Mariposa County Mental Health Services Act Annual Update
Fiscal Year 2022-2023

&

Three-Year Prevention and Early Intervention Program Report
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Mariposa County Mental Health Services Act Annual Update
Expenditure Plan 2022 – 2023
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 (MCBHIRS) plans to continue providing mental health services to SMI/SED populations.

- General System Development (GSD): The one Peer Support position assigned to the Wellness Center will continue as well as operation of the Wellness Center funded by MHSA.

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.

- The PEI programs for this fiscal year largely remain in line with the three-year plan.

Workforce, Education and Training (WET)

- MCBHRS is currently participating in the regional collaborative with the central valley regional group to implement a loan repayment program.

Innovation (INN)

- MCBHRS has one approved Innovation Project on psychiatric advanced directives as a collaborative project with several other counties. MCBHRS is currently in the stakeholder process to a second project around virtual reality and will reach out to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for some technical assistance prior to seeking approval. MCBHRS will update this plan once that plan becomes approved.

NOTE: All changes / updates from this point on are indicated in red throughout the document.
MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Mariposa County

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

Local Mental Health Director
Name: Bajit Hundal
Telephone Number: 209-742-0819
E-mail: bhundal@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 Lemee Lane
PO Box 96
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 9 of the California Code of Regulations sections 3409 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.

Bajit Hundal
Local Mental Health Director (PRINT)

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

I hereby certify that for the fiscal year ended June 30, 2021, 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 (6/14/2021) for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund, that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHSA 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)

1 Welfare and Institutions Code Sections 5847(b)(6) and 5892(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)
MHSA COUNTY COMPLIANCE CERTIFICATION

County: Mariposa

<table>
<thead>
<tr>
<th>Local Mental Health Director</th>
<th>Program Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Bajjit Hundal</td>
<td>Name: Bajjit Hundal</td>
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</tr>
</tbody>
</table>

County Mental Health Mailing Address:
5362 Lamee Lane
PO Box 99
Mariposa, Ca 95338

I hereby certify that I am the official responsible for the administration of county mental health services in and for 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 nonsupplantation 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 06/21/2022

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.

Bajjit Hundal
Local Mental Health Director/Designee (PRINT)

Signature: Bajjit Hundal
Date: 06/21/2022
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.

![Medi-Cal Age Distribution - Mariposa Co.](image)

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.

![Medi-Cal Ethnicity Distribution](image)

**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.
21/22 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
FY 21-22 Amendment Planning Process:

**Stakeholder Input / Feedback**  
(Oct. 15th - Nov 8th)  
- Conduct stakeholder meetings
- Receive feedback
- Begin gathering data

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

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

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

**Approval**  
(December - January)  
- 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
FY 22-23 Annual Update Planning Process:

**Planning / Stakeholder Input**
February - April 2022
- Conduct stakeholder meetings
- Receive feedback
- Begin gathering data

**Draft Amendment Update**
April 2022
- Continue to receive stakeholder feedback
- Evaluate all stakeholder feedback
- Plan and execute draft MHSA plan

**Local Public Review**
(May - June 2022)
- Take draft MHSA plan to Behavioral Health Board
- Post draft MHSA plan for 30 days
- Continue to receive feedback/input

**Public Hearing**
(June 2022)
- Behavioral Health Board hosts public hearing
- Stakeholders provide final feedback
- Make edits/additions etc. to draft MHSA Plan

**Approval**
(June 1 - 30th, 2022)
- 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
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.

Feedback was collected beginning in March 2022 and continued through May 2022. MCBHRS held one virtual stakeholder event to provide education and garner feedback. Additionally, MCBHRS held a stakeholder meeting at the Behavioral Health Board on April 6th, 2022, to provide education and ask for feedback. The stakeholder survey was also posted to our Facebook page to illicit more feedback. Collectively 135 surveys were completed during the course of stakeholders.

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.

The Draft MHSA Annual Update for Fiscal Year 2022/2023 was posted for a 30-day public comment period from 05/02/2022 to 06/01/2022.

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.

The Draft plan was posted throughout the community from our county website, our Facebook Page, and in all of MCBHRS clinic lobbies starting on 05/02/2022 and will be posted until 06/02/2022.
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.

At the close of the 30-day public comment period, MCBHRS in collaboration with the Behavioral Health Board hosted a public hearing on 06/01/2022 The public hearing notice was incorporated into the Draft MHSA annual update, as well as being posted in the local newspaper and on our county website.

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.

The final draft of the Fiscal Year 2022-2023 Annual Update and Expenditure Plan was presented to the Board of Supervisors for approval on 06/21/2022. The Board of Supervisors Approved the Plan on 06/21/2022.
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

NOTICE IS HEREBY GIVEN that the County of Mariposa will conduct a Public Hearing at a special meeting of the Mariposa County Behavioral Health Board on June 1, 2022 at 12:00pm or as soon thereafter as the item can be heard. The “Mariposa County Mental Health Services Act (MHSA) Annual Update (2022 – 2023)” will be reviewed during this meeting. The meeting will be held in person at the Health & Human Services Agency, Mariposa Room, 5362 Lemee Lane, Mariposa, CA, and virtually on Zoom. Please join the meeting virtually from your computer, tablet or smartphone in Zoom Room 9930-2630-2769, passcode 096410, or by clicking on this link - https://zoom.us/j/99326302769?pwd=R0xFaEdFY0xOSV1enlk5aUE1dC386z09

You can also dial in using your phone: 1-669-900-6833
Access Code: 096410

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 (2022 – 2023)” and to make comments or suggestions.

A draft copy of the Mariposa County Mental Health Services Act (MHSA) Annual Update (2022 – 2023) is currently available.

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 email Laura Glenn at lglenn@mariposacounty.org 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 Public Hearing virtually 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.
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.

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mariposa County Behavioral Health Board</td>
<td>10/02/2019</td>
</tr>
<tr>
<td>MCBHRS – All Staff meeting</td>
<td>10/03/2019</td>
</tr>
<tr>
<td>Connections Homeless Shelter</td>
<td>10/09/2019</td>
</tr>
<tr>
<td>Mariposa County Sheriff’s Office (Commanders only)</td>
<td>10/30/2019</td>
</tr>
<tr>
<td>Men’s Bible Study</td>
<td>11/04/2019</td>
</tr>
<tr>
<td>Wellness Center</td>
<td>11/04/2019</td>
</tr>
<tr>
<td>Sheriff’s Department (Deputies)</td>
<td>11/06/2019</td>
</tr>
<tr>
<td>HHSA Eligibility Unit</td>
<td>11/06/2019</td>
</tr>
<tr>
<td>Veterans Fair</td>
<td>11/08/2019</td>
</tr>
<tr>
<td>Mercy Ambulance</td>
<td>11/12/2019</td>
</tr>
<tr>
<td>Area 12 Agency on Aging</td>
<td>11/12/2019</td>
</tr>
<tr>
<td>Ethos</td>
<td>11/13/2019</td>
</tr>
<tr>
<td>Senior Center</td>
<td>11/14/2019</td>
</tr>
<tr>
<td>School Board</td>
<td>11/14/2019</td>
</tr>
<tr>
<td>Community Corrections Partnerships</td>
<td>11/15/2019</td>
</tr>
<tr>
<td>School District</td>
<td>11/20/2019</td>
</tr>
<tr>
<td>Living Free Initiative</td>
<td>11/21/2019</td>
</tr>
<tr>
<td>John C. Fremont Hospital (Senior Staff)</td>
<td>11/26/2019</td>
</tr>
<tr>
<td>Yosemite National Park Leadership</td>
<td>12/04/2019</td>
</tr>
<tr>
<td>Local Area Child Care Planning Council</td>
<td>12/09/2019</td>
</tr>
<tr>
<td>Posted to our Facebook Page</td>
<td>10/15/2019</td>
</tr>
<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>
</tr>
</tbody>
</table>
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.

Annual Update Stakeholder Process 2022 -
MCBHRS held a virtual stakeholder meeting on April 1st 2022 at 12:00pm and presented to the Behavioral Health Board on April 6th, 2022 at 12:30pm.

The virtual stakeholder meeting was advertised on our Facebook page and sent to community organizations. The virtual stakeholder meeting in combination with the BHB 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 (2022/2023).

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.

A survey with educational information and questions was posted on the MCBHRS Facebook page to illicit more feedback 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 06/01/2022.
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%.
Annual Update Stakeholder Description 2021 –

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.
Annual Update Stakeholder Description 2022 –

There was a total of 135 respondents to the stakeholder survey, below reflects some of the demographic information of the respondents. The majority of the respondents were between the age 26 – 59 years old (86%). 73% of participants identifies as being born a female, while 22% identified as a male, and 3% declined to provide a gender assigned at birth.

In addition to the demographic information listed below, an overwhelming number of respondents identified their primary language as English (99%), and 82% of participants identified their race as being white or Caucasian while 6% identified as being multiple races.

Participant’s ethnicities of those surveyed are described as follows: 36% identified as being European, 12% identified as being ‘other, non-Hispanic or Latino’, 7% identified as Eastern European, 5% identified as being Mexican/Mexican American, .7% identified as being Central American,75 identified as being South American, .7% identified as being Asian Indian/South Asian, 10% identified as being of multiple ethnicities, and 22% of participants declined to answer the question.

The stakeholders surveyed this stakeholder period was comprised of consumer or family members (28%), advocates (10%), educators (18%), Human Service Providers (4%), Health Providers (5%), Community Based Organizations (4%), law enforcement (5%), 21% of participants stated “other”, while 4% declined to answer the question. While .7% of respondents identified themselves as a veteran, 3% of respondents did answer ‘yes’ when asked if they were a veteran, while 96% indicated ‘no’, and .7% declined to answer the question.

Of the survey respondents 80% identified as being heterosexual or straight, 10% identified as bisexual, 4% identified as queer, 2% identified as gay or lesbian, 4% declined to answer the question, and .7% of participants identified as ‘other’.

Survey respondents were asked to identify if they have any disabilities; 1% identified difficulty seeing, 4% identified as difficulty hearing, 19% identified mental illness, 3% identified physical/mobility issues, 7% identified as having chronic health conditions, 56% identified as having no disability, and 7% of participants declined to answer the survey 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)

<table>
<thead>
<tr>
<th>Service</th>
<th>Average Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide prevention</td>
<td>4.0</td>
</tr>
<tr>
<td>Preventive services</td>
<td>3.7</td>
</tr>
<tr>
<td>Outreach for recognition of early signs</td>
<td>3.5</td>
</tr>
<tr>
<td>Reducing stigma and discrimination</td>
<td>3.4</td>
</tr>
<tr>
<td>Peer support</td>
<td>3.3</td>
</tr>
<tr>
<td>Obtaining education about MH</td>
<td>3.2</td>
</tr>
</tbody>
</table>
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.

![Percentage of Respondents Identifying Services as "Very Needed"](image-url)
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

Annual Update Stakeholder Process 2022 –

Stakeholders were asked which age group they felt was the most underserved in the community when it came to mental health services; 20% of participants identified 0-15 year old’s as being underserved, 26% of participants indicated 16 – 25 year old’s, 34% identified 26-59 year old’s, and 20% of participants indicated 60 years and older as being the most underserved.

![Undererved Age Group](chart)

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. Eighteen percent felt the statement was mostly true, while 45% found the statement somewhat true, 21% stated it was not true at all, 9% said it was very true, and 7% 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-six percent of participants found the statement very true, 29% found the statement mostly true, 15% felt it was somewhat true, 4% found the statement not true at all, and 6% were unsure.

Additionally, they were asked how true they found the following statement, “Mental health services in Mariposa are easy for people to access.” Forty-one percent found the statement somewhat true, 15% found the statement mostly true, while 31% found the
statement not true at all. Four percent felt the statement was very true, and 8% felt the statement were not sure.

Lastly, participants were asked how true the following was, I am satisfied with the current mental health programs and services available.” Twenty-three percent found the statement mostly true, 33% found it somewhat true, 28% found the statement not true at all, 12% felt the statement was very true, and 5% were unsure.

### Mental Health Services

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not sure</th>
<th>Very true</th>
<th>Mostly true</th>
<th>Somewhat true</th>
<th>Not true at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am satisfied with the current mental health programs and services available.</td>
<td>5%</td>
<td>12%</td>
<td>23%</td>
<td>33%</td>
<td>28%</td>
</tr>
<tr>
<td>The mental health services provided have been helpful to the community.</td>
<td>6%</td>
<td>4%</td>
<td>4%</td>
<td>15%</td>
<td>29%</td>
</tr>
<tr>
<td>Mental health services in Mariposa are easy for people to access.</td>
<td>4%</td>
<td>8%</td>
<td>4%</td>
<td>15%</td>
<td>29%</td>
</tr>
<tr>
<td>Mariposa County has mental health services that meet the needs of the community.</td>
<td>7%</td>
<td>9%</td>
<td>7%</td>
<td>18%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Participants were asked to share their feedback on what some mental health activities, programs or services have been the most helpful to the community. Some of the following responses were captured by stakeholder type:

- **Advocates:**
  - Counseling
  - Nothing was available for my elderly friend

- **Community Based Organizations**
  - Mindfulness/IFS/Creative arts workshop, NVM overview and learning about universal human needs and values
  - There is a huge need for more mental health services in the park
  - Consistent stigma reduction efforts, Wellness Center
  - Mountain crisis center, pathos
  - Prevention services through the CBO’s. TRAC and trainings for SO and first responders.
• **Consumer/Family Members:**
  o Marriage and relationship counseling, children’s therapy.
  o Personally, I have participated in a mental health program that I felt was very valuable, which was provided in connection with YNP.
  o Counseling in YNP
  o Some free therapy sessions, an after hours line to call when things come up outside of sessions.
  o I have not been able to access mental health services despite trying, living in YNP is extremely isolated and difficult to get services.
  o Medicine wheel wellness, yoga and meditation

• **Educator:**
  o Really value being able to do therapy with Jenni B as well as the Wellness groups
  o Having services available online as well as in person in remote areas
  o Having a mental health professional IN the community and IN the valley is imperative.
  o Individual and group counseling. Online and in person services.
  o Newsletters and a caring presence on Facebook pages for those who may need to reach out.
  o Yoga, small group services
  o Having a therapist in YNP
  o Youth programs and drop in programs

• **Healthcare and Human Services Providers:**
  o Group sessions, one on one sessions, park located resources.
  o More counselors
  o YNP programs
  o Free consultations, group and individual activities like the mindfulness program.

