHIT 0 0 0 0 0 0
3. 0

**CFTN Programs - Technological Needs Projects**
1. 0
2. 0
3. 0

**CFTN Administration** 0

**Total CFTN Program Estimated Expenditures** 0 0 0 0 0 0
Mariposa County Health and Human Services Prevention and Early Intervention Annual Evaluation

Fiscal Year 2019-2020
Overview:

Mariposa County’s Behavioral Health and Recovery Services (MCBHRS) Prevention and Early Intervention (PEI) Annual Program Evaluation presents summaries and analyses of the seven PEI projects active during the fiscal year (FY) 2019-2020.

PEI is designed to engage individuals and prevent mental illnesses from becoming severe and disabling. PEI projects are also intended to increase the timely access to services for underserved populations. The goal is to reduce adverse outcomes that may be a result of an untreated mental health illness. The following seven programs were constructed with stakeholder participation to address the aforementioned. Each program is designed to be non-stigmatizing and nondiscriminatory.

1. **Yosemite National Park (YNP):** This early intervention program was designed and implemented in 2018 when stakeholders, the National Park Services (NPS), and the Hospitality industry reached out for assistance with mental health services in YNP. A mental health clinician was funded to provide services and interventions, to address and promote recovery and related functional outcomes for mental illness in early emergence by providing counseling and support services. This program is designed to reduce stigma and discrimination by serving people in an environment that connects staff to resources in their workplace.

2. **School Counselors:** Stakeholders identified a need for additional counselors within the school system. School aged youth are identified as a disparity in our county leading to the direct approach of funding additional counselors for students in our county. School counselors provide youth to youth mentoring, social support groups, resilience curriculum, individual counseling, crisis intervention, conflict resolution, assistance and support with anti-bullying curriculum, and youth lead stigma reduction activities. The design and implementation of the activities is in the school setting thus reducing the stigma and discrimination attached to seeking or receiving services.

3. **Drop In Center:** Mariposa Heritage House (MHH) is a safe, healthy, clean and sober support center reaching out to adults and their families, seeking to change their lives. The Drop-in Center was established for homeless and the underserved populations. MHH provides referrals and linkage to community supports and services as well as access to shower facilities, a kitchen, and group rooms seven days a week (8am – 7pm). This component reduces stigma and discrimination by serving people in an environment in which they are comfortable, such as the Drop In Center.
4. **Crisis/Triage Response Assess Crisis (TRAC) Team:** This team connects early in onset, children with emotional disturbance, and adult/older adults with serious mental illness, to medically necessary care and treatment. This is accomplished through the 24/7 TRAC team and a 5-day a week warm line. Additionally, the team does outreach in the community including the local Drop in Center and schools. All of these activities touch the underserved populations in our community, especially those in generational poverty, a population identified in the 2015 Mariposa County Needs Assessments. The program reduces stigma and discrimination by serving people in an environment in which they are comfortable, such as the Wellness Center, the Drop-in Center, schools, and other community locations.

5. **Peer System Navigator:** The system navigator is the access and linkage to treatment component of our prevention and early intervention programs. The system navigator is designed to spend time in various community location, including, the local drop-in center, to provide connections to services and timely access to treatment. This program was initially funded out of WET and is now a prevention program.

6. **Mental Health First Aid:** This evidence-based program provides outreach for increasing recognition of early signs of mental illness and embodies the ideals set forth within PEI. This program engages and trains first responders to recognize and respond effectively to early signs of mental illness. The trainings are held in locations convenient for community members, community partners, consumers and family members. This program focuses on bringing about recovery, wellness, and resilience.

7. **Stigma Reduction Task Force:** The Stigma Reduction Task Force is an integral part of the Behavioral Health Board. The Task Force is made up of members, consumers, community-based partners, and staff. Activities are held throughout the year designed to reduce stigma in our unique rural community. In 2018, the Committee renamed themselves – Mariposa County Minds Matter Task Force. This component is designed to welcome community member’s participation in the development of stigma and discrimination reducing activities.

8. **Central Valley Suicide Prevention Hotline (CVSPH):** In collaboration with this hotline, trainings are provided to MCBHRS staff and community. CVSPH is a means of suicide prevention for the community. The hotline assists individuals who are looking for resources and education regarding a loved one or friend and provides support for those in crisis. Stigma and discrimination are reduced by the anonymity of each phone call. This evidence-based practice reduces suicide by the accessibility of a local hotline, providing timely access to services, and access and linkages to treatment.
Results and analysis of all PEI programs include the perspective of diverse people with lived experience through our local Behavioral Health Board.

Unserved and underserved populations were identified through internal and external needs assessments within our county. Outcomes and indicators for each program were selected because of stakeholder input on what would be the desired outcomes for those unserved and underserved populations. See appendixes for reporting forms and selected indicators for each program.
Yosemite National Park (YNP) lies within the boundaries of Mariposa County. In 2017 the National Park Service (NPS) employed 1,200 individuals in the summer and 800 individuals in the winder. The concessionaire within YNP employs a significant number of employees both seasonally and annually as well. This large population remains underserved. Geographically isolated and remote, YNP has limited resources in the way of mental health services. It is worth mentioning that in 2016, there were 5,217,144 visitors to Yosemite.

NPS and the concessionaire reached out to MCBHRS for assistance with mental health services within the YNP community as there was an increase in the employee suicide rate. MCBHRS provided a clinician onsite to address and promote recovery within the unique community that is YNP.

This community based Early Intervention Program will provide services and interventions to address and promote recovery and related functional outcomes for mental illness in early emergence by providing the following counseling and support activities:

- Individual Counseling
- Wellness Groups
- Crisis intervention
- Early intervention and Linkage to Services
- Education for Families and Employers

Yosemite National Park is an hour and a half from the township of Mariposa, where the majority of mental health services are available; creating a burdensome access to mental health system. Providing the above-mentioned services and activities within the boundaries of YNP, greatly enhances access and availability to services that would reduce negative outcomes that may result from untreated mental illness.
As individuals or their families are identified as being in need of further mental health services, the clinician will provide direct access and linkage to MCBHRS or other appropriate services. This program facilitates timely access to services for this underserved population by virtue of their accessibility in the community setting. By talking openly about mental wellness in the community setting, the program design reduces stigma.

**Method of Collection:** Pre and post surveys were administered through some wellness groups, and sign in sheets.

**Data Collection Period:** Quarterly reports were submitted on the last day of January, April, July, and October.

**Expected Outcomes:** Our expected outcome for this program was to provide early intervention to a remote population of individuals that often remain untreated. This program is also expected to promote timely access to services, access, and linkage by referring individuals when identified as having that need.

**Outcomes:**

1. Reduction in prolonged suffering resulting from untreated mental illness – the number of individuals referred to mental health treatment
   a. Unduplicated: 2
   b. Duplicated: 2

2. Reduction in prolonged suffering by improved mental, emotional, and relational functioning – the number of individuals supported with education for families or employers.
   a. Unduplicated: N/A
   b. Duplicated: 46

3. Reduction in prolonged suffering by improved mental, emotional, and relational functioning – the number or individuals receiving crisis intervention / conflict resolution.
   a. Unduplicated: N/A
   b. Duplicated: 40

4. Reduction in prolonged suffering by improved mental, emotional, and relational functioning – the number of individuals served in wellness groups or workshops with improved recovery and related functioning outcomes as shown in pre/post surveys.
   a. Unduplicated: N/A
   b. Duplicated: 22

5. The number of individuals who received individual counseling
a. Unduplicated: 179  
b. Duplicated: 494

Results and Analysis:
Yosemite National Park is an isolated area with limited resources when it comes to mental health. A Licensed Professional Clinical Counselor provided early interventions to a population that often remains untreated.

Due to the nature of COVID-19, the latter half of the 19/20 fiscal year was primarily individual counseling sessions.

