



**Mariposa County
Human Services**

Growing Strong, Safe, Healthy Communities

Mariposa County 2017-2020 Mental Health Services Act Three Year Plan

Dated June 20, 2017

Mariposa County Behavioral Health and Recovery Services
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Mariposa, Ca. 95338

Introduction:

This document presents the three-year MHSA plan for Mariposa County. Mariposa County received our 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 implementing 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.

In 2009, we initiated Prevention and Early Intervention (PEI) programs in the county's schools. In the following years we expanded our work in the schools and began other prevention projects in the county. With new PEI requirements we plan to further expand PEI strategies in our communities.

Throughout the state, Prevention and Early Intervention Programs not only save money associated with costlier interventions, but more importantly improve the lives of our community members, as indicated in The Mental Health Services Oversight and Accountability Commission Summary and Synthesis of County MHSA Evaluations. This summary reported strong associations between participation in FSP programs (which provide "whatever it takes" to provide those with severe mental illness or emotional disturbance with support) and reductions in homelessness and psychiatric hospitalizations. Reductions were also seen in arrests and incarceration rates, although findings varied widely. Several trends appeared, including reductions in physical health emergencies, positive education outcomes for youth and improved mental health and quality of life.

County Description

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 a dearth 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.

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 90% white, 3.5% Native American, 7.8% Hispanic (of any race). In addition, nearly 21% of the population aged 5 and older has a disability, as compared to less than 13% in the state overall.

Mariposa's population is supported by approximately 5,300 wage and salary jobs primarily in the local government and leisure industry. The lack of available jobs leads to higher unemployment, lower median household income, and a higher proportion of the population living below poverty as compared to the state overall. In such economically challenging conditions, the wellbeing of the County must be protected against the myriad of negative consequences of poverty.

Moreover, 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 Human Services Department, 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, and also provides an environment conducive for illegal activities and substance abuse. Additionally, those in need of services face multiple barriers to accessing them. Given the challenging landscape of this County, the wellbeing of our residents must be safeguarded, and opportunities to excel maximized.

Moreover, our population struggles with housing, food security, and transportation – basic needs without which individuals and families can easily fall into bouts of cyclical poverty. Given these challenges, this needs assessment is presented to help decision makers better understand the social and economic landscape of the County.

Community Services and Supports

Assessment of Mental Health Needs

When looking at the census data it is evident that the small rural county of Mariposa has not seen significant change in population, race or ethnicity in the last 10 years. We have been building the infrastructure of our CSOC and ASOC programs since our original MHSA plan was approved in 2005, and we continue to improve upon our services. During the next three years, we plan to maintain our current programs; however our goal is to improve our current programs so that they better meet the needs of our clients and family members. We have made strides forward in fully implementing the Recovery Model through support and training for staff. We have provided an ongoing series of trainings through a managed care organization during this past year. Our CSOC unit has been addressing the needs of foster youth through collaboration and training with the Child Welfare Services division. Our goal is to continue to provide best practice services for our clients by supporting ongoing staff development. We have begun to implement more intensive services to those with mental illness involved in the criminal justice system. This is being accomplished through the expansion of our team approach Innovation Project. Our stakeholder process once again confirmed the need for mental health support on school sites. We propose to continue and expand our school site services through PEI funding. Cultural Responsiveness is addressed through our current Cultural Competence Plan that includes trainings relevant to the cultures of our various populations in the county, including disparities found in the older adult population. Although we are a small county, 24/7 services are provided with the support of the Triage Response Assessment of Crisis (TRAC) team.

Identification of Issues

Although we do not meet the language threshold for any population, we do have a growing Hispanic population. However, their numbers have not expanded as previously projected. The Native American Community data also indicates a service need, however, it does not reflect the numbers of Native American persons being served through a SAMSHA grant that the Mariposa County Behavioral Health and Recovery Services has given to the Me Wu Mati American Indian Center to provide Mental Health services to the Native American community.

One apparent disparity found in the most current data for our penetration rate was found in the *0-5 population* with a 1.58% penetration rate. The population of persons under age 5 is smaller

in Mariposa than it is statewide (4.2% compared to 6.7%). We had been referring this population to community providers but we have begun serving them in-house with qualified CSOC staff. This population however was not seen to need additional services in our stakeholder process.