• **All Others:**
  o Assistance from county funded providers in YNP.
  o Having a therapist available for zoom and in person meetings. Also the fact that it is free makes it all the more appealing.
  o Yosemite Wellness Programs
  o Mental therapy and photography, art therapy, white noise therapy.
  o Availability and promotion raise awareness

Secondarily, participants were asked to share their thoughts on how some services could be done better. Some of the following responses were captured by stakeholder type:

• **Advocates:**
  o Early intervention and addiction/substance use support. More community outreach and regular inclusive meetings.
• Counseling
  o Accept Medicare as a means to pay for MH services. Return phone calls faster, train MH aids in other community resources.

• Community Based Organizations
  o Offered more often
  o More alcohol and smoking cessation support. More local mental health services like therapy/counseling. The demand for counseling is very high in the park.
  o Education and outreach that target low-income housing and senior housing, and provide information and resources, assess needs and link to services.
  o More services for younger children 3-6

• Consumer/Family Members:
  o More practitioners that travel to YNP to offer services, a wider range of practitioners and couple counseling.
  o More outreach, especially to people who don’t know how to get help.
  o More session availability to better match different work schedules
  o Wider range of help and access, more recreation/meditation/movement-based activities.
  o Lack of services for California Health and Wellness Insurance, 2–3-month waitlist.
  o Awareness of what is available and removing stigma of asking for help.
  o Assistance for families with loved ones that have mental health issues.
  o More opportunities for mental health groups for those who are unsure about one-on-one services.
  o Counseling/Therapy, more options should be available.

• Educator:
  o More in person services in the remote areas
  o More information on programs offered. Community groups, grief and mental health therapy.
  o Please continue offering if not increasing availability of mental health services in YNP.
  o More Access, more providers
  o Drug rehab and accountability programs in YNP
  o Childrens programs
  o Youth, dealing with COVID and the anxiety’s that creates.

• Healthcare and Human Services Providers:
  o Better access to one-on-one resources located in YNP.
  o We need more counselors, easier access to mental health services, more diverse programs aimed at prevention and ongoing mental health issues.
  o Linkage to resources at Human Services
  o Done “better” is a challenging question to ask. I think programs and services that are provide are great its just unfortunate that there are not
more of them. Nice when programs are provided for the community as a whole.

- **All Others:**
  - Access to more mental health professionals who are available for those in rural areas of Mariposa.
  - Not enough people know that these services are available to them, advertising.
  - No or low-cost activities.
  - More services in YNP.
  - More access and more providers.

Lastly, participants were asked to provide any additional comments about the mental health services in Mariposa County, this is some of the responses captured by stakeholder type below:

- **Advocates:**
  - Make resources more known
  - Not enough people providing mental health care in Mariposa County, however the ones that do are committed and helpful

- **Community Based Organizations**
  - What Jenni B. offers those who live in Yosemite is priceless
  - Very grateful for the YNP counselor
  - Access to services can be difficult for those struggling with anxiety and depression. Shortening wait times with BH
  - Mental health services are sufficient, and people benefit from them, many clinicians have true passion for their clients and it shows. One thing that I would like to see is more of is veteran focused services. It would be great for our local veterans to know that the supervisor of trac is a veteran himself. This would be huge! The veteran brotherhood is like no other and to know that they have a “brother” who works in the mental health services field may be beneficial and they may be more willing to ask for help. I personally know firsthand several first responders and veterans that did/do not want to ask for help or admit the need for support because “they wouldn’t understand” - meaning the clinicians won’t understand their pain and suffering. Those of us who are not veterans do not have the first inkling about what it is like to go to war, to lose a brother or sister in the flash of an eye, to be away from family for months on end, to know that struggles are happening at home and not be able to get there, to not be home for the holidays but rather eat out of MRE’s in the middle of the dessert while missing the ones you love. To see innocent people die-some in the most heinous of ways and not be able to stop it. To see suffrage like nothing you’ve ever dreamed of seeing. Same goes for our law enforcement. What our officers see on the daily is life changing. To go from trying to save a child by doing CPR for an hour while listening to their
parents scream for you to save their baby-and you not giving up because you don’t want them too, is heartbreaking. Then to have to go to a civil stand by for a couple who is fighting over custody of their children in front of them knowing full and well that that it’s just traumatizing their kids, to going to a medical call or motor vehicle accident, or trying to keep a person safe who just wants to kill themselves only to scream for them to stop as they jump off of a bridge to their death. AND as an Law Enforcement Officer you must go on and live your life as if none of this ever happened. I feel that having specialized unit for first responders would be amazing! Or at minimum having MH services immediately available to LEO’s who have experienced a traumatic event would be crucial.

- **Consumer/Family Members:**
  - Massively underserved in this area, all good practitioners are full
  - Should have easy access and low cost mental health services such as counseling in remote communities
  - The services offered are good, and the counselors and therapists are excellent, I just wish there were more of them and more hours.
  - Full time counselor in YNP.
  - More support and outreach so people see there are options and are more comfortable reaching out.
  - Removing stigma and giving more access to help. Getting consistent mental help was crucial to my recovery and stability.
  - Need additional services and better communication about what services are available and how to access them.
  - Don’t defund mental health services
  - Appreciative of mental health services

- **Educator:**
  - Very grateful for the opportunities that exist!
  - It is important that YNP has proper care. Keep YNP counselor
  - There is at least one therapist that has made me question their counseling ability, treated disrespectfully.
  - Thank you for supporting the mental health services particularly during the pandemic.
  - Stronger stance on abuse of drugs.
  - Truly need to address the needs of the young, to provide for healthy outcomes for all in the future.
  - Lack of providers.
  - Reduce stigma of participating in mental health programs. Mental health is equally as important as physical health.

- **Healthcare and Human Services Providers:**
  - Advertising is critical as park hospitality employees are not always aware of what is offered, no cost and or location.
I live in a remote area where we have very little access to mental health without having to drive over an hour. We need more on site and easier access for those with mental health issues. Prevention programs or educational programs would be beneficial.

- Case management in YNP
- Better funded and more accessible and more support for YNP.

- All Others:
  - Anything is good, but more would be better.
  - More diversity in the staff, as well as being able to communicate in different languages.
  - Continue support in YNP.
  - What they have been doing is wonderful and so helpful. Would be great to have a wider service area and more mental health professionals.
  - Simply not enough services for our community.
  - Love these people and what they do.
  - Everyone is sweet.
  - Services I’ve had are great, we just need more of them.
  - The lack of healthcare in Mariposa County is astounding. Yosemite NP should have mental health providers that work at Yosemite Medical Clinic.

An overwhelming number of individuals identified the need for more providers, more access to services, and more advertising of these services.

**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 “medi-cal age distribution” uses unequal age-range categories (e.g. 18-20, 55-64) and looks at trends over only 12 months.

### Annual Update Substantive Comments and Changes 2022 –

- As noted in the CSS section below, at the public hearing it was noted that the way the numbers were presented in the CSS section it appeared that there was an additional one million in proposed expenditures from the previous fiscal year. Post public hearing a clause was added stating “As noted during the public hearing, the additional one million in proposed expenditures indicated above is due to a slight increase in revenue coupled with a change in the way CSS expenditures have been documented. In the first two fiscal years (2020-2021 & 2021-2022) the amount shown on this page does not include CSS administrative costs, while the amount in the fiscal year 2022-2023 includes CSS administrative costs.”

- Additionally, it was noted that in the school suicide prevention program that we should consider the Wawona school as a geographically isolated school that should also be included in the population. As such, the Wawona school was added to the final draft.
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 2022/2023 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):
- Approved INN Project FY 21/22
  - Psychiatric Advance Directives – Multi County Collaborative
- In draft
  - Virtual Reality

Workforce, Education, and Training (WET):
- FY 2021/2022 - Central Valley Region group to implement the following:
  - Loan Repayment Programs.

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.

**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.
**Language** - The graph below indicates that the penetration rate for the Spanish speaking population remains low across three fiscal years.

![Language Penetration Rates](image)

*Language Penetration Rates*

- **English**
  - FY 18/19: 13%
  - FY 17/18: 13%
  - FY 16/17: 12%

- **Spanish**
  - FY 18/19: 3%
  - FY 17/18: 3%
  - FY 16/17: 1%

- **Other Language**
  - FY 18/19: 20%
  - FY 17/18: 14%
  - FY 16/17: 18%

- **Unknown**
  - FY 18/19: 6%
  - FY 17/18: 9%
  - FY 16/17: 11%
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>
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</thead>
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<td>$1,405,829</td>
<td>$1,405,829</td>
<td>$2,482,947*</td>
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</tbody>
</table>

*As noted during the public hearing, the additional one million in proposed expenditures indicated above is due to a slight increase in revenue coupled with a change in the way CSS expenditures have been documented. In the first two fiscal years (2020-2021 & 2021-2022) the amount shown on this page does not include CSS administrative costs, while the amount in the fiscal year 2022-2023 includes CSS administrative costs.

What is Community Services and Supports?
Community Services and Supports (CSS) overarching purpose is to ensure 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.

Proposed Programs within Community Services and Supports (CSS):
- **Full-Service Partnerships (FSP’s)**
  - a. Adult Services
  - b. Children Services
- **General Systems Development (GSD)**
  - a. Wellness Center
  - b. 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.
Full-Service Partnerships (FSP)

Adult’s Unit
Children’s Unit

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. Strength’s 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>
</tr>
</thead>
<tbody>
<tr>
<td>Children aged (0 – 15)</td>
<td>13%</td>
</tr>
<tr>
<td>Transitional aged youth (16 – 25)</td>
<td>15%</td>
</tr>
<tr>
<td>Adults aged (26 – 59)</td>
<td>57%</td>
</tr>
<tr>
<td>Older adults aged (60+)</td>
<td>15%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>58%</td>
</tr>
<tr>
<td>Female</td>
<td>42%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage Served</th>
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</thead>
<tbody>
<tr>
<td>Cuban</td>
<td>0%</td>
</tr>
<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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</tbody>
</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.

FY 2022/2023 Annual Update:
Estimated Cost Per Person Adult’s Unit: $32,201.90

Estimated Cost Per Person Children’s Unit: $34,091.95

For the 2020/2023 fiscal year MCBHRS will continue to provide services to all ages through the FSP program. All partners will be assigned a Personal Care Coordinator and attend team meetings. MCBHRS will continue to use a hybrid model of service
delivery of telehealth and in-person services implemented as a result of the COVID-19 pandemic.

The FSP program is expected to serve 50 individuals annually, and the percentages estimated remain the same. This is an estimated break down of the number of individuals expected to be served by age group.

- Children (0-15): 10
- Transitional Age Youth (16-25): 10
- Adults (26-59): 25
- Older Adults (60+): 5

The proposed activities and the MHSA budget (Children’s Unit -$681,839.00, and Adults Unit- $966,056.00) remain the same for the 2022/2023 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 remaining the same this coming fiscal year.

**FY 2022/2023 Annual Update:**
Estimated Cost Per Person: $625.00

The Wellness Center has experienced fluctuations with the mode of delivery of this program due to the COVID-19 pandemic. Due to the pandemic the Wellness center shifted to using a virtual platform which the community did not respond well to a virtual platform reflecting low attendance in the 21-22 fiscal year. This coming fiscal year (22-23) MCBHRS has prioritized a return to in-person Wellness Center activities scheduled
for Monday, Wednesday, and Fridays 1:00pm – 4:00pm. The Wellness Center provides activities in the North County wellness center on Fridays. The goal of this coming fiscal year (22-23) is to increase advertising and outreach activities in the North County area. The individuals served (12 per day) and the budget ($7,500.00) remain the same for the 2022-2023 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.

FY 2022/2023 Annual Update:
Estimated Cost Per Person: $1,179.00

The Peer Support Specialist completed Mental Health First Aid (MHFA) training in November 2021 and completed a 90-hour peer support training in December 2021. In the coming fiscal year (22/23) the Peer Support will increase their skillset by shadowing a Mental Health Assistant III one time per week. The Peer Support will continue to organize and directly facilitate activities at the Wellness Center three times per week and perform other outreach activities to increase community and client engagement at MCBHRS. These activities are aimed to bolster an prepare the Peer Support to the next step on the Mental Health Assistant career ladder.