The clinician provided a valuable and important service to the incredibly isolated YNP. Over 181 unduplicated individuals were served in any capacity and 2 individuals were identified as needing to be referred to ongoing mental health services. This is 2 individuals that may have remained underserved or unserved.

There were some overall challenges with the implementation of this program due to COVID-19, not all demographics and sign in sheets were captured. Overall demographic data could be misrepresented.
In 2014, MCBHRS explored how to increase our ability to prevent mental illness amongst children and youth. MCBHRS had conversations with the Mariposa Unified School District surrounding the lack of counseling/support capacity within the elementary schools. At that time the District had only one full-time counselor between 6 elementary schools. This limited capacity made it difficult for the District to detect early warning signs of mental illness and even more difficult to provide support for children and families.

Although data indicated an increase in all areas of service for elementary age children, it became evident from stakeholder feedback and discussions with the District that another counselor was needed in the elementary schools. One counselor was serving 4 schools that are geographically spread out; necessitating long commutes between sites and a decreased overall ability to serve children and families. The feedback and discussions indicated that this population age group is underserved.

Feedback from youth stakeholders and discussions with the School District indicated that a mental health counselor was needed to serve the high school-age population. The feedback and discussions indicated that this population age group was also underserved.

Early in the 2017/18 school year, the local charter school reached out to MCBHRS to request PEI services at their site. The school receives some support from the school district special education department, but their needs exceeded the support available. MCBHRS, with stakeholder agreement, began serving the school in the spring of 2018.

MCBHRS funded 5.5 FTE school counselors for school aged youth, to provide services and interventions to address and promote recovery and related functional outcomes for mental illness in early emergence along with reducing risk factors and building protective factors.
This fiscal year counselors increased the amount of interventions and services during the reporting period. In February the counselors implemented the signs of suicide and ripple effect programs, that taught students to identify whether they themselves or a friend were at risk for suicide or struggling with depression.

Below is a list of groups offered within the school district:

- Suicide awareness
- Coping skills
- 2nd step
- Ripple Effect
  - Anxiety
  - Motivation
  - Cultural differences
  - Active listening
- Social, emotional management
- Academic support
- Suicide prevention / signs of suicide
- Family issues
- Divorce
- Conflict resolution
- Community circle

**Method of Collection:** Sign in sheets, and data from electronic health record. MCBHRS will continue to encourage and support counselors to utilize pre and post surveys for groups, however this proved to be a challenge for schools with COVID-19. See appendixes for reporting forms for this program.

**Data Collection Period:** Quarterly reports were submitted on the last day of January, April, July, and October.

**Expected Outcomes:** Increased access and linkage to services for school aged youth and family member

**Outcomes:**

1. Reduction in prolonged suffering from untreated mental illness- the number of individuals referred to mental health services.
   a. Elementary School: 56
b. High School: 28
2. Reduction in prolonged suffering by improved mental, emotional, and relational functioning - the number of students in groups with improved social functioning as indicated by pre/post surveys.
   a. Elementary School: 1933
   b. High School: 103
3. Reduction in prolonged suffering by improved mental, emotional, and relational functioning – the number of students receiving crisis intervention / threat assessments
   a. Elementary School: 252
   b. High School: 176
4. The number of family members served
   a. Elementary School: 261
   b. High School: 221
5. The number of individuals served
   a. Elementary School: 2095
   b. High School: 399

Results and Analysis:
Since schools closed due to COVID-19 in March 2020, the school communicated with the students through phone calls, emails and social media. The school district made a concerted effort to support students emotionally, academically, and behaviorally in addition to connecting their families to resources available in the community. The school districted also began developing a more consistent way of counseling students both individually and in small groups through distance learning.

COVID-19 limited access to students, and made it more difficult to provider counseling services, some sites have continued sessions via zoom. However, due to our rural community, and some student’s ability to access internet, the ability to participate online via zoom was more challenging.

During the COVID-19 shutdown, counselors continue to meet monthly, to discuss techniques, students of concern, and available community resources.

Even with the challenges the school district faced with COVID-19 and distance learning, there was a significant increase in the number individuals served this fiscal year.
In 2015 MCBHRS contracted with the Alliance for Community Transformations, a Community Based Organization (CBO), to operate a Wellness Center partially funded through MHSA funds. Our community environment has changed along with the population served through this program. In conversation with Alliance and through feedback from our stakeholder’s process, we felt that outreach and engagement of our unserved and underserved population would be best served through shifting this program to a drop-in center. This has proven to be a good partnership as Alliance staff members are leads in our Stigma Reduction Task Force, Mariposa Minds Matter (MMM) and includes the region’s Access Ambassador. Staff are excellent at building relationships and outreach to unserved and underserved population.

**Method of Collection:** Sign in sheets and spreadsheets. See appendixes for reporting forms for this program.

**Data Collection Period:** Quarterly reports submitted on the last day of January, April, July, and October.

**Expected Outcomes:** Our expected outcome for this community-based practice is improved timely access to services for underserved populations who need mental health services.

**Outcomes:**

1. The number of individuals referred to treatment beyond early onset – referrals to MH services.
   a. Unduplicated: 29
   b. Duplicated: 43

2. The number of individuals that engaged in treatment after referral.
   a. Unduplicated: 19
   b. Duplicated: 19
3. The average interval between referral and engagement:
   a. 6.4375 days to treatment this fiscal year.

4. The number of homeless individuals served.
   a. Unduplicated: 346
   b. Duplicated: 7467

5. The number of individuals served.
   a. Unduplicated: 910
   b. Duplicated: 34,910

Results & Analysis:
This population of individuals has always been difficult for MCBHRS to engage; this program speaks to the success they have experienced in not only engaging this hard to reach population, but also encouraging and supporting these individuals to seek mental health treatment. This is evident in not only the number of referrals to mental health services, but also the number of participants that engaged in services after the referral.

Description of ways the program encouraged access to services and follow through on referrals:
During the first quarter staff established a rapport with clients, empowerment, and warm hand-offs. Staff also provides consistent engagement with participants. The program specialists conducted routine and frequent check-ins and follow-up.

COVID-19 resulted in the drop-in center temporarily closing their doors to the public and adapting to a way to provide services. This was a considerable challenge as new communication methods and service deliveries required virtual and technical abilities of which the homeless population doesn’t have much access to.

Challenges/ Successes/ Lessons Learned:
The biggest challenge the drop-in center faced was learning to navigate the virtual world and facilitate staff trainings to deliver the best possible classroom and learning experience.

SUD counselors spent 7 – 8 hours weekly, helping new and existing clients navigate the platforms, testing their equipment and connections.

Some clients have no internet access or electronic devises; clients were provided access at the drop-in center through a computer room and tablet, by appointment.
Component: Access and Linkage to Treatment  
Years Active: 2014 - Current  
Duplicated Individuals Served: 182

In 2014 we created a Crisis/TRAC Team that was partially funded through the SB 82 grant. This team responds with law enforcement, to the jail, to community-based organizations, to schools and to our medical partners, not only during times of crisis, but to intervene in situations before they reach higher levels of crisis. At the end of the SB 82 grant, and with the positive feedback from stakeholders on the continued need for this program, PEI funds supplement the funding of this program, along with Medi-Cal billing.

Method of Collection: TRAC team members gathered data on the crisis forms and outreach forms to capture the required information. Mariposa County Behavioral Health & Recovery Services utilizes the electronic health record and the timeline to services spreadsheet to capture the referral information. See appendixes for reporting forms for this program.

Data Collection Period: Quarterly reports submitted on the last day of January, April, July, and October.

Expected Outcomes: Our expected outcome for this program is improved timely access to services for underserved populations who need mental health services.