Another disparity was seen in our 60+ with a 5.14% penetration rate. Mariposa County has historically had a higher proportion of retirement-aged residents as the attractiveness of the county's location for retirement attracts older individuals into the county. Relative to the state of California, Mariposa County has a higher concentration of persons aged 60 and older (31% of the County, compared to 17% in the state overall). It was thought that stigma was a major factor with older adults accessing services and this was confirmed in our stakeholder process. The county started a Stigma Reduction Committee in 2016 to address this issue and proposes to expand this intervention with PEI funding. Our Cultural Responsiveness Committee has begun to address this issue also with outreach and trainings. Additionally, we will be collaborating with Area 12 Agency on Aging and the Senior Services Collaboration to assure this population's mental health needs are addressed.

Through both verbal and written feedback, stakeholders discussed the need for increased mental health services for Veterans. Compared to the state of California overall, Mariposa County has a greater proportion of civilian veterans than the state overall: 11.0% compared to 4.5%. In 2016 our Cultural Responsiveness Committee brought a panel of Veteran Service providers to train staff and community members about available services. Our plan is to continue to collaborate with established Veteran Service providers and groups, such as the Veteran's Services Administration, to determine how best to serve this population locally. Although resources exist to serve our County's residents, they are often located great distances away and are inaccessible. Updates to our MHSA Plan will occur once a determination is made as to the gaps in services and how to best close them.

Additionally, our stakeholder process identified problems in outreach and engagement. The inability to access services, especially for the homeless, seemed to be directly tied to this population's difficulty understanding county systems and services as a whole. Stakeholders strongly indicated a need for increased services for the homeless population. In the 2015, Mariposa County's HUD (Housing and Urban Development) Point in Time Count found that there were a total 52 homeless individuals in the County, representing just a portion of this population - those that we could access and that were willing to speak to us. We know from data that those with severe mental illnesses may be more reluctant to engage with providers in our community and therefore may have been underrepresented in our Point in Time Count.

One of our current priorities is to fund Peer System Navigators, to provide personal one on one assistance through a variety of services offered not only by the County but through our community based partners, with a focus on navigating those services that are likely to promote mental health and wellness.

Although we currently have a Drop-In Center that we have funded for almost two years with MHSA Funds, through the stakeholder process, consumers and staff identified that more targeted Wellness Center activities, specific to those with ASOC FSPs (SMI population) were needed. In 2015, The Alliance for Community Transformations, a local community based non-profit, was awarded a contract to grow its existing recovery support services center into a "Wellness Center." This happened after consumer of our existing Wellness Center (The

ROADHouse) wanted to go under the auspices of a non-profit to give them flexibility to expand programming, fundraising, etc. As the community needs have morphed over time and the need to serve an expanding homeless population has grown, The Alliance has adapted to this need and has become more of a Drop-In Center, serving a broader variety of individuals. Through the stakeholder process, it was determined that there is a subset of community members with the most significant mental health needs may not feel comfortable or safe engaging with folks who are struggling with addiction or homelessness and who receive supports from the Drop-In Center run by Alliance, despite Alliance’s ability to connect with a wide variety of individuals from the community. It was indicated as a priority on stakeholder surveys as well. For this reason, we are proposing a slight course correction which would continue to fund Alliance to run a Drop-In Center utilizing Prevention and Early Intervention funds (see below), however, to also fund a part-time county-operated Wellness Center. The activities offered will be consumer driven and facilitated by both a Peer Support specialist and a part-time clinician. This will be a priority.

Full Service Partnerships

We have been building the infrastructure of our Children’s System of Care (CSOC) and Adult System of Care (ASOC) since our original plan was adopted in 2005. We have made strides forward in fully implementing the Recovery Model through support and training for staff. We have provided an ongoing series of trainings through a managed care organization during this past year. Our goal is to continue to provide best practice services for our clients by supporting ongoing staff development. Cultural Responsiveness is assured through our current Cultural Competence Plan that includes trainings relevant to our county’s cultures. Although we are a small county, 24/7 services are provided with the support of the Crisis/Triage Team (TRAC).

Due to a static population growth in the county, our estimates of numbers served will remain fairly stable for the next three years with the expectation of growth in our services to older adults due to our increased outreach efforts and growth in services to 0-5 year-old populations as we have increased our ability to serve them in house. However, as our programs mature, a greater emphasis is on the team approach. We will be providing a greater degree of intense services requiring additional team members.

The following table demonstrates our percentages of FSP consumers served, broken down by gender, race/ethnicity, and age. (Due to HIPAA concerns related to our low overall numbers, we can only show percentages.)