In fiscal year 2022-2023 this staff member is expected to serve 30+ members of the community.

The budget for this program remains the same at $35,364.00 for the 2022-2023 fiscal year.
**Prevention and Early Intervention**

<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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<tbody>
<tr>
<td>$374,000</td>
<td>$374,000</td>
<td>$533,003</td>
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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.
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 proved 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 – 12\textsuperscript{th}. 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.

FY 2022/2023 Annual Update:
Estimated Cost Per Person: $133.00

Enrichment Activities: This program will continue to provide enrichment activities 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. The enrichment activities include:

- **Self-Esteem Building**
  - The activity will remain the same this fiscal year and will run two days per week for 33 weeks and is expected to serve up to 20 students per group.

- **Introduction into Clinical Skills**
  - The activity will be provided for identified at-risk youth that are struggling to engage with teachers, family members, and/or peers in a health and productive manner. The group course content would include but is not limited to introduction into clinical skills such as active listening and empathic responding, healthy communication, implementation of healthy coping skills, peer-mentoring, and problem solving/resolution techniques.
  - This activity will be led in groups of up to 50 students and includes 30 sessions.

- **Horse Therapy**
  - This activity will remain the same this fiscal year and is expected to serve up to 30 students.

- **Outdoor Recreation Program**
  - This activity is a preventative mental health program in which outdoor recreation is used as a medium for health and healing. This activity is geared towards cultivating increased awareness of the mind/body connection and the use of healthy coping skills using mindfulness-based practices and connection to nature.
  - This activity is expected to serve up to 120 students annually.

- **Cognitive Behavioral Interventions for Trauma in Schools (CBITS)**
  - This is an evidence-based program developed in Los Angeles to help kids learn and develop healthy coping strategies for extreme stress and trauma. This program is designed to last 10 weeks and consists of 10
group sessions, 3 individual sessions, 2 caregiver sessions, and an informational teacher session.

- This activity is expected to serve up to 20 students annually.

**Student Check-Ins:** In addition to the enrichment activities list above, this program will also consist of student check-ins that will be provided to youth identified by MCUSD as needing or requesting further services. This program will continue to include an aspect of teacher/student conflict resolution and reintegration. This program is expected to serve up to 192 one-time contacts and of those 40 ongoing.

**Teacher/Staff Training:** This program activities, individual served (700), and outcomes/indicators will remain the same this fiscal year.

The outcomes and indicators for all the enrichment activities will remain the same – to measure and see a decrease in the severity of depression and anxiety as indicated by a lower score on the PHQ-2 and GAD-2. The outcomes and indicators for the student check-ins will remain the same – to measure and see a decrease in the severity of depression and anxiety as indicated by a lower score on the PHQ-2 and GAD-2.

This program is expected to serve up to 1,132 individuals annually.

The expected budget for this coming fiscal year (22/23) is estimated at $151,000.00
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:**
MCBHRS 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 participates 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.

**FY 2022/2023 Annual Update:**
**Estimated Cost Per Person: $134.00**

In the 22/23 fiscal year this program will include the following activities:

- Yosemite Hospitality:
  - Community Building/Healthy Minds
  - Creative Arts Program Workshop Series
  - Front Line & Management Stress/Wellness Check-ins
- Yosemite National Park Service (NPS):
- Law Enforcement / First Responder Suicide Prevention Program
- Front Lines Stress / Wellness Check-Ins
- Search and Rescue Stress Continuum (Valley)
- Search and Rescue Stress Continuum (Tuolumne)
- All Community Events:
  - Emotional Intelligence Workshops
  - Mindfulness and Communication Series
  - Mindfulness and Communication Series Follow-Up
  - Healthy Couples Workshop
  - Crisis / Natural Disaster / Suicide Response

The outcomes/indicators that will be measured to indicate a reduction of risk factors or an increase of protective factors include the following:

1. An increase in protective factors as indicated by a post survey.
   a. Protective factors include coping skills, mindfulness or meditation exercises, visualizations, increase in social networks, learning at home interventions, learning positive communication styles, increase in personal insight, identification of personal needs and values.

2. An increase in level of connection, as indicated by a post survey or Likert scale.

3. A decrease of negative effects at the end of each session measured by a post survey or Likert scale.
   a. Negative effects include stress, isolation, anxiety, disconnection, and depression.

This program is expected to serve up to 373 individuals annually and the estimated budget remains the same at $50,000.00
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.

**FY 2022/2023 Annual Update:**
Estimated Cost Per Person: $334.00

This program will largely remain the same this coming fiscal year (22/23) with a combination of virtual and in person sessions. This program is expected to serve up to 30 individuals annually and will hold a minimum of 4 trainings each year.

The budget ($10,000.00) will remain the same.
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
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).

**FY 2022/2023 Annual Update:**
Estimated Cost Per Person: $5.10

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. Participants will be provided with brochures, handouts and other informational materials dispelling popular myths about mental illness to reduce stigma including mental illness facts and statistics; types of involved stigma; and how both individuals and communities can work to reduce such stigma. Then post tests will be given to the participants to determine the effectiveness of intent and information provided.

MMM will continue to conduct informational sessions with posttest surveys to at least two local community groups in the upcoming year. In addition, MMM will look to explore holding at least one 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. Surveys will be utilized to gauge impact and satisfaction with the event. Mariposa Minds Matter will continue to participate in education and awareness campaigns through social media projects throughout the year.

There is a proposed budget of $1,786.00

The individuals served (350) remain the same for this coming year (2022/2023).
**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.

**FY 2022/2023 Annual Update:**
Estimated Cost Per Person: $73.82
This program will remain the same this coming fiscal year (22/23) and will continue to assist individuals who are looking for assistance regarding suicide.

The proposed budget for this program is $3,691.00

The individuals served (50) and the outcomes and indicators will remain the same in the 2022/2023 fiscal year.
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.

**FY 2022/2023 Annual Update:**
Estimated Cost Per Person: $400.00

This program will implement a suicide prevention program with a curriculum that is evidence based and provides youth with education on the signs and symptoms of suicide. This program will consist of monthly group services throughout the school year that include psychoeducation and social-emotional programming.

This program is designed to provide services to the outlying and isolated schools within Mariposa County (Yosemite, El-Portal, Don-Pedro, Greely Hill, Catheys Valley and Wawona).

The outcomes/indicators, the expected number of individuals served (50) and the budget ($20,000.00) will remain the same this coming fiscal year.
Access and Linkage

Opt Out

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.

FY 2022/2023 Annual Update:
For the 22/23 fiscal year, MCBHRS will continue to opt out of this component. Now, more than ever with the COVID-19 pandemic and staffing shortage, the capacity to implement this program and ensure reporting requirements are met would heavily strain the already strained workforce.
### Innovation

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<thead>
<tr>
<th>Fiscal Year 2020 – 2021</th>
<th>Fiscal Year 2021 – 2022</th>
<th>Fiscal Year 2022 – 2023</th>
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<tbody>
<tr>
<td>$ 0.00</td>
<td>$139,048</td>
<td>$113,115</td>
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</table>

**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)
- Virtual Reality – In Draft

**Community Planning Process:**

MCBHRS currently does not have any active Innovation Projects.

MCBHRS 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, MCBHRS 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 emails 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, MCBHRS presented a PPT to the Behavioral Health Board on psychiatric advanced directives (PADs) and received input and feedback. (See Appendix G)

Additionally, MCBHRS 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.

**FY 2022/2023 Annual Update:**
Stakeholders for Innovation was incorporated into the annual stakeholder process for the annual update.
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 if 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.

**FY 2022/2023 Annual Update:**

MCBHRS will continue to participate in the multi-county collaborative on the PADs project. MCBHRS estimates the budget of $113,115 to be expended in the 22/23 fiscal year.
**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.

**FY 2022/2023 Annual Update:**

MCBHRS wrapped up stakeholder review and input for this project and is currently working with the MHSOAC to ensure this project proposal is developed and complete before submitting the request for approval.

There is currently no budget for this project as it has not been approved by the MHSOAC.
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>
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<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>
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</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.
**Workforce, Education & Training**

**Regional Loan Repayment Program**

**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:

- **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.

Eligible Professions will apply through a centralized application through OSHPD. The following are eligible professions:

- Licensed/Associate Clinical Social Worker
- Licensed /Associate Marriage and Family Therapist
- Licensed/Associate Professional Clinical Counselor
- Licensed Psychiatrist
- Psychiatric Mental Health Nurse Practitioner
- Licensed Clinical Psychiatric Pharmacist

**Budget:**

Health Care Access and Information (HCAI) (formally OSPHD) is providing grants to counties through an MHSA match. Counties must provide their match to the region by 2024. Mariposa County will receive $52,509.00 in HCAI WET grant funds for specific WET efforts to be utilized in the 2021/2022 fiscal year.

**FY 2022/2023 Annual Update:**

MCBHRS will continue to work with our partners at HCAI, CalMHSA, and our central region collaborative to ensure that we continue to award participants educational loans in exchange for a paid work commitment.
MCBHRS initially anticipated expending all of these funds by the end of the 2021-2022 fiscal year, however due to a late start we estimate a remaining budget of $30,660 for fiscal year 2022-2023.
Capital Facilities and Technology Needs (CFTN)

<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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Proposed Programs within Capital Facilities and Technology Needs (CFTN):
  ❖ None
### Community Services and Supports (CSS):

<table>
<thead>
<tr>
<th>Fiscal Year 2022/23</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<th>F</th>
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<tbody>
<tr>
<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><strong>FSP Programs</strong></td>
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<td></td>
<td></td>
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<td>1. Children</td>
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<td>621,523</td>
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<td>34,111</td>
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<tr>
<td><strong>Non-FSP Programs</strong></td>
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<td>792,188</td>
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<td><strong>FSP Programs as Percent of Total</strong></td>
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### Prevention and Early Intervention (PEI):

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<thead>
<tr>
<th>Fiscal Year 2022/23</th>
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<th>C</th>
<th>D</th>
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<th>F</th>
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<tbody>
<tr>
<td>Estimated Total Mental Health Expenditures</td>
<td>Estimated PEI Funding</td>
<td>Estimated Medi-Cal FFP</td>
<td>Estimate 1991 Realignment</td>
<td>Estimated Behavioral Health Subaccount</td>
<td>Estimated Other Funding</td>
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<td><strong>PEI Programs - Prevention &amp; Early Intervention</strong></td>
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<tr>
<td>Mariposa Program</td>
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<td></td>
</tr>
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<td>1. Existing operating expenses</td>
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<td>0</td>
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<td>0</td>
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<tr>
<td>Outreach for Increasing Recognition of Early Signs of Mental Illness</td>
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<td>2. MH First Aid</td>
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<td>Early Intervention</td>
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<tr>
<td>3. School Services</td>
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### Innovation (INN):

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<th>INN Programs</th>
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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>
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### Workforce, Education, and Training (WET):

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Mariposa County Health and Human Services
Prevention and Early Intervention Three-Year Report

Fiscal Year: 18/19 & 19/20 & 20/21
Mariposa County Health and Human Services Three-Year PEI Evaluation

Overview:

Prevention and Early Intervention (PEI) programs are partially intended to prevent a serious mental illness by promoting strategies that reduce risk factors and prevent mental illness from becoming severe and disabling. PEI programs are also designed to improve timely access to services and to provide a better understanding of recognizing early signs of mental illness. PEI is made up of six categories: Early Intervention, Prevention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, Stigma and Discrimination Reduction, and lastly Suicide Prevention.

Executive Summary:

Mariposa County’s Behavioral Health and Recovery Services (MCBHRS) PEI Three-Year Program Evaluation presents summaries and analyses of the PEI projects active during the following fiscal years (FY) 18/19, 19/20, 20/21.

PEI is designed to engage individuals and to reduce adverse outcomes that may be a result of an untreated mental health illness. The following programs were constructed with stakeholder participation to address the aforementioned. Each program is designed to be non-stigmatizing and nondiscriminatory.

1. Yosemite National Park (YPN):
   Active: 18/19, 19/20, 20/21
   This early intervention and prevention 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 District Counselors:
   Active: 18/19, 19/20
   In 2018 Stakeholders identified a need for additional counselors within the school system. School aged youth were identified as a disparity in our county leading to the direct approach of funding additional counselors for students in our county. School counselors provided 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 were in the
school setting thus reducing the stigma and discrimination attached to seeking or receiving services.

3. **Drop-In Center:**
   **Active: 18/19, 19/20**
   Mariposa Heritage House (MHH) provided 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 provided 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 reduced stigma and discrimination by serving people in an environment in which they were comfortable, such as the Drop-in Center.

4. **Crisis/Triage Response Assess Crisis (TRAC) Team:**
   **Active: 18/19, 19/20**
   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 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:**
   **Active: 18/19, 19/20**
   The system navigator is an access and linkage to treatment component of the 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 was transitioned to a PEI program in 2018. NOTE: this position was never filled so there is no corresponding report as this program never expended funds.

6. **Mental Health First Aid:**
   **Active: 18/19, 19/20, 20/21**
   This evidence-based program provided outreach for increasing recognition of early signs of mental illness and embodies the ideals set forth within PEI. This program engaged and trained first responders to recognize and respond
effectively to early signs of mental illness. The trainings were held in locations convenient for community members, community partners, consumers, and family members. This program focused on bringing about recovery, wellness, and resilience.