Outcomes:
1. The number of individuals referred to mental health.  
   a. 26
2. The number of individuals that followed through and engaged.  
   a. 12
3. The average duration of untreated mental illness.  
   a. N/A – This is not a data point that was captured this fiscal year.
4. The average interval between referral and engagement.  
   a. 4.25 days
Results & Analysis:
During this fiscal year, 182 duplicated individuals were served; of those 182 individuals, 26 were referred for ongoing mental health services.

During the 19/20 fiscal year there was a period where the unit was severely understaffed, and the demographic data was not captured in a way that Quality Assurance could reliably extract the data from the electronic health record. The demographic data on the last page of this report reflects all PEI programs.

Although it is clear that the program is positively impacting those at risk of severe mental illness by identifying those individuals that need to be referred to ongoing mental health services, more analysis could be done to indicate why only a small portion of those individuals referred actually engaged in services.
### Mental Health First Aid

| Component: Outreach for increasing recognition for early signs | Years Active: 2014 - Current | Unduplicated Individuals Served: 46 |

**Method of Collection:**
Post surveys and sign in sheets. See appendixes for reporting forms for this program.

**Data Collection Period:**
Reported at the end of each Mental Health First Aid (MHFA) Training (5 for fiscal year 19/20).

**Types of potential responders engaged:**
Behavioral health staff, general community, community-based organizations, homeless shelter staff, correctional/ jail officers, Health and Human Services staff, In Home Support Services (IHSS).

**Expected Outcomes:**
Our expected outcome for this program is to provide outreach for increasing recognition of early signs of mental illness as well as promoting access to services.

**Outcomes:**
Evaluation indicators are the number of participants that agree or strongly agree that because of the training, they feel more confident that they can:

1. Recognize the signs that someone may be dealing with a mental health problem.
   - a. 46 participants agreed.
2. Assist a person who may be dealing with a mental health crisis seek professional help.
   - a. 44 participants agreed.
Results & Analysis:
MCBHRs hosted 5 mental health first aid trainings in the first half of the 19/20 fiscal year: one youth MHFA, and four adult MHFA courses. Each training informs responders on how to access and link individuals to treatment. Trained responders may interface with unserved or underserved populations and are training in assisting an individual in seeking treatment. It is expected that this will promote timely access to services.

As evident by the post surveys after each training; all participants felt that they were more informed on how to recognize the signs of mental illness, and all but two participants that attended the trainings over the 2019/2020 fiscal year felt that they could assist a person who is dealing with mental health issues or seek help. This indicates the success of the MHFA program in increasing recognition of early signs and symptoms of mental illness.

COVID-19 has significantly impacted the ability to host and provide MHFA in large group settings, no sessions were held in the latter part of the 2019/2020 fiscal year.

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<thead>
<tr>
<th>Recognize Signs and Symptoms of Someone Dealing With a Mental Health Problem?</th>
<th>Assist a Person Dealing With a Mental Health Problem?</th>
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<tbody>
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<td><img src="chart2.jpg" alt="97% Yes, 3% No" /></td>
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</table>
Mariposa Minds Matter

Component: Stigma and Discrimination Reduction
Years Active: 2016 - Current
Unduplicated Individuals Served: Unknown

Method of Collection:
The Program mainly consists of one touch encounters. However, some pre/post surveys were administered at some of the large events. However during COVID-19 this was a struggle.

Data Collection Period:
Data is reported at the end of each event.

Expected Outcomes:
The outcomes for activities are a reduction in negative feelings, attitudes, beliefs, perceptions, stereotypes, and discrimination related to being diagnosed with mental illness. The program is also expected to increase acceptance, dignity, and inclusion for individuals with mental illness and their families. It is also expected to encourage self-acceptance for members of the committee.

Outcomes:
Mariposa Minds Matter (MMM) task force created two written public service announcements that went out over various Facebook sites. One provided information to the community on signs and symptoms of suicide and phone numbers to call 24/7 for assistance. The second public service announcement was in honor of National Recovery Month inviting folks in celebrating those in recovery along with 24/7 phone numbers for those in need. COVID-19 created some struggles for this committee as county fairs, farmers markets and other festivals were cancelled.
Results & Analysis:

MMM task force lost its chairperson in the fall of 2019. The new chairperson took over in January 2020 with the first meeting of new leadership occurring at the end of February. Due to the COVID-19 pandemic, only two in-person meetings took place with the rest being conducted virtually through the end of 2020.

Meetings are held every other week, and the first two months of new leadership were spent recruiting new members as membership had significantly dropped off. MMM also prepared several community events during this time where the plan was to re-acquaint the community to the mission and purpose of the MMM as well as provide education on mental health and wellness, and stigma reduction. However, due to the ongoing COVID-19 pandemic, all in-person community events were cancelled through the rest of the 2020 fiscal year. MMM had to readjust how it was going to meet the goals given these limiting circumstances.

While the committee was successful in shifting gears to more virtual focuses, reporting remained a struggle this fiscal year. The committee was unable to accurately calculate the number of individuals served in this FY.

Membership continued to lag due to outreach challenges due to the pandemic until late 2020 when MMM welcomed members of the community wide communication team created to disseminate information. The task force now has a healthy and active membership.
MCBHS began working with the Central Valley Crisis Suicide Prevention Hotline in 2015.

The Central Valley Crisis and Suicide Prevention Hotline, CVSPH, took their first call on January 17, 2013. The Hotline operated on a limited basis five days a week for twelve hours each day. In July 2013, CVSPH expanded operation to 24 hours per day, seven days per week, and 365 days per year. In January 2014, CVSPH received National Accreditation being recognized as a best practice call center by the American Association of Suicidology. The Hotline is also a member of National Suicide Prevention Lifeline which provides interpreters for 150 different languages.

CVSPH serves California’s Central Valley, a culturally diverse group of seven counties: Fresno, Tulare, Kings, Madera, Mariposa, Merced, and Stanislaus. The Hotline is operated by staff utilizing volunteers to minimize cost and maximize efficiency.

The Hotline assists individuals who are looking for resources and education regarding a loved one or friend, provides support for those in crisis and keeps people safe who have suicidal ideation or that are in the process of killing themselves.

**Method of Collection:**
Tracking of the number of those that call the hotline. The hotline also provides the reason for the calls, demographic information and an evaluation of how many crisis calls were received, cost associated with those calls, and the cost savings of each call.

**Data Collection Period:**
Quarterly reports submitted on the last day of January, April, July and October.

**Expected Outcomes:**
The expected outcome of this evidence-based practice is to reduce suicide by the accessibility of a local hotline providing timely access to services and access to linkage to treatment.
Outcomes:
1. The number of individuals that called.
   a. 23

Results & Analysis:
Central Valley Suicide Prevention Hotline (CVSPH) provides a valuable resource to those in need. CVSPH uses the Columbia Suicide Severity Rating Scale which has been adopted for the National Suicide Prevention Lifeline, to assess risk of callers, this is an evidence-based tool all member use in their assessment of callers.

Of the 23 calls to the hotline,
As our county has been consumed by wildfires, and other natural disasters the 19/20 fiscal year, this hotline has provided a significant wealth of support and information to residents.

Additionally, the hotline estimates that Mariposa County saved approximately $18,764.55 this fiscal year by having this hotline available; providing support to individuals who would otherwise require, crisis stabilization stays, jails, law enforcement response, emergency room visits etc.
### Aggregate Demographic Information for all PEI Components:

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It should be noted that the PEI demographic data reflected in this fiscal year report excludes demographic data for the TRAC/Crisis team. Due to many staff turnovers and inconsistent staffing, demographic data was not captured in a way that could be reliably extracted from our electronic health record.

- Mental Health First Aid only collect age, gender, and race.
- The schools only collect age and race.
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BEHAVIORAL HEALTH BOARD
of Mariposa County
Post Office Box 99
Mariposa, California 95338
(209) 966-2000

MINUTES
July 16, 2020
1:00 to 2:00 p.m.
Health & Human Services Agency – Mariposa Conference Room
5362 Leme Lane, Mariposa, CA 95338

Meeting was also conducted telephonically pursuant to the Governor’s Executive Order N-29-20, which relaxed certain Brown Act provisions.