Consumers by Age/Race/Ethnicity

Percent	FSP Youth	FSP TAY	FSP Adult	FSP Older Adults
of total served	40%	24%	32%	16%
of males	47%	67%	33%	50%

of females	53%	33%	67%	50%
of not Hispanic	80%	78%	92%	100%
of Hispanic	2%	23%	8.3%	0%
of Native American	6.6%	0%	8.3%	0%
of Non White - other	6.6%	11%	0%	0%
of Laotian	0%	11%	0%	0%
of White	80%	67%	83%	83%
of Unknown not reported	6.6%	11%	8.3%	17%

Adults System Of Care

The stakeholder process indicated adults and older adults were second only school-age children in needing additional mental health services. California Mental Health Prevalence Estimates Task Team indicate that within the adult age group we are not serving approximately 98 cases and in the older adult age group we are not serving approximately 60 cases. Cases not being served by gender include an estimate of 80 females and 89 males. By race/ethnicity, we are not serving 111 White, 17 Hispanic, 4 African American and 17 Native American individuals. It is our goal to increase service proportionality to better serve those with SMI that are currently unserved by increasing our outreach through proposed PEI programing.

We will continue to implement the team approach for our FSP clients. The FSP ASOC team encompasses SUD counselors, mental health clinicians and case managers along with community supports. Our Innovation Program – Adult Team Meetings (ATM) has been successfully implemented for high risk clients providing the client driven team meeting approach. We are expanding the program to include appropriate and eligible Behavioral Health Court participants in the next 3 years. Throughout all ASOC services, we promote a strength-based recovery methodology, doing whatever it takes, to support the client on their path to wellness. Each client’s progress is evaluated using the Milestones of Recovery Scale (MORS).

We continue to operate the “transitional living apartment” we have operated for many years as a means to provide supportive living for those transitioning out of higher levels of care. Additionally have expanded our transitional living quarters to include another small home to create transitional living for two additional FSP participants. In the past year we have seen one FSP client receiving intensive Adult Team Meeting services transition out of being on LPS conservatorship while utilizing the apartment. Mariposa County Human Services is planning the addition of permanent supportive housing through HUD Continuum of Care funds that could possibly benefit FSP clients.

Children’s System Of Care

California Mental Health Prevalence Estimates Task Team indicate that school-age children are

being served adequately in Mariposa County. However, the stakeholder process as mentioned above indicated the top need for additional services was school-age children. Stakeholders who were high school-aged strongly indicated the need for on-site mental health counselors. We propose to fund an on-site high school counselor with PEI dollars to address this need.

Full Service Partnerships (FSP) are our basis for providing comprehensive, intensive team services for children and their families. FSP services include therapy, case management, team meetings, coaching, and life skills along with behavior modification and parenting skills. Each client's recovery is supported with a strength assessment and is driven by the goals of the client. The program has embraced the changes brought about by Katie A. and, more recently, the Continuum of Care. We are working closely with Child Welfare Services (CWS) as we strive to improve both systems. We intend to utilize the Child and Adolescent Needs and Strengths (CANS) evidence based assessment tool. This allows us to monitor progress and evaluate effectiveness of services provided.

Wraparound WIC Section 18250

Wraparound in Mariposa functions as part of the CSOC program and is funded through Social Services Foster Care component of 2011 Realignment Local revenue funds. It works in conjunction with Mariposa County Probation and CWS. There has been a significant drop-in the number of referrals through changes in both the CWS and Probation systems in the last 2 years.

Outreach and Engagement

Wellness Center

As described above, in 2015, the county contracted with the Alliance for Community Transformations to operate a wellness center partially funded through MHSA funds. Our community environment has changed along with the population served through this program. In conversations with Alliance and through feedback from our stakeholder process, we feel that *outreach and engagement of our unserved and underserved population* will be best served through shifting this program from a "wellness center" to a "drop-in center".

This shift in our community needs has left a gap for providing a "wellness center" program for clients with SMI in the mental health recovery process. We plan to offer wellness center activities at our County's Human Services Family Service Center approximately 12-15 hours per week. The activities offered will be guided by the needs of our FSP clients and facilitated by a clinician and a peer support specialist. Offerings will include groups, classes and activities to enhance the recovery process.

Peer Support

Part of our overall new MHSA strategies includes starting a peer support team. Although in the past efforts have been made in peer strategies, none have proven successful in the long run. We believe this is due to lack of supervisor and staff preparation, investment, recruitment and appropriate oversight of the peer program. To assure readiness we are working with Workforce Integration Support and Education (WISE) a program of NorCal Mental Health America. We have trained all supervisors with WISE Peer Support 101 for Supervisors. In order to assure

acceptance and understanding of a peer program, all staff will be trained by WISE prior to bringing on the peers. We plan to support interested and ready consumers to receive training in the WISE U Peer Support Program and subsequently hire peer specialists through this pool of candidates. We will encourage peers to pursue the National Mental Health America certification. Ongoing support will be provided through participation in both peer and supervisor WISE NorCal ongoing trainings and calls.