7. **Stigma Reduction Task Force – Mariposa Minds Matter (MMM):**
   **Active: 18/19, 19/20, 20/21**
   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 was designed to welcome community member’s participation in the development of stigma and discrimination reducing activities.

8. **Central Valley Suicide Prevention Hotline (CVSPH):**
   **Active: 18/19, 19/20, 20/21**
   In collaboration with this hotline, trainings were provided to MCBHRS staff and community. CVSPH serves as 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 were reduced by the anonymity of each phone call. This evidence-based practice reduced suicide by the accessibility of a local hotline, providing timely access to services, and access and linkages to treatment.

9. **School Services – Early Intervention:**
   **Active: 20/21**
   This school based early intervention program was implemented in collaboration with a contract provider. This program consisted of an after-school peer mentoring program, lunch program, and teacher trainings. These programs focused on utilizing evidence-based practices such as cognitive behavioral therapy, dialectical behavioral therapy, mindfulness-based stress reduction, and non-violent communications. These evidence-based practices reduced negative outcomes, provided timely access to services, and access and linkage to treatment. The design and implementation of activities were designed to be in the school setting thus reducing the stigma and discrimination attached to seeking or receiving services.

10. **School Suicide Prevention:**
    **Active: 20/21**
    This School Based Suicide Prevention Program was designed to target and engage school aged youth in conversations about the signs and symptoms of suicide. Stigma and discrimination were reduced by allowing students to
participate both virtually and on the school campus, meeting the youth where they are. These activities were implemented and designed to increase timely access to services, and access and linkage 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.

<table>
<thead>
<tr>
<th>Three-Year PEI Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fiscal Year 2018 – 2019</strong></td>
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<tr>
<td>Yosemite National Park Counselor</td>
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<tr>
<td>School District Counselors</td>
</tr>
<tr>
<td>Drop-In Center</td>
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<tr>
<td>Crisis/TRAC Team</td>
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<td>Mental Health First Aid</td>
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<td>Mariposa Minds Matter</td>
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<tr>
<td>Central Valley Suicide Prevention Hotline</td>
</tr>
<tr>
<td>Peer System Navigator</td>
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</table>
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 as well. This large population was largely identified as being 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 in the local clinic to address and promote recovery within the unique community that is YNP.

This program was a community based Early Intervention Program from 2018-2020, however in 2020 this program shifted to a Prevention Program. This program provided services and interventions to address and promote recovery and related functional outcomes for mental illness in early emergence.

Yosemite National Park is an hour and a half from the township of Mariposa, where most 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 provided direct access and linkage to MCBHRS or other appropriate services. This program facilitated 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 reduced stigma.

The YNP counselor provided a series of services and programs over the three-year period included in this report, programs and services include:

**De-escalation Training:** The counselor held two de-escalation trainings for Law Enforcement within YNP. These trainings would provide participants resources and information on behavioral health services and provide education on suicidal assessments. There is a recent statistic that says 32% of individuals hospitalized for suicidal ideation experiences PTSD from their hospitalization experience. By educating
law enforcement on more accurately assessing suicidal ideation, they can link individuals to more appropriate services. If clients are linked to more appropriate levels of care, this could reduce unwarranted hospitalizations and provide a correct level of care needed allowing individuals to feel supported.

**Allies for Inclusion:** This was a group program facilitated to decrease isolation and daily stress while increasing community supports and connection to self and others. The program dialogue was led on “navigating safety and connection during COVID”.

**Community Chat and Peer Group:** This was a peer led group for connection, socialization, and reducing risk factors like isolation that can lead to depression. The target audience are adults who are isolated in YNP and hoping for increased socialization.

**Conflict Resolution and Stress Management:** Counselor provided conflict resolution training and stress management classes targeted to employees who experience on the job stress and conflict.

**Fatality Response:** Counselor responded to several critical incidents (fatalities) in the park. Crisis relief and psycho-education about shock trauma and best practices for follow up services were provided to participants. * Should be noted that no demographic data was captured for these services.

**Internal Family Systems:** This was a three-part series to teach and apply the evidence-based practice of internal family systems. The target population was adults and older adults. This program was designed to teach positive coping skills and strategies to specifically reduce prolonged suffering related to, but not limited to depression, anxiety, worry, eating disorders, fatigue, stress, family issues, and illness.

**Letter Writing:** Participants were invited to get together to write hand-written letters to friends, families and loved ones. Participants were encouraged to think of those individuals whose connection they value in their lives and wanted to stay connect with.

**Mindfulness and Wellness:** This was a group series on mindfulness and communication classes targeted to adults and older adults who identified as wanting to reduce stress and negative emotions and improve their interpersonal relationships, set boundaries, and feel more connected to themselves and others.

**Method of Collection:** Most programs utilized a pre and post survey. Some surveys had a scale of 1 – 5, 5 being most knowledgeable. Some programs surveys were collected to indicate levels of stress by self-report pre and post surveys using the stress continuum rating scale, other surveys were a Likert scale 1 – 5 and color rated.

**Data Collection Period:** Contractor reported monthly, and after each session.
Expected Outcomes: Increase of protective factors (knowledge, ability to identify social supports, sense of connection, compassion, happiness, hope, self-care) and a decrease in risk factors (stress, anxiety, depression, isolation, suicide) through psychoeducation, mindfulness, and social connection.

Outcomes: 80% of participants identified a decrease in risk factors, and 83% of participants indicated an increase in protective factors through the courses and programs listed above.
Results and Analysis: YNP is an isolated area with limited resources. A Licensed Professional Clinical Counselor provided early intervention services for the first two fiscal years, and prevention services for the last fiscal year to a population of individuals that often remain untreated. This counselor provided an array of services to employees and residents of YNP that might not otherwise attend services.

The Counselor provided a valuable and important service to the incredibly isolated YNP with over six hundred individuals being served.

This program has produced outcomes that indicate a reduction of risk factors, and an increase in protective factors. These skills include, but are not limited to: emotional intelligence components, stress reduction, connection, identification of needs and values, increased awareness, and new language to check in with themselves and others for mental wellness.

Challenges/Successes/Lessons Learned:
The nature of these programs was designed around group activities which went through a variety of challenges and successes with the COVID-19 Pandemic. With group sizes limited to 10 in Yosemite National Park and social distancing required, the aim to keep individuals feeling connected was a challenge. The program was able to adapt in the fall by utilizing outdoor spaces in the park and accrued strong attendance. However, the next months’ time change and drop in temperatures cancelled the outdoor groups for the winter months. The prevention program was then able to utilize online programming through the zoom platform. However, 8-9 months into the pandemic, most individuals were experiencing zoom fatigue or didn’t have reliable Wi-Fi in the remote and rural park. Those working for the National Park Service could mostly rely on the internet connection, while those in shared housing with the concessionaire didn’t have reliable access.

Small groups for social connection were offered bi-weekly or monthly throughout the winter, however attendance was low. Those who did attend reported outcomes of great value, decreased stress, and improved connection. These groups proved successful, despite low attendance.

Come March 2021, the Prevention program was able to utilize strong community and professional connections to target specific departmental needs within NPS. Programs for Law Enforcement officers were offered as well as stress management and Emotional Wellness Check-in for those workers on the front lines (primarily entrance stations and campgrounds). These individuals were most impacted by the changing protocols with covid last year and their mental health was reported to be highly impacted.

Services provided have targeted individuals with high levels of stress, front line workers, first responders, medical clinic staff, and those at risk for unemployment. Programs were also offered and completed for the general residents, teaching evidence-based skills such as mindfulness, stress management, conflict resolution, communication strategies for good health, and healthy relationship skills. The programs have reached
all levels of status in the park from front line workers to executive leadership. Many NPS departments were able to utilize this programmer’s skill-set to offer customized programs for the specific needs of their staff. Programs have varied in group size from 2-28. And with the use of technology, reached outlying districts normally unable to attend in-person wellness programs.

General public programs were the least attended despite being valued by their attendees. Pre-planned requested programs were well attended and successful among NPS employees. Yosemite Hospitality employees still remain an underserved population primarily due to lack of support from leadership for employee health and wellness, especially during COVID-19.

Moving forward, the Counselor will focus on offering the majority of prevention programs during the peak season for employees. Connecting people to reduce isolation in the winter remains a growth point, especially when social distancing and covid regulations in the park prevented such opportunities.
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 - 2018 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.

In 2019 - 2020 counselors increased the number 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 if a list of groups offered within the school district:

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

In 2020 MCBHRS went out for an RFP for the three-year planning process (2020-2023) and the school district did not apply for future funding, the 19/20 fiscal year was the close of this program being funded as a PEI program.

Method of Collection: Sign in sheets, and data from electronic health record. MCBHRS continued to encourage and support counselors to utilize pre and post surveys for groups, however this proved to be a challenge for schools with the onset of the COVID-19 pandemic.

Data Collection Period: In the first fiscal year (18/19) the school reported at the end of each semester, then in fiscal year (19/20) 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 members.

Outcomes:

<table>
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<tr>
<th>Description</th>
<th>Number</th>
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<td>Reduction in prolonged suffering from untreated mental illness- the number of individuals referred to mental health services.</td>
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<tr>
<td>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</td>
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<tr>
<td>Reduction in prolonged suffering by improved mental, emotional, and relational functioning – the number of students receiving crisis intervention / threat assessments</td>
<td>630</td>
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</table>
Reduction of prolonged suffering by improved mental, emotional, and relational function - The number of students linked to SST, 504, SARB (other services)  

Results and Analysis:
The data provided above reflects a combination of elementary and high school students. The sheer volume of students who have been involved in this PEI program displays a successful effort to build protective factors amongst Mariposa’s Youth.

Even with the challenges the school district faced with COVID-19 and distance learning, there was a significant increase in the number individuals served each fiscal year.

Challenges/ Successes/ Lessons Learned:
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 continued to meet monthly, to discuss techniques, students of concern, and identify available community resources.
In 2015 MCBHRS contracted with the Alliance for Community Transformations, a Community Based Organization (CBO), to operate a Wellness Center partially funded through MHSA to offer groups, classes, and activities to enhance the recovery process. This community-based program was intended to improve timely access to services for those that were underserved and who needed mental health services due to risk or presence of a mental illness. The target population for this program was designed around the underserved homeless population in Mariposa County.

Since the onset of this program and during the reporting period, these services and supports have been provided in a convenient, accessible, acceptable, and culturally appropriate setting within a CBO operated drop-in center.

In 2018, in collaboration with Alliance and through feedback from our stakeholder’s process, MCBHRS shifted this program to a drop-in center as the community environment and population served through this program had changed. MCBHRS maintained a solid partnership as Alliance staff members took lead in the Stigma Reduction Task Force, Mariposa Minds Matter (MMM) and included the region’s Access Ambassador. Alliance staff were excellent at building relationships and providing outreach to unserved and underserved population.

The drop-in center continued to be provided until the end of June 2020 as an MHSA funded program. These program and services are still funded today under other funding streams.

**Method of Collection:** Sign in sheets and spreadsheets.

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

**Expected Outcomes:** An improved timely access to services for underserved populations who need mental health services (specificially the homeless population).

**Outcomes:**

<table>
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<tr>
<th>Component</th>
<th>Years Active</th>
<th>Individuals Served</th>
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</thead>
<tbody>
<tr>
<td>Drop-In Center</td>
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</table>

| The number of individuals referred to treatment beyond early onset – referrals to MH services. | 99 |
| The number of individuals that engaged in treatment after referral. | 69 |
| The average interval between referral and engagement: | 6.47 Days |
The duplicated number of homeless individuals served. 510

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 year after year, but also the number of participants that engaged in services after the referral.

While this program continues to provide services to the homeless population by linking them to mental health services when appropriate, it was shifted in 2020 to another funding source that also allowed the combination of mental health and substance use disorder services concurrently.

Description of ways the program encouraged access to services and follow through on referrals:
During the reporting period staff established a rapport with clients, empowerment, and warm hand-offs. Staff also provided consistent engagement with participants, and 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 new 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.

Some clients have no internet access or electronic devices; clients were provided access at the drop-in center through a computer room and tablet, by appointment.
The Crisis/TRAC Team was partially funded through the SB 82 grant in 2014 and has been operating since. This team responds with law enforcement, to the jail, community-based organizations, schools, and to 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 in 2018, 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.

Since the onset of this program, and during this reporting period, the team connected early in onset, children with emotional disturbance and with adults/older adults with serious mental illness to medically necessary care and treatment. This was accomplished through a 24/7 mobile crisis/triage response team and a 5 day-a-week warm line.

All the activities provided by the Crisis/TRAC team touch the underserved populations in the community, additionally, the stigma was reduced by serving people in an environment in which they were comfortable.

The Crisis/TRAC team continued to be provided until the end of June 2020 as an MHSA funded program. These programs and services are still funded today under other funding streams.

**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.

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

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

**Outcomes:**

<table>
<thead>
<tr>
<th>The number of individuals referred to mental health services</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of individuals that followed through and engaged in services</td>
<td>48</td>
</tr>
<tr>
<td>The average duration of untreated mental illness</td>
<td>N/A – not captured</td>
</tr>
</tbody>
</table>
The average interval between referral and engagement | 5.8 Days

Results and Analysis:
During the 18/19 fiscal year and 19/20 fiscal year, there was a period of time where this unit was severely understaffed, necessitating many staff transitions and a large rotation of new staff so 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 reflects all PEI programs but the Crisis/TRAC team.