SPECIAL MEETING
Public Hearing to receive input, consider, and approve submission of the Mariposa County Mental Health Services Act (MHSA) Annual Update 2021-2022 to the Department of Health Care Services (DHCS)

Members Present: Paul Brickett, Olga Leonard, Rosemarie Smallcombe, Matt DiPirro, Ellie McQuarrie

Members Excused: Cpt. Sean Land

Members Absent: Ron Schmidt, Debbie Cook

Guests: None

Quorum: Yes

Staff Present: Laura Glenn, Todd Davidson, Rachel Gren, Janice Braly

I. Meeting was called to order at 1:00 p.m. by Paul Brickett, Chair

II. Introductions: Roll call was performed

III. Purpose of Special Meeting: Paul Brickett stated the purpose of the special meeting today was to conduct a public hearing for presentation of the proposed MHSA Annual Update 2021-2022 by Mariposa County Behavioral Health and Recovery Services (BHRS) to the public, and adoption of the plan by the BHB to submit to the Board of Supervisors for their approval.

IV. Public Hearing Opened: Paul Brickett opened the Public Hearing

V. Presentation: Laura Glenn gave a presentation for the proposed MHSA Annual Update 2021-2022

VI. Feedback Session: Questions regarding the MHSA Plan were answered.
VII. Approval: Rosemarie Smallcombe made a motion to approve the MHSA update 2021-2022; and Ellie McQuarrie seconded the motion. All members of the BHB who were present in-person and telephonically voted “aye,” none were opposed, no one abstained.

VIII. Adoption: The MHSA Update 2021-2022 will be presented to the Board of Supervisors for their approval today by Laura Glenn.

IX. Public Hearing Closed: Paul Brickett closed the Public Hearing

X. Adjournment: Meeting was adjourned at 1:44 p.m.

Submitted,

Donya Evans
Recording Secretary
Board of Supervisors Minutes

Reconvene as Board of Supervisors
10:01 AM Chair Long reconvened the Board meeting.

1. Regular Agenda Items

   1. Sheriff’s Office  RES-2021-474
   Approve a Three Year Illegal Telephone Service Agreement with SCIC to
   Install and Maintain an Internet Communication Operating System; and
   Authorize the Board of Supervisors Chair to Sign the Agreement.
   Jeremy Browne gave the staff report. Board discussion ensued regarding the
   services that will be offered. No public comments.
   
   RESULT: ADOPTED [UNANIMOUS]
   MOVER: Rosemarie Smallcomb, District 1 Supervisor
   SECOND: Wayne Fortho, District 4 Supervisor
   AYES: Smallcomb, Browne, Long, Fortho, Meyer

   2. HHS/Behavioral Health & Recovery Services  RES-2021-475
   Approve Submission of the “Mariposa County 2021-22 Mental Health
   Services Act (MHSA) Annual Plan Update” to the Department of Health
   Care Services (DHCS) and Preventive Early Intervention (PEI) Report for
   Fiscal Years 2021/22. Authorize the Health and Human Services Agency
   Director to Sign the Certifications and Any Subsequent Amendments with
   DHCS with Respect to the MHSA Plan and PEI Report (Subject to Approval
   as a Separate Item by County Counsel); and Authorize the Health and
   Human Services Agency Director to Implement the Activities Within the
   “Mariposa County 2021-22 Mental Health Services Act (MHSA) Annual
   Plan Update” and “Prevention Early Intervention (PEI) Report for Fiscal
   Year 2021/22” Upon DHCS Approved
   Raquel Davis from Human and Health Services Agency (HSHA) Deputy Director of
   Social Services who delivered staff report and introduced Laura Gervin who provided a
   handout and gave the overview of the plan. No public comments.
   
   RESULT: ADOPTED [UNANIMOUS]
   MOVER: Rosemarie Smallcomb, District 1 Supervisor
   SECOND: Tom Sweaney, District 2 Supervisor
   AYES: Smallcomb, Sweaney, Long, Fortho, Meyer
Website Screenshot with Draft Posting

MENTAL HEALTH SERVICES ACT (MHSA) INFORMATION

MARIPOSA COUNTY BEHAVIORAL HEALTH BOARD PUBLIC HEARING 7/6/21 AT 11:00AM PST
NOTICE IS HEREBY GIVEN that the County of Mariposa will conduct a Public Hearing at the special meeting of the Mariposa County Behavioral Health Board on July 6, 2021 at 11:00am or as soon thereafter as the item can be heard. The "Mariposa County Mental Health Services Act (MHSA) Annual Update (2021 - 2022)" will be reviewed during this meeting. The meeting will be held in person at the Board Hearing Room, 5100 Sulion Street, Mariposa, CA, and virtually on Zoom.

Please join the meeting virtually from your computer, tablet or smartphone in Zoom Room 510-9207-7878, passcode 80930, or by clicking on the link –
https://zoom.us/j/91992077878?pwd=MNI4cV1xY21ya2QzUT1ZL3IyF1U2RUTE

You can also dial in using your phone: 1-669-900-6833 Access Code: 80930

Additional information is available on the Notice of Public Hearing pdf.

MENTAL HEALTH SERVICES ACT PLAN FOR FISCAL YEAR 2020 TO 2023
Mariposa Mental Health Services Act Three-Year Plan 2020-2023

MENTAL HEALTH SERVICES ACT DRAFT 2021-2022 ANNUAL PLAN UPDATE
Please review the proposed mental health programs for this next fiscal year. Please feel free to reach out to Laura Glenn at lglenn@mariposacounty.org to provide any feedback on the proposed programs before June 30th, 2021.

2021-2022 Mental Health Services Act DRAFT Annual Plan Update
Appendix

Appendix A: Stakeholder Survey (Page 1 of 7)

2021 - 2021 Mental Health Services Act Stakeholder Survey

Mariposa County Behavioral Health and Recovery Services (MCBHRS) is asking for feedback on the current programs and services for mental health services. Please take a couple of minutes to provide us with your comments.

This survey is voluntary and responses will be anonymous. Responses from this survey will inform the annual update to our Mental Health Services Act (MHSA) Plan.

What is the Mental Health Services Act (MHSA)?

Proposition 63 was passed in November 2004, this act imposes a 1% tax on personal income in excess of $1 million. MHSA’s goal is to reduce the long-term impact on individuals and families resulting from untreated mental illness. MHSA provides funding to support county mental health programs for families, children, and transitional aged youth, adults, and older adults. This survey is for you to provide us with feedback regarding the mental health services available in Mariposa County.