Although it is clear that this program was 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.

This program has a large reporting requirement that is often times very burdensome for the providers. While this program has been successful in linking clients to services, the reporting that is required for MHSA is not cost effective or possible with minimal staff time. With stakeholder support this program was determined to continue to be provided, however it was shifted to other funding sources, so the 19/20 fiscal year was the close of the crisis/trac team as an MHSA program, however this program continues to be funded and provided by other funding sources today.
In 2014 MCBHRS added the evidence based Mental Health First Aid (MHFA) strategy after stakeholders identified this a need within the community, and it remains an active program today.

This program engaged and trained first responders to recognize and respond effectively for early signs of mental illness. The objective of this training was to bring awareness to the prevalence and negative impact mental illness can have on an individual, family, and friends. The goal of this program was to share information and resources so that the participant leaves the training with an understanding of how to connect someone to mental health resources.

Each training informed responders on how to access, and link individuals to treatment. Trained responders may interface with the underserved and unserved populations within the community. MHFA has been identified as being a helpful educational tool that responders can use to notice the early signs of mental illness in the community, 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.

Trainings were scheduled in various locations across the county to encourage more participation at locations that were convenient for responders. This program was designed and implemented to reduce stigma and discrimination attached to seeking or receiving mental health services by talking freely about mental wellness.

**Method of Collection:** Post surveys and sign in sheets.

**Data Collection Period:** Reported at the end of each Mental Health First Aid Training

**Types of Potential Responders:** Health and Human Services Staff, Community Based Partners, School Staff, Behavioral Health Board members, Hospital Staff, Sheriff’s Department Staff.

**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:** 99% of participants agree or strongly agree that as a result of the training, they feel more confident that they can recognize the signs that someone may be dealing with a mental health problem, and 98% of participants agree or strongly agree that as a result of the training, they can assist someone who may be dealing with
Results and Analysis:
MCBHRS staff hosted 15 trainings over the three fiscal years included in this report. 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; a large percentage of participants felt that they were more informed on how to recognize the signs of mental illness and 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, leading to no sessions being held in the latter part of the 2019/2020 fiscal year and only four sessions were held in the 2020/2021 fiscal year due to the shift to virtual sessions, allowing this service to continue.
The Mariposa Minds Matter (MMM) is an integral part of the Behavioral Health Board (BHB). MMM is a committee that is made up of members of the BHB, consumers, community-based partners, and staff. MMM is a project-based task force, participating in several events throughout the county ranging from the annual county fair to local farmers markets.

This program was designed to specifically target and to reduce stigma and discrimination by increasing awareness through education on mental illness myths and facts. The programs and services provided were also intended to encourage self-acceptance for those who may be struggling. The objectives included engaging children and families in conversations about mental illness and mental wellness, providing resources and materials to the community to experience self-care.

**Method of Collection:** This program was really designed as a one touch encounter; however, when data is collected, pre/post surveys are utilized.

**Data Collection Period:** Data is reported after each event.

**Expected Outcomes:** The outcomes for activities in the MMM include a reduction of 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 community.

**Outcomes:** The MMM committee attended several events during the three-year reporting period from County Fairs to Community Meetings and even COVID-19 Clinics. Additionally, the team created two public written service announcements that went over Facebook providing information on the signs and symptoms of suicide and the number to call for assistance.

The events in fiscal year 2018/2019 and fiscal year 2019/2020 were one-touch events that engaged hundreds of people in conversations about mental illness and mental wellness.

In 2020/2021 fiscal year the committee shifted from one-touch encounters to a pre and post test administered to all participants. 59% of individuals had an increase in the understanding of what is a serious mental illness. And 73% of participants indicated an increase in understanding of stigma.
Results and Analysis: The MMM has struggled over the past three years to maintain and retain membership. In 2019 the committee lost the chairperson, coupled with COVID-19 pandemic shutting down some of the major events this committee attended. While the committee was faced with many challenges over the last couple of years the committee was still able to reach many members in the community to educate them on the stigma and discrimination related to having a mental illness and/or receiving services for a mental illness.
MCBHRS began working with the Central Valley Suicide Prevention Hotline (CVSPH) in 2015 and is still in operation today. The hotline operates on a 24 hours per day, seven days a week and 365 days per year basis. In 2014 the hotline received National Accreditation being recognized as a best practice call center by the American Association of Suicidology. The hotline is also a member of the 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 utilizing volunteers to minimize cost and maximize efficiency.

The hotline assisted individuals who were looking for resources and education regarding a loved one or a friend, provided support for those in crisis and kept people safe who had suicidal ideation or those that were in the process of killing themselves.

CVSPH used the Columbia Suicide Severity Rating Scale which had been adopted for the National Suicide Prevention Lifeline, to assess the risk of callers; this is an evidence-based tool all members use in their assessment of callers.

**Method of Collection:** Collecting the number of calls to the hotline, the reason for calls, demographic information, and an evaluation of how many crisis calls were received, cost associated with those calls, and the cost saving for each call.

**Data Collection Period:** Quarterly reports

**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 and linkage to treatment.

**Outcomes:** The number of calls for the three reporting years totaled 175. Each call also documented the reason for the call, the numbers are shown in the pie graph below; 25% of the calls were mental health related, and 23% involved suicidal content, 23% were social issues, 19% general needs, 5% physical health concerns, 4% basic needs, 1% abuse and violence, and 0% were related to homicidal content.
Results and Analysis: The CVSPH provides a valuable resource to those in need. Over the past couple of years our County has been consumed by wildfires, and other natural disasters and most recently COVID; having this hotline available provides support to individuals who would otherwise require crisis stabilization, jail, law enforcement response, and/or emergency room visits. In a rural community, the COVID restrictions and shutting down of schools could leave some community members extremely isolated, having an additional suicide prevention line is a vital resource for our rural community.

The number of calls almost doubled each fiscal year, speaking to the continued need for this resource.

The stigma around reaching out for mental health services and supports is vastly prevalent in our small community, having a third-party vendor to provide these supportive services allows individuals to call a designated hotline where there is no fear of “some-one you know” answering the call.
Stakeholders repeatedly stated the need for the unserved to have support in navigating county systems, in particular the mental health system. MCBHRS was looking to hire and train a Peer Support Specialist as a Systems Navigator to provide access and linkage to treatment for the unserved and underserved.

The Systems Navigator position was designed to spend time in various community locations, including the local drop-in center, to provide connections to services and timely access to treatment. This was funded originally in the 17-18 first year through WET funds and then the next two fiscal years were going to be funded through PEI access and linkage to treatment component.

After several years of being unable to fill this system navigator position, MCBHRS in collaboration with stakeholder involvement, decided to end this program in 2020. Historically, staff have entered this position, and then moved on to promotional opportunities to before this program had the opportunity to be fully developed.

Method of Collection: Data would be collected through MCBHRS electronic health record and Triage Grant documentation for quarterly reports.

Data Collection Period: This PEI program was designed to provide reports quarterly.

Expected Outcomes: The expected outcome for this community-based practice was improved access and linkage to treatment through peer support in navigating systems, warm line assistance, crisis interventions and pre-crisis outreach. Indicators will be number of referrals made and number of referrals in which the individual engages in services at least once. Additionally, time between referral and engagement will be tracked. Determination of duration of untreated mental illness will be sought from individuals that engage.

Outcomes: None

Results and Analysis: None
In 2020 during the three-year planning process stakeholders continued to identify school aged youth as being underserved in our community. MCBHRS in collaboration with stakeholders and contract providers developed the school services program. This school early intervention program was intended to bring about mental wellness aimed at measuring the reduction of prolonged suffering through the following programs:

After School Peer Mentoring – an after-school program is designed to educate at risk youth on the fundamentals of psychology and psychotherapy; then have them act as peer mentors for at risk youth in younger grades.

Lunch Program – this program includes active participation and engagement through physical activities and games geared toward mental health.

Teacher Training – will provide teacher and staff training to educate them 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 of emotional/behavioral symptoms in the classroom. Staff would be trained on healthy conflict resolution by increasing knowledge of conflict resolution skills.

These programs are designed to target negative outcomes including, but are not limited to anxiety, depression, ADHD, ODD, conduct disorder, anger, suicidal/homicidal ideation, and stress resulting in negative behaviors at school. 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 etc.)

These programs are continuing to be provided today.

Method of Collection and Data Collection Period: The after-school mentoring and lunch program PHQ-9 and GAD-7 assessments will be administered to each program participant before and after each session. For the teacher training data will be collected at the end of each session, and monthly the number of students sent to the principal’s office each month will be calculated.

Expected Outcomes: The school mentoring and lunch program, the objectives include, but are not limited to learning and practicing positive ways of coping as seen by increasing knowledge of positive coping skills. The goal of the program is to reduce the
frequency and intensity of symptoms as seen by decreasing students PHQ-9 and GAD-7 symptom severity scores.

Teacher training programs will see a decrease in the number of students who are sent out of the classroom post conflict resolution training.

Outcomes: All programs provided this fiscal year looked at the reduction of depression measured by self-reporting on depressive symptoms. 99% of participants indicated feeling better after their participation in the activities.

Results and Analysis:
Due to the COVID-19 pandemic, and schools shutting down for a period of time, this program initially had a slow start leading into the 20/21 fiscal year. The program was modified in a way that restrictions caused by the pandemic would not hinder the ability to offer the programs. The school lunch program was shifted to several activities that were hosted outside of the school day to allow for more individuals to attend and participate, these activities included student check-in time, yoga, and horse therapy.

COVID-19 created a heavy stress on the school district to shift from in person sessions to virtual for all children and youth, due to this shift, no teacher conflict resolution training was held in the 20/21 fiscal year.

Even with the barriers created by the COVID-19 pandemic, this program was still able to serve 533 individuals.
School aged youth were identified as one of the most underserved populations in Mariposa County during the three-year planning process in 2020. Suicide prevention was also identified as one of the most needed programs through that same stakeholder planning process.

MCBHRS funded a school-based suicide prevention program that targeted school aged youth (5th – 8th grade). This program was designed to provide youth with education on the signs and symptoms of suicide and to provide crisis intervention if and when necessary.

This program was provided both online and in person (as COVID regulations would allow). This class utilized an evidence-based curriculum, PowerPoint presentation, and engaging activities.

During the 20/21 fiscal year 490 promotional and information bags were sent to all 5th-8th graders to promote suicide prevention. All participants received a t-shirt and two coping skill activities: stress ball and fidget spinner.

**Method of Collection:** All participants filled out a pre and post questionnaire that measured changes in attitudes and knowledge regarding suicide related to mental illness. For online groups, zoom polls were utilized to collect data.

**Data Collection Period:** At each session pre and post questionnaires were completed. Program providers completed quarterly reporting.

**Expected Outcomes:** Evidence-based suicide risk reduction strategies were utilized to educate on lethal means reduction, brief problem solving and coping skills, increasing social supports and identifying emergency contacts to use during a suicide crisis, identifying warning signs, people and places for distraction, people and professionals to contact for help, and steps for means of safety. Overall, this program was expected to change attitudes and or knowledge regarding suicide related to mental illness.