1. What age groups do you feel are most underserved in the community when it comes to mental health services?

☐ 0 - 15 years old
☐ 16 - 25 years old
☐ 26 - 59 years old
☐ 60+
Appendix A: Stakeholder Survey (Page 2 of 7)

2. How true are the following statements about the overall mental health system in Mariposa County?

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<th>Statement</th>
<th>Not true at all</th>
<th>Somewhat true</th>
<th>Mostly true</th>
<th>Very true</th>
<th>Not sure</th>
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<td>Mariposa County has mental health services that meet the needs of the community.</td>
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<td>☐</td>
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<tr>
<td>Mental health services in mariposa county are easy for people to access.</td>
<td>☐</td>
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<tr>
<td>The mental health services provided have been helpful to the community.</td>
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<td>I am satisfied with the current mental health programs and services available.</td>
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</table>

3. What are some mental health activities, programs or services that have been the most helpful to the community?
Appendix A: Stakeholder Survey (Page 3 of 7)

4. What are some mental health related activities, programs or services that can be done better?

5. Please provide any additional comments on the mental health services in Mariposa County.
Appendix A: Stakeholder Survey (Page 4 of 7)

Please Tell Us About Yourself

6. Which of the following best describes you?

- Consumer or consumer family member
- Educator or teacher
- Advocate
- Human services provider
- Health provider
- Law enforcement
- Student
- Veteran
- Homeless
- Community based organization
- Faith based organization
- Other
- Decline to answer

7. What is your age?

- 0 - 15 years old
- 16 - 25 years old
- 26 - 59 years old
- 60+ years old
- Decline
Appendix A: Stakeholder Survey (Page 5 of 7)

8. What is your primary language?
   - English
   - Spanish
   - Other
   - Decline

9. What was your gender assigned at birth?
   - Male
   - Female
   - Decline

10. What is your current gender identity?
    - Male
    - Female
    - Transgender
    - Queer
    - Questioning or Unsure
    - Other Gender Identity
    - Decline
Appendix A: Stakeholder Survey (Page 6 of 7)

11. What is your sexual orientation?
   - Gay or Lesbian
   - Heterosexual or Straight
   - Bisexual
   - Questioning or Unsure
   - Queer
   - Other
   - Decline

12. Are you a veteran?
   - Yes
   - No
   - Decline

13. Do you have any of the following disabilities?
   - Difficulty seeing
   - Difficulty hearing
   - Mental illness
   - Physical / mobility issues
   - Chronic health conditions
   - Other
   - None
   - Decline
Appendix A: Stakeholder Survey (Page 7 of 7)

14. What is your race?
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Native Hawaiian or Other Pacific Islander
   - White
   - Multiple Races
   - Decline

15. What is your ethnicity?
   - Caribbean
   - Central American
   - Mexican/Mexican American - American/Chicano
   - Puerto Rican
   - South American
   - Other Hispanic or Latino
   - African
   - Asian Indian / South Asian
   - Cambodian
   - Chinese
   - Eastern European
   - European
   - Filipino
   - Japanese
   - Korean
   - Middle Eastern
   - Vietnamese
   - Other Non-Hispanic or Latino
   - Multiple ethnicities
   - Decline
Appendix B: Stakeholder PPT (Page 1 of 5)

**Stakeholder Agenda**

01. Welcome and Meeting Objectives
02. Overview of the Mental Health Services Act
03. Community Planning Process
04. Current Mental Health Services
05. Community Input and Discussion
06. Next Steps

**Meeting Objectives**

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</tr>
<tr>
<td>Input</td>
<td>Provide an opportunity for community input on FY 21-22 MHSA programs</td>
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What is the Mental Health Services Act?

- The Mental Health Services Act (MHSA) is Proposition 63 was passed in November 2004, the act imposes a 1% tax on personal income in excess of $1 million.
- MHSA’s goals is to reduce the long-term impact on individuals and families resulting from untreated serious mental illness.
- MHSA provides funding to support county mental health programs for families, children, and transition age youth, adults and older adults.

MHSA Components

Community Services and Supports (CSS)
- Outreach and direct services for serious emotional disturbances or serious mental illness (all ages).

Prevention and Early Intervention (PEI)
- Prevent the development of mental health problems, and screen for and intervene with early signs.

Workforce, Education & Training (WET)
- Build, retain, and train public mental health workforce.

Capital Facilities & Technology Needs (CFTN)
- Infrastructure support.

Innovation (INN)
- Test new approaches that may improve mental health outcomes.

What are the MHSA Requirements?

The MHSA process must include the following:
- Community Collaboration – Stakeholder involvement in all stages
- Cultural competence
- Client driven
- Family driven
- Wellness, recovery, and resilience focused
- Integrated service experiences for clients and their families
Appendix B: Stakeholder PPT (Page 3 of 5)

What is the stakeholder process?

- What is a stakeholder?
  - An individual or entity with an interest in mental health services.
- MHA programs must include stakeholder involvement at every stage of the process.
  - Developing
  - Implementing
  - Planning
  - Evaluating
- The stakeholder process must include education, input and feedback.

Roles and Responsibilities

- **Stakeholders** – Present perspectives and experiences to provide input on how to meet the community’s needs.
- **Behavioral Health** – Develop the MSHA program updates that is reflective of community needs, priorities, and identified strategies.
- **Behavioral Health Board** – Ensure stakeholder involvement, review and advise on the MSHA annual update, and conduct a public hearing.
- **Board of Supervisors** – Review and approve the MSHA annual update.

MHSA Planning Process

- Planning (February – March)
  - Site selection
  - Project planning
  - Organizational planning
- Conduct Stakeholders (March-May)
  - Share information and ideas
  - Share materials and ideas
  - Share feedback
- Joint Administrative (May-June)
  - Develop and interpret the plan
  - Develop the implementation plan
  - Interpret the implementation plan
- Public COMMENT (May-June)
  - Public input
  - Public input
- Public Hearing (June)
  - Public hearing
  - Public hearing
- Approval (July – June)
  - Public hearing
  - Public hearing
Appendix B: Stakeholder PPT (Page 4 of 5)

Mariposa Current MHSA Initiatives

- Community Services and Supports (CSS)
  - Adult and Children Public Service Partnerships
  - Adult Wellness Center
  - Peer Support – Wellness Center

- Prevention and Early Intervention (PEI)
  - Suicide Prevention for School Aged Youth
  - Stigma Reduction Committee – Mariposa Vin.getPosition
  - Mental Health Resilience
  - Central Valley Suicide Prevention Hotline
  - School Services
    - School Mental Health Program: Peer Mentoring
    - School Counseling
    - Trauma Informed
    - Healthy Aging

- Innovation (INN)
  - Currently in Stakeholders – In Development
    - Virtual Reality
    - Telemedicine and Telehealth Services
    - Psychiatric Advanced Practice, NP/PA
    - Trauma-Informed Care in Children’s Mental Health Services

- Workforce, Education, and Training (WET)
  - In development with the central valley regional group.
  - Undergraduate College and University Partnership
  - Group Violence Reduction Graduate Education
  - Stigma
  - Loan Repayment Program

Group Discussion

- HOW WELL DOES THE MENTAL HEALTH SERVICES CURRENTLY BEING OFFERED MEET THE COMMUNITY’S NEEDS?

- HOW CAN WE MAKE MENTAL HEALTH SERVICES BETTER?

INPUT AND FEEDBACK

As we plan for the next year – we need your feedback on the current programs and to identify where we can improve the communities overall mental wellness.

We invite you to take our online survey to share your experience with the mental health programs and services.

174m7olpJL7pGp0JL70oJlG3pJL70oJlGp774X7l6b6y9274y
NEXT STEPS

- Mariposa County Behavioral Health will take this feedback and input to inform the MHSA annual update.
- A draft copy of the update will be posted on our website.
- A public hearing will be scheduled to provide any additional feedback and comments.

LAST MINUTE QUESTIONS OR FEEDBACK??
Psichiatic Advance Directives
Informational Presentation

April 7, 2021
10:00AM-11:30AM

Please join us for an informational session to learn about psychiatric advance directives (PADs).

Mental Health Lawyer and Consumer Advocate Laurie Hallmark will discuss advocacy for people living with serious mental illness. Topics will include the use of PADs as a foundation for Supportive Decision Making and how PADs can assist in the reduction of recidivism within the cycle of incarceration, homelessness, and hospitalization. Ms. Hallmark is employed by the Texas Rio Grande Legal Aid, as a Special Projects Director for Mental Health Programs and is an advisor to the State of California MHSA Multi-county Innovations PADs Project.

Who should attend:
Behavioral Health Advisory Boards and Commissions, Board of Supervisors, Law Enforcement, Public Guardians, County Mental Health Plans, local NAMI

Zoom Information:
You are invited to a Zoom meeting.