**Outcomes:** This suicide prevention program served around 27 individuals formally in a group setting, however every 5th – 8th grade student received a suicide prevention informational bag. Of the 27 students served, the following were the outcomes as a result of the group sessions:
<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know what the signs look like</td>
<td>26%</td>
<td>63%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>I know three ways to ask for help</td>
<td>41%</td>
<td>37%</td>
<td>19%</td>
<td>4%</td>
</tr>
<tr>
<td>I know at least three coping skills</td>
<td>19%</td>
<td>63%</td>
<td>19%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**I Know What The Signs Look Like**

- Strongly Agree: 26%
- Agree: 63%
- Disagree: 11%
- Strongly Disagree: 0%

**I Know Three Ways to Ask for Help**

- Strongly Agree: 41%
- Agree: 37%
- Disagree: 19%
- Strongly Disagree: 4%
Results and Analysis:
This suicide prevention program was initially designed to be provided on the school campus but had a slow start in 2020 due to the onset of COVID-19 and the shutdown of in person sessions at the school. While this program had a difficult start, they were quickly able to pivot to modify the program to continue to serve youth on the signs and symptoms of suicide.
### Table 1. Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th># Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child (0 – 15)</td>
<td>2466</td>
</tr>
<tr>
<td>Transitional Aged Youth (16-25)</td>
<td>1112</td>
</tr>
<tr>
<td>Adult (26-59)</td>
<td>1255</td>
</tr>
<tr>
<td>Older Adult (60+)</td>
<td>212</td>
</tr>
<tr>
<td>Unknown</td>
<td>71</td>
</tr>
<tr>
<td>Decline</td>
<td>108</td>
</tr>
</tbody>
</table>

### Table 2. Gender at Birth

<table>
<thead>
<tr>
<th>Gender at Birth</th>
<th># Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2781</td>
</tr>
<tr>
<td>Female</td>
<td>2472</td>
</tr>
<tr>
<td>Decline</td>
<td>148</td>
</tr>
<tr>
<td>Unknown</td>
<td>34</td>
</tr>
</tbody>
</table>

### Table 3. Current Gender

<table>
<thead>
<tr>
<th>Current Gender</th>
<th># Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1042</td>
</tr>
<tr>
<td>Female</td>
<td>920</td>
</tr>
<tr>
<td>Transgender</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Queer</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Questioning / Unsure</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Other</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Decline</td>
<td>167</td>
</tr>
<tr>
<td>Unknown</td>
<td>33</td>
</tr>
</tbody>
</table>

### Table 4. Sexual Orientation

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th># Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay or Lesbian</td>
<td>38</td>
</tr>
<tr>
<td>Heterosexual / Straight</td>
<td>1240</td>
</tr>
<tr>
<td>Bisexual</td>
<td>50</td>
</tr>
<tr>
<td>Questioning / Unsure</td>
<td>13</td>
</tr>
<tr>
<td>Queer</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Other</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Decline</td>
<td>356</td>
</tr>
<tr>
<td>Unknown</td>
<td>581</td>
</tr>
</tbody>
</table>

### Table 5. Veteran Status

<table>
<thead>
<tr>
<th>Veteran Status</th>
<th># Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>75</td>
</tr>
<tr>
<td>No</td>
<td>1884</td>
</tr>
<tr>
<td>Decline</td>
<td>298</td>
</tr>
<tr>
<td>Unknown</td>
<td>35</td>
</tr>
<tr>
<td>Table 6. Language</td>
<td># Served</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>English</td>
<td>4369</td>
</tr>
<tr>
<td>Spanish</td>
<td>265</td>
</tr>
<tr>
<td>Unknown</td>
<td>291</td>
</tr>
<tr>
<td>Other</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Decline</td>
<td>Suppressed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 7. Race</th>
<th># Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>426</td>
</tr>
<tr>
<td>Asian</td>
<td>62</td>
</tr>
<tr>
<td>Black or African American</td>
<td>57</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>18</td>
</tr>
<tr>
<td>White</td>
<td>3111</td>
</tr>
<tr>
<td>Other</td>
<td>137</td>
</tr>
<tr>
<td>More than one race</td>
<td>194</td>
</tr>
<tr>
<td>Unknown</td>
<td>111</td>
</tr>
<tr>
<td>Decline</td>
<td>728</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 8. Ethnicity</th>
<th># Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Central American</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Mexican/Mexican American/Chicano</td>
<td>72</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>Suppressed</td>
</tr>
<tr>
<td>South American</td>
<td>Suppressed</td>
</tr>
<tr>
<td>African</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Asian Indian / South Asian</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Cambodian</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Chinese</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Eastern European</td>
<td>58</td>
</tr>
<tr>
<td>European</td>
<td>72</td>
</tr>
<tr>
<td>Filipino</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Japanese</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Korean</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Other</td>
<td>451</td>
</tr>
<tr>
<td>Decline</td>
<td>363</td>
</tr>
<tr>
<td>More than one ethnicity</td>
<td>27</td>
</tr>
<tr>
<td>Unknown</td>
<td>1129</td>
</tr>
</tbody>
</table>
Table 9. Disability

<table>
<thead>
<tr>
<th>Difficulty</th>
<th># Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty Seeing</td>
<td>95</td>
</tr>
<tr>
<td>Difficulty Hearing</td>
<td>41</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>213</td>
</tr>
<tr>
<td>Physical / Mobility Issues</td>
<td>112</td>
</tr>
<tr>
<td>Chronic Health Conditions</td>
<td>123</td>
</tr>
<tr>
<td>None</td>
<td>23</td>
</tr>
<tr>
<td>Unknown</td>
<td>765</td>
</tr>
<tr>
<td>Decline</td>
<td>36</td>
</tr>
</tbody>
</table>

- It should be noted that the PEI demographic data is excluding data for the TRAC/Crisis team. Due to inconsistent staffing and high turnover and several rotations of new staff members, demographic data was not captured in a way that could be reliably extracted from our electronic health record.
- Mental Health First Aid only collects age, gender, and race.
- The school district counseling program only collected age and race.
- It should also be noted that due to COVID, several programs had difficulty getting each participant to complete a demographic survey.
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Behavioral Health Board Agenda

MARIPOSA COUNTY
P.O. Box 784, Mariposa, CA 95338 (209) 966-3222
5100 Bullion Street
http://www.mariposacounty.org/

ROSEMARIE SMALLCOMBE, CHAIR
MILES MENETREY, VICE-CHAIR
VACANT
MARTHA LONG
WAYNE FORSYTHE

AGENDA of the BOARD OF SUPERVISORS

Meetings convene at 9:00 a.m., the first four Tuesdays of each month, at the Mariposa County Government Center, Board Chambers at 5100 Bullion Street.

Board may take action sitting as the Board of Supervisors, or as the governing body of: County Service Area 1M (Don Pedro); Mariposa Pines Sewer Zone; Sewer Zone (Don Pedro); Coulterville Sewer and Water Zone; Vehicle Parking District No. 1 of Mariposa County; Wawona County Services Area 2-W; Hornitos Lighting District; Mariposa Lighting District; Coulterville Lighting District; Mariposa Air Pollution Control District; Yosemite West Maintenance District; Mariposa County Water Agency; Local Transportation Commission; Countywide Service Area; Mariposa County In-Home Supportive Services Public Authority; and the Mariposa County Public Finance Corporation.

Citizens wishing to schedule matters for Board consideration or to appear before the Board must contact the Clerk of the Board in writing stating the action requested, sponsoring department, and requested date. Appropriate requests will be scheduled as time allows. Submission deadline is on Friday prior to noon (11 days in advance of meeting), so that the Agenda can be processed and packages available on Thursday for the following week’s meeting. One copy of all supporting materials must be submitted.

Public Comment on Non-Agenda Items: The law provides the opportunity for the public to be heard on any item within the subject matter jurisdiction of the Board, either before or during consideration of an item. For items on the agenda, this will be at the time the item is called by the Chair. For all other items, the public comment time at the start of each meeting is appropriate. Speakers are limited to five minutes.

Agendas and supporting documentation generally are available for review on the Thursday prior to the Board meeting, as soon as it is completed, at the Mariposa County Government Center. They are also available online at: www.mariposacounty.org/bosagendas.

PLEASE SILENCE CELL PHONES.

June 21, 2022

BOARD MEETINGS ARE OPEN TO THE PUBLIC
Reconvene as Board of Supervisors

I. Regular Agenda Items

1. **Child Support Services**
   Approve Closure of the Child Support Services Office Lobby Every Monday through August 31, 2022 Due to Limited Staff

2. **Probation**
   Approve the Addition of One (1) Full Time Deputy Probation Officer III Position Retroactive to July 1, 2021; and Approve Budget Action Reducing the SB 129 Revenue Fund and Increasing the Probation Budget ($140,000) 1/5ths Vote Required

3. **HHS/Behavioral Health & Recovery Services**
   Approve Submission of the "Mariposa County 2022/23 Mental Health Services Act (MHSA) Annual Plan Update" to the Department of Health Care Services (DHCS) and "Prevention Early Intervention (PEI) Report for Fiscal Years 2019 through 2021"; Authorize the Health and Human Services Agency Director to Sign the Certifications and Any Subsequent Amendments with DHCS with Regard to the MHSA Plan and PEI Report (Subject to Approval as to Legal Form by County Counsel); and Authorize the Health and Human Services Agency Director to Implement the Activities Within the "Mariposa County 2022/23 Mental Health Services Act (MHSA) Annual Plan Update" and "Prevention Early Intervention (PEI) Report for Fiscal Years 2019 through 2021" Upon DHCS Approval

4. **HHS/Behavioral Health & Recovery Services**
   Approve Sub-Contractor Agreement with the California Department of Health Care Services for Crisis Care Mobile Units (CCMU) Program in the Amount Not to Exceed $500,000; and Authorize the Board of Supervisors Chair to Sign the Agreement

5. **HHS/Public Health**
Board of Supervisor Resolution

MARIPOSA COUNTY
HHS/Behavioral Health & Recovery Services · (209) 966-2000

RESOLUTION - ACTION REQUESTED 2022-368

MEETING: June 21, 2022

TO: The Board of Supervisors

FROM: Joe Lynch, Health & Human Services Agency Director

RE: Approval of MHSA FY22-23 Annual Plan Update and Prevention and Early Intervention Report FY 21-23

---

RECOMMENDATION AND JUSTIFICATION:

Approve Submission of the "Mariposa County 2022/23 Mental Health Services Act (MHSA) Annual Plan Update" to the Department of Health Care Services (DHCS) and "Prevention Early Intervention (PEI) Report for Fiscal Years 2019 through 2021"; Authorize the Health and Human Services Agency Director to Sign the Certifications and Any Subsequent Amendments with DHCS with Regard to the MHSA Plan and PEI Report (Subject to Approval as to Legal Form by County Counsel); and Authorize the Health and Human Services Agency Director to Implement the Activities Within the "Mariposa County 2022/23 Mental Health Services Act (MHSA) Annual Plan Update" and "Prevention Early Intervention (PEI) Report for Fiscal Years 2019 through 2021" Upon DHCS Approval.

Health and Human Services Agency (HHSA) held a virtual stakeholder meeting on April 1st 2022 at 12:00pm and presented to the Behavioral Health Board (BHB) on April 6th, 2022 at 12:30pm. The virtual stakeholder meeting was advertised on our Facebook page and sent to community organizations. The virtual stakeholder meeting in combination with the BHB 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 (2022/2023).

HHSA 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. A survey with educational information and questions was posted on the HHSA Facebook page to elicit more feedback and to ensure that those who want to have a voice have an opportunity to express it.

Mariposa County received its first MHSA funds in 2005 and began developing the Adult and Children’s Systems of Care Program. We have continued to cultivate and refine these programs through implementation of the Recovery Model. Our goal is to support our clients in achieving wellness in as many life domains as possible. We propose to continue these proven programs.

Prevention and Early Intervention (PEI) programs are partially intended to prevent a

REF ID# 13021
serious mental illness by promoting strategies that reduce risk factors and prevent mental illness from becoming severe and disabling. PEI programs are also designed to improve timely access to services and to provide a better understanding of recognizing early signs of mental illness. PEI is made up of six categories: Early Intervention, Prevention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, Sigma and Discrimination Reduction, and lastly Suicide Prevention. The Three-Year PEI report contained in this resolution provides an evaluation of eleven different programs provided by HHSA for Fiscal Years 18-19, 19-20, and 20-21.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board approved the previous "Mariposa FY 17-18 through FY19-20 Mental Health Services Act (MHSA) Plan" on June 20, 2017 by Resolution 2017-406.

The Board approved a previous "MHSA FY 18-19 Annual Plan Update" on July 24, 2018 by Resolution 2018-376.

The Board approved a previous "MHSA FY 19-20 Annual Plan Update" on June 18, 2019 by Resolution 2019-35.

The Board approved a previous "MHSA FY 21-22 Annual Plan Update and PEI Report FY 19-20 by Resolution 2021-475.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
The MHSA Annual Plan Update and Prevention Early Intervention Report are required in order to receive funding. If both are not approved by the Board, HHSA will lose primary revenue sources. This would result in the discontinuance of two successful programs.

FINANCIAL IMPACT:
There is no impact to the County General Fund. The MHSA programs are funded by direct deposits from the state Mental Health Services fund. In addition, the Adult and Children’s programs (projects ASOC and CSOC) receive Medi-Cal FFP revenue from monthly service claims submitted by Mariposa County Behavioral Health. The revenue in the MHSA plan was anticipated and included in the FY22/23 Budget.

ATTACHMENTS:

RESULT: ADOPTED [UNANIMOUS]
MOVER: Wayne Forsythe, District IV Supervisor
SECONDER: Marshall Long, District III Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey
Website Screenshot with Draft Posting
Appendix

Appendix A: Stakeholder Survey (Page 1 of 8)

2022 - 2023 Mental Health Services Act (MHSA) 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 8)

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

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<tr>
<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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<tr>
<td>Mariposa County has mental health services that meet the needs of the community.</td>
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<tr>
<td>Mental health services in Mariposa County are easy for people to access.</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 8)

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 8)

Please Tell Us About Yourself

6. What is your zip code?

7. 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
Appendix A: Stakeholder Survey (Page 5 of 8)

8. What is your age?
   - 0 - 15 years old
   - 16 - 25 years old
   - 26 - 59 years old
   - 60+ years old
   - Decline

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

10. What was your gender assigned at birth?
    - Male
    - Female
    - Decline
Appendix A: Stakeholder Survey (Page 6 of 8)

11. What is your current gender identity?
   - Male
   - Female
   - Transgender
   - Queer
   - Questioning or Unsure
   - Other Gender Identity
   - Decline

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

13. Are you a veteran?
   - Yes
   - No
   - Decline
Appendix A: Stakeholder Survey (Page 7 of 8)

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

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 A: Stakeholder Survey (Page 7 of 8)

16. What is your ethnicity?

- Caribbean
- Central American
- Mexican/Mexican America - 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 Initiatives
05 Community Input and Discussion
06 Next Steps

**Meeting Objectives**

<table>
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<tr>
<th>Information</th>
<th>Provide information about the Mental Health Services Act (MHSA)</th>
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</thead>
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<td>Update</td>
<td>Provide MHSA program updates</td>
</tr>
<tr>
<td>Input</td>
<td>Provide an opportunity for community input on FY 21-22 MHSA programs</td>
</tr>
</tbody>
</table>
Appendix B: Stakeholder PPT (Page 2 of 5)

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 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, 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.
- MHSA 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 MHSA program updates that are reflective of community needs, priorities, and identified strategies.
- **Behavioral Health Board** - Assure stakeholder involvement, review and advise on the MHSA annual update, and conduct a public hearing.
- **Board of Supervisors** - Review and approve the MHSA annual update.