When: April 8, 2021 10:00 AM Pacific Time (US and Canada)

Register in advance for this meeting:
https://usclaw.zoom.us/meeting/register/tJMcq-2trD8jE9GLcWC77DAfE6AkM8R5fCeX

After registering, you will receive a confirmation email containing information about joining the meeting.

For additional questions, please contact your county MHSA Coordinator Kiran Sahota at ksahota@conceptsforward.com or USC’s Saks Institute Director Christopher Schnieders at cschnieders@law.usc.edu

Interested Counties:

This presentation is in accordance with the Mental Health Services Act, Community Program Planning Process; CCR, 9 CAADOC § 3200, 3200.960, 3200.270, 3200.90, 3300.3310, 3320 & WIC 5848(a,b,c) & 35042(4).
Supported Decision-Making
Informational Presentation

April 20, 2021
10:00AM-11:30AM

Please join us for an informational session to learn about supported decision-making (SDM).

Mental Health Lawyers and Consumer Advocates will discuss autonomy and choice for people living with serious mental illness. The presentation will focus on understanding Supported Decision-Making (SDM). Speakers include: Elyn Saks (Saks Institute Founder); Jonathan Martinis and Peter Blanck (Burton Blatt Institute); Laurie Hallmark (Texas Rio Grande Legal Aid); and Rayshell Chambers and Tristan Sermin (Painted Brain) — contributors to State of California MHSA multi-county Innovations PADS Project.

Who should attend:
Behavioral Health Advisory Boards and Commissions, Board of Supervisors, Law Enforcement, Public Guardians, County Mental Health Plans, local NAMI chapter and MHSA Stakeholders.

Zoom Information:
You are invited to a Zoom meeting.

When: April 20, 2021 10:00 AM Pacific Time (US and Canada)

Register in advance for this meeting:
https://usclaw.zoom.us/meeting/register/tjwuce6rDkrHdb1H3VDmXuEEdM32RI-Ls4Y

After registering, you will receive a confirmation email containing information about joining the meeting.

For additional questions, please contact your county MHSA Coordinator, USC’s Saks Institute Director Christopher Schnieders at cschnieders@law.usc.edu or Kiran Sahota at ksahota@conceptsforward.com

Interested Counties:
Appendix C: Innovation Stakeholder Flyers (Page 3 of 3)

Mental Health Services Innovation Stakeholders

You are invited to join Mariposa County Behavioral Health and Recovery Services, at the Mental Health Services Innovation Stakeholder Meeting.

This virtual meeting is intended to provide an opportunity for stakeholders to give input and feedback on proposed strategies, as well as share ideas that could improve mental health services in our community.
Those interested in learning about innovation, providing feedback & input are strongly encouraged to attend.

WHEN: May 12, 2021 at 12:00 PM
Attend virtually:
Link: https://zoom.us/j/9469350091?
pwd=bmM3ZVVLmFtOHMyRG5DeGRQVErlrZz09
Phone: 1-669-900-6833
Meeting ID: 946 935 0091
Passcode: 8391
Appendix D: Innovation Stakeholder Surveys on Facebook

MARIPOSA COUNTY
Mental Health Strategies Survey

Mariposa County Behavioral Health and Recovery Services is asking for input and feedback on two proposed strategies that could improve mental health services in the community. Please take a couple of minutes and take our survey.

Survey on Psychiatric Advance Directives: http://ow.ly/Pk5s50ERKkW

Survey on the Use of Virtual Reality in Mental Health Treatment: http://ow.ly/sleC50ERKkU
Mental Health Services Act - Innovation Survey (Psychiatric Advance Directive)

Mariposa County Behavioral Health and Recovery Services receives Mental Health Services Act (MHSA) funding every year specifically to be spent on innovative projects. The innovation component of the MHSA provides opportunities to develop and test new, unproven mental health models or different adaptations of a proven model, and learn something new that may lead to ongoing best practices. This is a brief survey to gather community input and feedback about a new innovation project.

1. Do you think there is a need to increase the quality of mental health services provided in Mariposa County?
   - Yes
   - No
   - Other

2. Which of the following age groups do you believe are the most underserved in Mariposa County?
   - Ages 0 - 15
   - Ages 16 - 25
   - Ages 26 - 59
   - Ages 60+
   - None of the above
Appendix E: Innovation Stakeholder Survey Psychiatric Advance Directives (Page 2 of 8)

Psychiatric Advance Directives (PADs)

The Mental Health Services Oversight and Accountability Commission (MHSOAC) has initiated a project supporting county innovation to test the feasibility of using the psychiatric advance directives (PADs). PADs are a form of supported-decision making that helps reduce the reliance on crisis and involuntary care.

The goal of the project is to help improve access to the appropriateness and quality of care. The goal is to improve positive outcomes for consumers at risk of involuntary care, homelessness, unnecessary hospitalizations, and involvement with criminal justice.

This project is intended to develop community-wide standardized training for understanding the use of the PADs within the mental health system, crisis teams, hospitals, law enforcement, homeless services, and transitional aged youth.

PADs have been shown to improve outcomes, improve treatment satisfaction and even reduce recidivism in jail or hospitalizations. PADs offer greater self-determination, less victimization, and more community integration.

3. Psychiatric Advance Directives have successfully been implemented in other states, while this practice is not new to the world of mental health, it is a new approach for Mariposa County and the State of California. Would you, a loved one, or someone you know be interested in having a psychiatric advance directive?
   - Yes
   - No
   - Other

4. Do you think integrating psychiatric advance directives could enhance mental health services?
   - Yes
   - No
   - Other

5. Do you think allowing individuals to identify their treatment upfront, before a crisis even occurs, will improve their outcomes?
   - Yes
   - No
   - Other
Appendix E: Innovation Stakeholder Survey Psychiatric Advance Directives (Page 3 of 8)

Please Tell Us About Yourself

6. What is your zip code?

7. Which of the following describes you?
   - Consumer or Consumer Family Member
   - Educator / Teacher
   - Community Based Organization
   - Faith Based Organization
   - Advocate
   - Treatment Provider
   - Law Enforcement
   - Veteran
   - Homeless
   - Other

8. What is your current age?
   - 0 - 15 years old
   - 16 - 25 years old
   - 26 - 59 years old
   - 60+ years old
   - Decline to answer
Appendix E: Innovation Stakeholder Survey Psychiatric Advance Directives (Page 4 of 8)

9. What gender were you assigned at birth?
   - Male
   - Female
   - Decline to answer

10. What is your primary language?
    - English
    - Spanish
    - Other
    - Decline to answer

11. Are you a veteran?
    - Yes
    - No
    - Decline to answer
Appendix E: Innovation Stakeholder Survey Psychiatric Advance Directives (Page 5 of 8)

12. Do you have any of the following disabilities?

- Difficulty seeing
- Difficulty hearing
- Mental Illness
- Physical / mobility issues
- Chronic health conditions
- Other
- None of the above
- Decline to answer

13. What is your sexual orientation

- Gay or lesbian
- Heterosexual or straight
- Bisexual
- Questioning or unsure
- Queer
- Other
- Decline to answer
Appendix E: Innovation Stakeholder Survey Psychiatric Advance Directives (Page 6 of 8)

14. What is your current gender identity?
   - Male
   - Female
   - Transgender
   - Queer
   - Questioning or Unsure
   - Other gender identity
   - Decline to answer

15. What is your race?
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Native Hawaiian or Other Pacific Islander
   - White
   - Multiple Races
   - Decline
Appendix E: Innovation Stakeholder Survey Psychiatric Advance Directives (Page 7 of 8)

16. What is your ethnicity?

- Caribbean
- Central American
- Mexican/Mexican American
- Puerto Rican
- South American
- Other Hispanic or Latino
- African
- Asian Indian/ South Asian
- Cambodian
- Chinese
- Eastern European
- European
- Filipino
- Japanese
- Korean
- Middle Eastern
- Vietnamese
- Other non-Hispanic or Latino
- Multiple Ethnicities
- Decline to Answer
Appendix E: Innovation Stakeholder Survey Psychiatric Advance Directives (Page 8 of 8)

17. Please add any additional feedback or information on using psychiatric advance directive as a tool in mental health services.
Mental Health Services Act - Innovation Survey

Mariposa County Behavioral Health and Recovery Services receives Mental Health Services Act (MHSA) funding every year specifically to be spent on innovative projects. The innovation component of the MHSA provides opportunities to develop and test new, unproven mental health models or different adaptations of a proven model, and learn something new that may lead to ongoing best practices. This is a brief survey to gather community input and feedback about a new innovation project.

1. Do you think there is a need to increase the quality of mental health services provided in Mariposa County?
   - Yes
   - No

2. Which of the following age groups do you believe are the most underserved in Mariposa County?
   - Ages 0 - 15
   - Ages 16 - 25
   - Ages 26-59
   - Ages 60+
   - None of the above

3. Do you think more utilization of technology could enhance mental health services?
   - Yes
   - No
Appendix F: Innovation Stakeholder Survey Virtual Reality (Page 2 of 4)

Video on VR

4. Virtual Reality has been used as a tool in therapy and has proved effective in treating anxiety disorders. While this practice is not new to the world of mental health, it is definitely a new approach for Mariposa County. Would you, a loved one, or someone you know be interested in using virtual reality as a tool to enhance therapy?

☐ Yes
☐ No

5. Do you think Virtual Reality could benefit clients receiving mental health services?

☐ Yes
☐ No

Please Tell Us About Yourself

6. Which of the following describes you?

☐ Consumer or Consumer Family Member
☐ Educator / Teacher
☐ Community Based Organization
☐ Faith Based Organization
☐ Advocate
☐ Treatment Provider
☐ Law Enforcement
☐ Veteran
☐ Homeless
☐ Other

7. What is your current age?

☐ 0 - 15 years old
☐ 15 - 25 years old
☐ 26 - 59 years old
☐ 60+ years old
☐ Decline to answer
Appendix F: Innovation Stakeholder Survey Virtual Reality (Page 3 of 4)

8. What gender were you assigned at birth?
   - Male
   - Female
   - Decline to answer

9. What is your primary language
   - English
   - Spanish
   - Other
   - Decline to answer

10. Are you a veteran?
    - Yes
    - No
    - Decline to answer

11. Do you have any of the following disabilities?
    - Difficulty seeing
    - Difficulty hearing
    - Mental illness
    - Physical/mobility issues
    - Chronic health conditions
    - Other
    - None of the above
    - Decline to answer

12. What is your sexual orientation?
    - Gay or lesbian
    - Heterosexual or straight
    - Bisexual
    - Questioning or unsure
    - Queer
    - Other
    - Decline to answer

13. What is your current gender identity?
    - Male
    - Female
    - Transgender
    - Queer
    - Questioning or unsure
    - Other gender identity
    - Decline to answer
14. Please add any additional feedback or information on using virtual reality as a tool in mental health services.

Community feedback is important, so thank you for your input and feedback on using virtual reality as a tool in mental health services.
What is Innovation?

Innovation projects must do one of the following:

- Introduce a mental health practice or approach that is new to the overall system.
- Make a change to an existing practice in the field of mental health, including application to a different population.
- Apply to the MH system a promising community-driven practice or approach that has been successful in non-mental health contexts.

What is the purpose of Innovation?

- To increase access to mental health services to underserved populations.
- To increase the quality of mental health services, including measurable outcomes.
- Promote interagency and community collaboration related to mental health.
- Increase access to mental health services.
Statewide Innovation Project

- The Mental Health Services Oversight and Accountability Commission (MH-SOAC) has initiated a project supporting county innovation to test the feasibility of using Psychiatric Advanced Directives (PADs). PADs are a form of Supported-Decision-Making that helps reduce the reliance on crisis and involuntary care.

- The goal of this project is to help improve access to the appropriateness and quality of care. The goal is to improve positive outcomes for consumers at risk of involuntary care, homelessness, unnecessary hospitalizations, and involvement with criminal justice.

Psychiatric Advance Directive Background

- “ADA Americans with Disabilities Act of 1990 (ADA) guarantees all people with disabilities the "right to fully participate in all aspects of society." A crucial component of the ADA, the “integration mandate” requires state and local governments to provide supports and services to people with disabilities in integrated, community-based settings. 42 U.S.C. § 12101(a)(1), 28 C.F.R. § 35.130(d).”

- Mentally ill individuals continue to cycle through hospitalizations, criminal justice involvement and homelessness.

What is a Psychiatric Advance Directive?

A Psychiatric Advance Directive is similar to the Medical Advance Directives, it is a legal document that allows an individuals to specify instructions or preferences regarding mental health treatment, before a crisis occurs.

Psychiatric Advanced Directives offers clients an opportunity to address issues specific to mental health care and treatment and to identify what works, what doesn't work, and even select a psychiatrist, facility or medication before the need occurs.
Appendix G: PPT to Behavioral Health Board – PADs (Page 3 of 3)

Why a Psychiatric Advance Directive?

- Maximize decision-making
- Prepares in advance of a crisis
- Identify what helps, and what makes things worse
- Identification of providers, hospitals, treatments
- Improves coordination of care and information across systems
- Maximize resources

Next Steps?

- Mariposa is hosting an Innovation Stakeholder meeting on Wednesday, May 12th at 12:00pm to discuss PADs.
- Several additional PADs webinars will be coming up for stakeholder participation – will send out/notice once finalized.
- PAD’s presentation will be made to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in June for approval.

Questions?
Appendix H: INN Stakeholder PPT (Page 1 of 6)

Stakeholder Agenda

| 01 | Welcome and Meeting Objectives |
| 02 | Overview of Innovation |
| 03 | Community Planning Process |
| 04 | Proposed Programs |
| 05 | Community Input and Discussion |
| 06 | Next Steps |

Meeting Objectives

<table>
<thead>
<tr>
<th>Information</th>
<th>Provide information about the Mental Health Services Act (MHSA) and Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update</td>
<td>Provide information on Innovation Projects</td>
</tr>
<tr>
<td>Input</td>
<td>Provide an opportunity for community input on Innovation Projects</td>
</tr>
</tbody>
</table>
What is the Mental Health Services Act?

- The Mental Health Services Act (MHSA) is a proposition (63) that was passed in November 2004, the act imposes a 1% tax on personal income in excess of $1 million.
- MHSA’s goal is to reduce the long-term impact on individuals and families resulting from untreated serious mental illness.
- MHSA provides funding to support county mental health programs for families, children, and transition age youth, adults and older adults.

MHSA Components

- **Community Services and Supports (CSS):**
  - Outreach and direct services for serious emotional disturbances or serious mental illness (all ages).
- **Prevention and Early Intervention (PEI):**
  - Prevent the development of mental health problems, and screen for and intervene with early signs.
- **Workforce, Education & Training (WET):**
  - Build, retrain, and train public mental health workforce.
- **Capital Facilities & Technology Needs (CFTN):**
  - Infrastructure support.
- **Innovation (Inn):**
  - Test new approaches that may improve mental health outcomes.

MHSA Requirements

The MHSA process must include the following:

- Community Collaboration – Stakeholder involvement in all stages
- Cultural competence
- Client driven
- Family driven
- Wellness, recovery and resilience focused
- Integrated service experiences for clients and their families
MHSA Stakeholder Process

- **What is a stakeholder?**
  - An individual or entity with an interest in mental health services.

- **MHA programs must include stakeholder involvement at every stage of the process.**
  - Developing
  - Implementing
  - Planning
  - Evaluating

- The stakeholder process must include education, input, and feedback.