MHSA Planning Process

- **Planning** (February - March)
  - Stakeholder engagement
  - Develop program priorities and goals
  - Engage in formal and informal planning
  - Submit annual program plan for approval

- **Conduct Stakeholders** (March 1st - March 31st)
  - Engage and consult with stakeholders
  - Finalize program priorities and goals
  - Submit annual program plan for approval

- **Draft Annual Update** (March 1st - March 31st)
  - Develop program priorities and goals
  - Engage in formal and informal planning
  - Submit annual program plan for approval

- **Public Comment** (April 1st - May 31st)
  - Public feedback
  - Review and revise program plan

- **Public Hearing** (May 1st - June 30th)
  - Public hearing
  - Finalize program priorities and goals

- **Approval** (July 1st - August 30th)
  - Finalize program priorities and goals
  - Submit annual program plan for approval
Appendix B: Stakeholder PPT (Page 4 of 5)

Mariposa Current MHSA Initiatives

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

- Prevention and Early Intervention (PEI)
  - Youthline National Park Counselor
  - Suicide Prevention for School Aged Youth
  - Stigma Reduction Committee - Mariposa Minds Matter
  - Mental Health First Aid
  - Central Valley Suicide Prevention Hotline
  - School Services
    - After School Program / Peer Mentoring
    - Lunch Program
    - Teacher Training
    - Student supports

- Innovation (INN)
  - Psychiatric Advanced Directive (PAD)
    - Tool used to document a person’s specific instructions or preferences regarding future mental health treatment.

- Workforce, Education, and Training (WET)
  - Central Valley Regional Group to Administer a Loan Repayment Program

Group Discussion

- How well does the mental health services currently being offered meet the communities need?
- 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 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 program and services:

https://forms.office.com/g/xbNMvE3VvZ
Appendix B: Stakeholder PPT (Page 5 of 5)

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.

Final Questions or Feedback?
Appendix C: Stakeholder Flyer

Mental Health Services Act
- Stakeholder Meeting -

Mariposa County Behavioral Health and Recovery Services will present information about the Mental Health Services Act (MHSA) and invites feedback on current mental health programs and services to inform the coming year’s program and spending plan.

This is a virtual meeting, please join MCBHRS on April 1st 12:00pm - 1:00pm
Via Zoom: https://bit.ly/3idx6v0 or By Phone: 1.669.900.6833
Meeting ID: 977 1251 3348 Passcode: 544245

For questions or information please contact lglenn@mariposacounty.org
Appendix D: Stakeholder Facebook Post

Mariposa County Health & Human Services
March 26 at 10:00 AM

Join Mariposa County Behavioral Health & Recovery Services at the virtual Mental Health Services Act stakeholder meeting.

April 1st 12:00PM to 1:00 PM
Via Zoom: https://bit.ly/3idx6vO or By Phone: 1.669.900.6833
Meeting ID: 977 1251 3348 Passcode: 544245

For questions or information please contact iglenn@mariposaounty.org
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 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 (CSSs): Outreach and direct services for serious emotional disturbances or serious mental illness (all ages.).
- Prevention and Early Intervention (PEIT): Prevent the development of mental health problems, and screen for and intervene with early signs.
- Workforce, Education & Training (WETs): Build, retain, and train public mental health workforce.
- Capital Facilities & Technology Needs (CFTNs): Infrastructure support.
- Innovation (INNs): Test new approaches that may improve mental health outcomes.
Appendix E: Behavioral Health Board Stakeholder PPT (2 of 4)

**WHAT ARE THE MHSA REQUIREMENTS?**
Process must include:
- 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

**WHAT IS THE STAKEHOLDER PROCESS?**
- What is a stakeholder?
  - An individual or entity with an interest in mental health services.
- MHSA 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 MHSA program updates that reflect the community needs, priorities, and identified strategies.
- **Behavioral Health Board** – Ensure stakeholder involvement, review, and advice on the MHSA annual updates via a public hearing. Must have a quorum in order for this to occur.
- **Board of Supervisors** – Review and approve the MHSA annual updates.
Appendix E: Behavioral Health Board Stakeholder PPT (3 of 4)

MHSA PLANNING PROCESS

Planning
- Planning Meeting
- Audience Engagement
- Audience Engagement
- Audience Engagement
Contact Stakeholders
- 1st Meeting
- 2nd Meeting
- 3rd Meeting
- 4th Meeting
Draft Annual Update
- March 15—March 28
Public Comment
- April 5—May 5
Public Hearing
- May 17
Approval
- May 20

MHSA PLANNING PROCESS

Community Services and Supports (CSS)
- Adult Wellness Center
- Peer Support
Innovation (INN)
- “You Can Too” Collaborative (YCTC)
Prevention and Early Intervention (PEI)
- Suicide Prevention for School-Aged Youth
- Targeted Specific Communities
- Marijuana Prevention
Prevention and Early Intervention (PEI)
- Employment Support
- Mental Health First Aid
- Central Valley Suicide Prevention Coalition
- Suicide Prevention Hotline
- School-Level Suicide Prevention
- Safe School Program/Peer Mentoring
- Lunch/Program
- Teacher Training
- Community Engagement

Workforce Education and Training (WET)
- Central Valley Regional Group to Administration

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. (This cannot be sent out after today’s meeting)

Survey:

http://www.thesurv.com
Appendix E: Behavioral Health Board Stakeholder PPT (4 of 4)

**NEXT STEPS**

- Mariposa County Behavioral Health will take feedback and input to inform the MHSA annual update.
- A draft copy of the update will be posted on our website (for 30 days).
- A public hearing will be scheduled in collaboration with the Behavioral Health Board to give the community an opportunity to provide any additional feedback and comments before approval. Must have a quorum.
Appendix F: Prevention and Early Intervention Outcomes PPT (1 of 5)

Mariposa County Health and Human Services Three-Year Prevention and Early Intervention Evaluation
Fiscal Year: 18/19 & 19/20 & 20/21

Overview

- Prevention and Early Intervention (PEI) programs are partially intended to prevent a serious mental illness by presenting strategies that reduce risk factors and prevent mental illness from becoming severe and disabling.

- PEI programs are designed to engage individuals and to reduce adverse outcomes that may result from an untreated mental illness.

- Mariposa County Behavioral Health and Recovery Services (MCRHRS) is required to provide a report every three years on the services and activities provided.

Three-Year PEI Programs

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<td>• Youthline National Park Counsellor</td>
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<td>• Central Valley Suicide Prevention Helpline</td>
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<td>• Peer System Navigator</td>
<td>• School Suicide Prevention Program</td>
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</table>
Appendix F: Prevention and Early Intervention Outcomes PPT (2 of 5)

Yosemite National Park Counselor

Component: Early Intervention (18/19) & Prevention (20/21)
Services Provided: Community and peer groups, conflict resolution and stress management training, mindfulness and wellness workshops, and fatality response.
Expected Outcomes: Increase of protective factors (knowledge, ability to identify social supports, sense of connection, compassion, happiness, hope, coping skills, self-care) and decrease in risk factors (stress, anxiety, depression, isolation, suicide) through psychoeducation, mindfulness, and social connection.
Outcomes: 80% of participants identified a decrease in risk factors, and 83% of participants indicated an increase in protective factors.

School District Counselors

Component: Prevention and Early Intervention (18/19) & Early Intervention (19/20)
Services Provided: Five school counselors were funded 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.
Expected Outcomes: Increased access and linkage to services for school aged youth and family members.
Outcomes: The outcomes for this program were determined by the reduction of prolonged suffering from untreated mental illness as determined by the following:
1. The number of individuals referred to mental health = 141
2. The number of students in groups with improved relational functioning = 2,110
3. The number of students receiving crisis intervention = 636
4. The number of students linked to other services = 238

Drop-In Center

Component: Timely Access to Services (18/19 & 19/20)
Services Provided: The drop-in center was designed to provide a Wellness Center that would provide outreach and engagement for the underserved homeless population.
Expected Outcomes: Improved timely access to services for underserved populations who need mental health services (specifically the homeless population).
Outcomes: The outcomes for this program were determined by the following:
1. The number of individuals referred to treatment beyond early onset - the number of referred to mental health services = 99
2. The number of individuals that engaged in treatment after the referral = 69
3. The average interval between referral and engagement = 6.47 days
4. The number of homeless individuals served = 110
Appendix F: Prevention and Early Intervention Outcomes PPT (3 of 5)

**Crisis / TRAC Team**

- **Component:** Access and Linkage to Treatment (18/19 & 19/20)
- **Services Provided:** This team responds to the community during crisis(es) to intervene in situations before they reach a higher level of crisis.
- **Expected Outcome:** Improved timely access to services for underserved populations who need mental health services.
- **Outcomes:** The outcomes for this program were determined by the following data points:
  1. The number of individuals referred to mental health services = 99
  2. The number of individuals that followed through and engaged in services = 46
  3. The average duration between referral and engagement = 5.8 days

**Mental Health First Aid (MHFA)**

- **Component:** Outreach for Increasing Recognition for Early Signs (18/19 & 19/20 & 20/21)
- **Services Provided:** A national program of trainings to teach the skills to respond to the signs of a mental illness.
- **Expected Outcomes:** To provide outreach for increasing recognition of early signs of mental illness as well as promoting access to services.
- **Outcomes:** 99% of participants agree or strongly agree that as a result of their training, felt more confident that they could recognize the signs and symptoms that someone may be dealing with a mental health problem, and 98% of participants agree or strongly agree that as a result of their training, could assist someone who may be dealing with a mental health crisis seek professional help.

**Mariposa Minds Matter (MMM)**

- **Component:** Stigma and Discrimination Reduction (18/19 & 19/20 & 20/21)
- **Services Provided:** A committee aimed at raising awareness and educating the public on mental illness and substance use myths and facts. To engage children and families in conversations about mental illness and mental wellness, providing resources and materials to the community to experience self-care.
- **Expected Outcomes:** To promote a change in understanding, beliefs, or thoughts regarding having a mental illness and/or a change in understanding, beliefs, or thoughts regarding receiving mental health services.
- **Outcomes:** 59% of individuals had an increase in the understanding of what a serious mental illness is, and 73% of participants had an increase in an understanding of stigma.
Appendix F: Prevention and Early Intervention Outcomes PPT (4 of 5)

Central Valley Suicide Prevention Hotline

**Years Active:** 2015 - Current  **Number Served:** 175

**Component:** Suicide Prevention (18/19 & 19/20 & 2021)

**Services Provided:** A hotline that operates 24 hours per day, seven days a week and 365 days per year to assist individuals who are looking for resources and education regarding a loved one or a friend, provides support for those in crisis and keeps people safe who have suicidal ideation or that are in the process of killing themselves.

**Expected Outcomes:** The expected outcomes of this evidence-based practice is to reduce suicide by the accessibility of a local hotline providing timely access to services and access and linkage to treatment.

**Outcomes:** The number of calls doubled each fiscal year, speaking to the continued need for this resource.

School Services

**Years Active:** 2020 - Current  **Number Served:** 533

**Component:** Early Intervention (2021)

**Services Provided:** This school early intervention program is intended to bring about mental wellness aimed at measuring the reduction of prolonged suffering through several enrichment programs.

**Expected Outcomes:** To learn and practice positive ways of coping as seen by increasing knowledge of positive coping skills and to reduce the frequency and intensity of symptoms as seen by decreasing student’s symptom severity.

**Outcomes:** 95% of participants indicated feeling better after their participation in these activities.

School Suicide Prevention

**Years Active:** 2020 - Current  **Number Served:** 27

**Component:** Suicide Prevention (20/21)

**Services Provided:** A school-based suicide prevention program that targeted school aged youth designed to provide education on the signs and symptoms of suicide.

**Expected Outcomes:** Change attitudes, knowledge, and/or beliefs regarding suicide related to mental illness.

**Outcomes:** After the educational groups 89% of participants agreed or strongly agreed that they knew what signs of suicide looked like, 78% agreed or strongly agreed they knew three ways to ask for help, 82% agreed or strongly agreed they know at least three coping skills.
Questions??
Appendix G: BHB Minutes for 4/06/2022 (Page 1 of 2)

BEHAVIORAL HEALTH BOARD
of Mariposa County
Post Office Box 784
Mariposa, California 95338
(209) 966-3222

MINUTES
April 6, 2022
12:30 p.m. – 2 p.m.
Mariposa County Health & Human Services – Mariposa Conference Room
5362 Lemee Lane, Mariposa, California 95338

To attend on computer or smartphone (audio only) login to Zoom:
https://zoom.us/j/98598345239?pwd=OHkVlZ2ZvUHc0bWlEYzF0a3Zx09
Meeting ID 985-9834-5239, passcode 123456

To attend via telephone, call 1-669-900-6833, then at the prompts enter the following:
Meeting ID 985-9834-5239, participant ID #, passcode 123456

Members Present: Paul Brickett, Olga Leonard, Cpt. Sean Land, Debbie Woodbury
Members Excused: Rosemarie Smallcombe, Ellie McQuarrie
Members Absent: Matt DiPirro
Guests Present: Megan Atkinson, Mridini Vijay, Hal Nolen
Staff Present: Baljit Hundal, Lynn Rumfelt, Sheila Baker, Janice Braly, Gosia Gwiazda, Laura Glenn

Quorum: Yes

I. Call to Order/Roll Call: Meeting was called to order at 12:38 p.m. by Paul Brickett, Chair. Roll call introductions were made.