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What is Innovation?

Innovation projects must do one of the following:

- Introduce a mental health practice or approach that is new to the overall system.
- Make a change to an existing practice in the field of mental health, including application to a different population.
- Apply to the MH system a promising community-driven practice or approach that has been successful in non-mental health contexts.

---

What is the purpose of Innovation?

- To increase access to mental health services to underserved populations.
- To increase the quality of mental health services, including measurable outcomes.
- Promote interagency and community collaboration related to mental health.
- Increase access to mental health services.
What is the Innovation Process

Orientation & Innovation Stakeholder Meetings → Draft Innovation Plan → Post Draft for 30 day public comment → Host Public Hearing → Submit documents to the BOS for approval → Submit documents to the HHSOC for approval

Mariposa County Innovation Initiatives

Mariposa County Behavioral Health and Recovery Services is working to develop two innovation projects for the County.

- Virtual Reality
- Psychiatric Advance Directives

Virtual Reality

Virtual Reality has been used as a tool in therapy and has proven effective in treating anxiety disorders. While this practice is not new to the world of mental health, it is definitely a new approach for Mariposa County.

Virtual Reality Video
Virtual Reality

Virtual reality offers the experience of the clinician and the individual working through an issue in real time. Virtual reality would enhance other aspects of treatment such as relaxation and mindfulness as a safe and soothing environment allows for.

Research has shown that virtual reality captivates attention to the extent that other distractions are minimized.

Psychiatric Advance Directive

The Mental Health Services Oversight and Accountability Commission (MHSOAC) has initiated a project supporting county innovation to test the feasibility of using the Psychiatric Advance Directives (PADs). PADs are a form of supported-decision making that helps reduce the reliance on crisis and involuntary care.

The goal of the project is to help improve access to the appropriateness and quality of care. The goal is to improve positive outcomes for consumers at risk of involuntary care, homelessness, unnecessary hospitalizations, and involvement with criminal justice.

Psychiatric Advance Directive

A Psychiatric Advance Directive is like the Medical Advance Directives, it is a legal document that allows an individual to specify instructions or preferences regarding mental health treatment, before a crisis occurs.

Psychiatric Advanced Directives offer clients an opportunity to address issues specific to mental health care and treatment and to identify what works, what doesn’t work, and even select a psychiatrist, facility or medication before the need occurs.
Discussion Forum

- When thinking about innovation, do you think there is a need to increase the quality of mental health services provided in Mariposa County?
- When thinking about virtual reality, do you think integrating technology into Mental Health Services could benefit clients?
- When thinking about PADs, do you think allowing individuals to identify their treatment upfront, before a crisis even occurs, will improve their outcomes?
- Do you believe that the two proposed innovation projects increase the quality of mental health services provided?

Input and Feedback

We need your feedback on the proposed programs. We invite you all to take our online surveys to share your input into the innovation programs and services.

- Virtual Reality
  - [http://www.innhealthcare.net/marin/][1]
- Psychiatric Advance Directives (PADs)

Next Steps

- There will be several additional PADs webinars. If you are interested, please send an email to the email below.
- If you wish to provide more input and feedback on these programs, please send an email to the email below.

Any questions, comments, concerns, and additional feedback can be sent to:

[gpenn@mariposa-ca.gov][3]
Appendix I: INN PADs Survey Results (Page 1 of 6)
Mental Health Services Act - Innovation Survey (Psychiatric Advance Directive)

1. Do you think there is a need to increase the quality of mental health services provided in Mariposa County?
   - Yes: 13
   - No: 0
   - Other: 0

2. Which of the following age groups do you believe are the most underserved in Mariposa County?
   - Ages 0 - 15: 5
   - Ages 16 - 25: 1
   - Ages 26 - 59: 5
   - Ages 60+: 1
   - None of the above: 1

3. Psychiatric Advance Directives have successfully been implemented in other states, while this practice is not new to the world of mental health, it is a new approach for Mariposa County and the State of California. Would you, a loved one, or someone you know be interested in having a psychiatric advance directive?
   - Yes: 11
   - No: 0
   - Other: 1
Appendix I: INN PADs Survey Results (Page 2 of 6)

4. Do you think integrating psychiatric advance directives could enhance mental health services?
   - Yes: 10
   - No: 0
   - Other: 2

5. Do you think allowing individuals to identify their treatment upfront, before a crisis even occurs, will improve their outcomes?
   - Yes: 12
   - No: 0
   - Other: 1

6. What is your zip code?
   - Responses: 11
   - Latest Responses: "95318"

7. Which of the following describes you?
   - Consumer or Consumer Family: 4
   - Educator / Teacher: 1
   - Community Based Organization: 4
   - Faith Based Organization: 0
   - Advocate: 2
   - Treatment Provider: 1
   - Law Enforcement: 0
   - Veteran: 0
   - Homeless: 0
   - Other: 1
Appendix I: INN PADs Survey Results (Page 3 of 6)

8. What is your current age?
- 0 - 15 years old: 0
- 16 - 25 years old: 0
- 26 - 59 years old: 12
- 60+ years old: 0
- Decline to answer: 1

9. What gender were you assigned at birth?
- Male: 0
- Female: 13
- Decline to answer: 0

10. What is your primary language?
- English: 7
- Spanish: 0
- Other: 0
- Decline to answer: 0
- Other: 4

11. Are you a veteran?
- Yes: 0
- No: 12
- Decline to answer: 0
Appendix I: INN PADs Survey Results (Page 4 of 6)

12. Do you have any of the following disabilities?

- Difficulty seeing: 0
- Difficulty hearing: 1
- Mental illness: 1
- Physical / mobility issues: 0
- Chronic health conditions: 4
- Other: 0
- None of the above: 6
- Decline to answer: 1

13. What is your sexual orientation?

- Gay or lesbian: 1
- Heterosexual or straight: 9
- Bisexual: 1
- Questioning or unsure: 0
- Queer: 0
- Other: 0
- Decline to answer: 2

14. What is your current gender identity?

- Male: 0
- Female: 12
- Transgender: 0
- Queer: 0
- Questioning or Unsure: 0
- Other gender identity: 0
- Decline to answer: 1
Appendix I: INN PADs Survey Results (Page 5 of 6)

15. What is your race?
- American Indian or Alaska Native: 0
- Asian: 0
- Black or African American: 0
- Native Hawaiian or Other Pacific Islander: 0
- White: 6
- Multiple Races: 0
- Decline: 1

16. What is your ethnicity?
- Caribbean: 0
- Central American: 0
- Mexican/Mexican American: 0
- Puerto Rican: 0
- South American: 0
- Other Hispanic or Latino: 0
- African: 0
- Asian Indian/South Asian: 0
- Cambodian: 0
- Chinese: 0
- Eastern European: 0
- European: 1
- Filipino: 0
- Japanese: 0
- Korean: 0
- Middle Eastern: 0
- Vietnamese: 0
- Other non-Hispanic or Latino: 3
- Multiple Ethnicities: 1
- Decline to Answer: 2
Appendix I: INN PADs Survey Results (Page 6 of 6)

17. Please add any additional feedback or information on using psychiatric advance directive as a tool in mental health services.

<table>
<thead>
<tr>
<th>Responses</th>
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<tbody>
<tr>
<td>2</td>
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</tbody>
</table>

Latest Responses

/*I would like to see these county mental health resources available in ...*/

<table>
<thead>
<tr>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think Mariposa Co. has to first focus on attaining and retaining good quality, skilled clinicians first and then implement extra tools.</td>
</tr>
<tr>
<td>I would like to see these county mental health resources available in Yosemite National Park as the residents of YNP and El Portal are an often forgotten part of Mariposa County.</td>
</tr>
</tbody>
</table>
To provide feedback on the proposed programs please send an email to lglenn@mariposacounty.org OR plan to attend the Public Hearing.