II. Mission Statement: The mission statement was read by Paul Brickett

III. Confirm Covid emergency and vote to extend option for teleconferenced BHB meetings as now required by AB381: Debbie Woodbury made a motion to accept; and Cpt. Sean Land seconded the motion. All members present voted “aye,” none were opposed or abstained. Motion passed unanimously.

IV. Approval of Meeting Minutes for March 2, 2022 (attachment): Cpt. Land made a motion to approve minutes. Debbie Woodward then mentioned that she was not at the March meeting and abstained to vote. As a result, there was not a quorum to vote today to approve March 2, 2022 meeting minutes. Minutes were not approved. Item will be tabled for next meeting on May 4, 2022.

V. Public Comments: Mridini Vijay from CALBHE/C shared link for March 2022 newsletter and trainings.

VI. Agenda Items
Appendix G: BHB Minutes for 4/06/2022 (Page 2 of 2)

A. Announcements: Butterfly Festival is this weekend!

B. Committees/Community Partner Reports:
   a. Mariposa Heritage House: No report
   b. Mariposa Minds Matter: Janice Braly reported MMM has been meeting biweekly and growing in membership. Recruitment efforts continue. MMM will have a booth at the butterfly festival this weekend with focus on mental health stigma and suicide prevention - please stop by and say hi. A movie event is in the works for June to address PTSD awareness and stigma for veterans – more info to come.
   c. Probation: No report
   d. Connections Shelter: Hal Nolen reported the shelter has been short-staffed and looking for coverage on the weekends. Currently 29 individuals are at the shelter and anticipate with Covid restrictions loosening up that more will be coming. Covid tests are done on-site.
   e. Mariposa Safe Families: Megan Atkinson reported Friday Night Live and Club Live programs have been implemented with 26 students enrolled total. Yesterday they went to the BOS and received proclamation for FNL month and Alcohol Awareness month. Youth advisory group and Afterschool Matters continue to be active in community – did pinwheel gardens for Child Abuse Prevention month awareness. Youth summit will be mid-November 2022 at the Tenaya Lodge (2 days). Youth will participate at Butterfly Festival and Safe at Home event this weekend. Community Family Bingo night is 4/22 at 5:30pm at the Sr. Center.
   f. Native Solutions: No report
   g. Today is a New Day Recovery Home? Donya will extend invite to Jerry Johnson to give updates at BHB meetings.

C. Old Business:
   a. Receive and approve 2022 BHB Annual Report to BOS: Paul presented the draft report to the BHB and asked for feedback. Goal is to do present to the BOS on May 3, 2022. Sean is willing to do the PPT and do the presentation. Debbie Woodbury made a motion to submit report as written. Sean 1 and seconded the motion. All members present voted “aye,” none were opposed or abstained. Motion passed unanimously.

D. New Business:
   a. MHSA Three-Year Prevention and Early Intervention Report by Laura Glenn: Presentation was given to the BHB.
   b. MHSA Annual Update by Laura Glenn: Presentation was given to the BHB.
   c. Review BOS New Policy Resolution 2022-115, including requirement for revised Bylaws: A subcommittee with members Paul Brickett, Debbie Woodbury and Cpt. Sean Land was formed to draft the new bylaws and present back to the BHB next month.

E. Review and Discuss Policy/Legislative Issues Relevant to the BHB: Skipped.

F. Review and Discuss BHRS Contracts (Quarterly): Sheila Baker mentioned currently contracts are in a review period and proposed that we discuss results at next meeting in May

G. Staff Reports:
   a. Acting Director of HHS: Joe Lynch – no report, not present
   b. Director of Health Services: Baljit Hundal reported there will be a BOS presentation regarding CalAIM, a Medi-Cal reform in California which includes significant improvements to the behavioral health system and process. Also, the
## Appendix H: MHSA Public Hearing PPT 06/01/2022 (Page 1 of 6)

### Mariposa County Mental Health Services Act – Annual Update

**Fiscal Year 2022 – 2023**

### Proposed Programs

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<tr>
<th>Community Services and Support</th>
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<tbody>
<tr>
<td>- Adult Full Service Partnership</td>
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<td>- Children's Full Service Partnership</td>
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<td>- Veterans Center</td>
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<tr>
<td>- Peer Support - Wellness Center</td>
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<tr>
<th>Preventive and Early Intervention</th>
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<tbody>
<tr>
<td>- Yosemite Youth Tax Credit Program</td>
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<tr>
<td>- Central Valley Suicide Prevention Coalition</td>
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<td>- Mental Health First Aid</td>
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<td>- Mariposa Mobile Health</td>
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<td>- School Early Intervention Program</td>
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<td>- School Suicide Prevention Program</td>
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<tr>
<th>Wellness, Education, and Training (WET)</th>
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<tr>
<td>- Regional Level Placement Program</td>
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### Community Services and Supports

- Agape 4a Services
- Clinical Management
- Counseling
- Day Treatment
- Group Home
- Residential Treatment
- Supportive Housing
- Youth Programs

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## Wellness Center

<table>
<thead>
<tr>
<th>Proposed Activities</th>
<th>Individuals Served</th>
<th>Expected Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides an environment to receive support and to form meaningful relationships</td>
<td>Anyone over the age of 18</td>
<td>Personal growth</td>
</tr>
<tr>
<td>Daily living activities (cooking, job training, stress management, budgeting etc.)</td>
<td>Can serve up to 12 individuals per day</td>
<td>Resources, connections, and referrals to mental health services</td>
</tr>
<tr>
<td>Provides wellness center hours in both Mariposa proper, and north county</td>
<td></td>
<td>Improved daily living skills</td>
</tr>
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<td></td>
<td></td>
<td>Built meaningful relationships</td>
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## Peer Support @ Wellness Center

<table>
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<tr>
<th>Proposed Activities</th>
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</thead>
<tbody>
<tr>
<td>Funds one peer support specialist with lived mental health experience to run the Wellness Center</td>
<td>One individual with lived mental health experience</td>
<td>Creates a ladder for individuals in the recovery stage of their mental health</td>
</tr>
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<td></td>
<td>Peer support is expected to serve up to 12 individuals per day</td>
<td>Creates an opportunity for further advancement in County employment</td>
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<td></td>
<td></td>
<td>Creates a more successful Wellness Center with a peer-to-peer interaction</td>
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## Prevention & Early Intervention Programs
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School Early Intervention Program

**Proposed Activities:**
- Early intervention program
- Implement enrichment programs for 5th-8th grade students
- Host a staff training around conflict resolution and creating strengths-based environment
- Provide student check-ins
- Clinical skills course, outdoor recreation program, cognitive behavioral interventions for trauma in schools

**Proposed Activities:**
- Early intervention program
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- Host a staff training around conflict resolution and creating strengths-based environment
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- Clinical skills course, outdoor recreation program, cognitive behavioral interventions for trauma in schools

**Individuals Served:**
- 1,522 individuals

**Expected Outcomes:**
- Enrichment programs and student check-ins
- Decrease in the severity of depression and anxiety
- Teacher trainings
- A decrease in the number of students who are sent out of the classroom after the conflict resolution training

Yosemite National Park Counselor

**Proposed Activities:**
- Community building/healthy wellness workshop
- Creative arts program
- Youth-led & management intensive wellness check-ins
- Loss enforcement & get help counselor suicide prevention
- Search and rescue stress consultation
- Emotional intelligence workshop
- Mental health and communication series
- Healthy couples workshop
- Crisis natural disaster/ suicide response

**Proposed Activities:**
- Community building/healthy wellness workshop
- Creative arts program
- Youth-led & management intensive wellness check-ins
- Loss enforcement & get help counselor suicide prevention
- Search and rescue stress consultation
- Emotional intelligence workshop
- Mental health and communication series
- Healthy couples workshop
- Crisis natural disaster/ suicide response

**Individuals Served:**
- 273 individuals annually

**Expected Outcomes:**
- An increase in protective factors: including, but not limited to, coping skills, mindfulness, or mental health awareness
- Decrease in number of hospitalizations, hospitalizing and suicidal interventions
- Decrease in workplace, learning, positive communication skills, increase in personal health, identification of potential threats and reduction
- An increase in level of connection
- A decrease of negative effects, including, but not limited to, stress, isolation, anxiety, disconnection, and depression

Mental Health First Aid

**Proposed Activities:**
- Outreach for increasing recognition on the signs and symptoms of mental illness
- Engage and train potential first responders to recognize and respond effectively to early signs of mental illness

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- Outreach for increasing recognition on the signs and symptoms of mental illness
- Engage and train potential first responders to recognize and respond effectively to early signs of mental illness

**Individuals Served:**
- This program is expected to serve up to 30 individuals annually and will hold a minimum of four trainings each year

**Expected Outcomes:**
- Increase knowledge on the signs, symptoms, risk factors, protective factors, and confidence to assist someone who may be experiencing a mental health crisis

**Individuals Served:**
- This program is expected to serve up to 30 individuals annually and will hold a minimum of four trainings each year

**Expected Outcomes:**
- Increase knowledge on the signs, symptoms, risk factors, protective factors, and confidence to assist someone who may be experiencing a mental health crisis
Mariposa Minds Matter

Proposed Activities:
- Stigma and discrimination reduction program
- Develop and participate in stigma and discrimination reducing activities
- Hold baseline community events to promote awareness and participation in mental health and wellness education activities

Individuals Served:
- This program is expected to serve up to 300 individuals annually

Expected Outcomes:
- The expected outcomes include a reduction in negative feelings, attitudes, beliefs, perceived stigma, and discrimination related to being diagnosed with a mental illness or receiving mental health services
- Pre/post surveys will be utilized to measure any changes in attitudes, knowledge, and/or behavioral regarding mental health

Central Valley Suicide Prevention Hotline

Proposed Activities:
- Suicide Prevention Program
- Provides a suicide prevention hotline 24/7 hours per day, seven days a week, and 365 days per year

Individuals Served:
- This hotline is expected to serve up to 50 individuals annually

Expected Outcomes:
- Reduce suicide by the accessibility of a local hotline providing timely access to services
- Designed to change attitudes, knowledge, and behavior to prevent mental illness related suicide

School Suicide Prevention Program

Proposed Activities:
- Implement a suicide prevention program and education groups – Hope Project
- Monthly group services through the school year that includes psychoeducation and social-emotional programming

Individuals Served:
- This program is designed to provide services to the outlying and isolated schools (Yosemite, El Portal, Din-Pedro, Greely Hill, and Wasay Valley)
- This program is expected to serve up to 50 individuals annually

Expected Outcomes:
- Engage youth in conversations about suicide in an attempt to provide education and reduce stigma
- Programs will measure a change in attitude, beliefs, behaviors, and knowledge about suicide
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Innovation Programs

Psychiatric Advance Directives

<table>
<thead>
<tr>
<th>Proposed Activities</th>
<th>Individuals Served</th>
<th>Expected Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Engage the community, consumers, peers, advocacy groups, and law enforcement to participate in developing and implementing psychiatric advance directives (PADs)</td>
<td>• MCBHRS will continue to develop this project and work with stakeholders to identify the priority populations, such as homeless, aging, and hospital-based populations.</td>
<td>• Successfully create PADs platform for statewide use.</td>
</tr>
<tr>
<td>• Create a standardized PAD template</td>
<td>• Training for trainers</td>
<td>• Draft and advocate for legislation enabling PAD use, accessibility, adherence and sustainability.</td>
</tr>
<tr>
<td>• Training for trainers</td>
<td>• Create statewide PADs technology platform</td>
<td>• Evaluate the process and success in engaging clients and non-engaged consumers.</td>
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Workforce, Education & Training Programs
Central Regional Partnership

<table>
<thead>
<tr>
<th>Proposed Activities</th>
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<th>Expected Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>To address workforce shortages - Implement a loan repayment assistance program for mental health professionals in exchange for a paid work commitment.</td>
<td>Licensed / Associate Clinical Social Worker</td>
<td>Reduce workforce shortages of qualified staff in the mental health field by supporting, building, and retaining staff.</td>
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<tr>
<td></td>
<td>Licensed / Associate Marriage and Family Therapist</td>
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<td></td>
<td>Licensed / Associate Professional Clinical Counselor</td>
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<tr>
<td></td>
<td>Licensed Psychiatrist</td>
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<tr>
<td></td>
<td>Psychiatric Mental Health Nurse Practitioner</td>
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<tr>
<td></td>
<td>Licensed Clinical Psychiatric Pharmacist</td>
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</tbody>
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Questions??
To provide feedback on the proposed programs please send an email to lglenn@mariposacounty.org OR please plan to attend the Public Hearing.