Our plans proposes utilizing one peer as a Systems Navigator and one peer in the role of a Wellness Center Peer Partner; we plan to add to this team as the programs develops. Additionally, we plan to partially fund an existing staff position to provide oversight to the peer support team.

- Peer Systems Navigator: Stakeholders repeatedly stated the need for the unserved to have support in navigating county systems in particular the mental health system. This will be funded the first year through WET funds (due to their sunset period in 2018) and then the next 2 years by PEI Access and Linkage to Treatment.
- Wellness Center Peer Partner: Wellness Center activities will be developed and supported by a Peer Partner. The Peer Partner will also facilitate and co-facilitate groups. As relationships build, the Peer Partner can then provide support in FSP services as needed. This portion of the Peer Support program will be funded in the first year through WET funds and then be funded in years 2 and 3 by CSS.

Prevention and Early Intervention

Prevention Component and Early Intervention Component

Approximate numbers to be served: 1000

Cost per person: \$300

In 2014, we explored how to increase our ability to prevent mental illness amongst children and youth. We 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 and made it difficult for the District to detect early warning signs of mental illness and even more difficult to provide support for the children and families. With the 2015 amendment to our PEI plan we were able to fund MCUSD in the amount of \$150,000 per year for 3 years. This provided funding at 66% for three full-time counselors to provide:

- Youth to youth mentoring programs
- Social support groups
- Resilience curriculum
- Counseling and Support Activities:
 - Individual counseling
 - Crisis intervention (suicide risk assessments, threat assessments)
 - Conflict resolution
 - Assistance and support with anti-bullying curriculum

- Student study teams and Section 504 meetings
- SARB board representation
- Collaboration with teachers, parents and outside agencies

Elementary School Counselor

Although data indicated an increase in all areas of service for our elementary age children, it became evident from stakeholder feedback and discussions with the District that another counselor was needed in the elementary schools as one of the counselors 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. It is proposed that an additional counselor be partially funded.

This community based practice *Prevention and Early Intervention* Program will 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 build protective factors by providing the following Counseling and Support Activities:

- Individual counseling
- Groups
- Crisis intervention (suicide risk assessments, threat assessments)
- Conflict resolution
- Assistance and support with anti-bullying curriculum
- Student study teams and Section 504 meetings
- SARB board representation
- Collaboration with teachers, parents and outside agencies

As children or their families are identified in need of further mental health services, the counselors will provide *Access and Linkage* to Mariposa County Behavioral Health and Recovery Services (MCBHRHS) for care and treatment. Onsite counselors facilitate Timely Access to Services for this underserved population by virtue of their accessibility and the school setting. The design and implementation of these activities in the school setting will be done in such a way to reduce Stigma attached to seeking or receiving services.

Outcomes and Indicators

Our expected outcomes are improved emotional and relational functioning along with timely access to services for school-age children.

Indicators will be number of children served in:

- Individual counseling
- Groups
- Crisis intervention (suicide risk assessments, threat assessments)
- Conflict resolution
- Assistance and support with anti-bullying curriculum
- Student study teams and Section 504 meetings
- SARB board representation
- Collaboration with teachers, parents and outside agencies

Additionally our expected outcomes will be increased *access and linkage to services* for school-

age children.

Indicators will be the number of children and family members referred to mental health services and number of those referred that engaged in services at least one time. Data will be collected through MCBHRS EHR.

Results and analysis of results of all PEI programs will include the perspective of diverse people with lived experience through our local Mental Health Board.

High School Counselor

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. Additionally, our data showed we had 29 unduplicated children in crisis of which 24 were high school-aged. The feedback and discussions indicated that this population age group is underserved. It is proposed that an additional high school counselor be funded.

This Community Based Practice *Early Intervention Program* will provide services and interventions to address and promote recovery and related functional outcomes for mental illness in early emergence by providing the following Counseling and Support Activities:

- Individual counseling
- Groups both on-site and in the community at the local youth drop-in center
- Crisis intervention (suicide risk assessments, threat assessments)
- Conflict resolution
- Collaboration with teachers, parents and outside agencies
- Youth-lead Stigma Reduction activities

As youth or their families are identified in need of further mental health services, the counselor will provide *Access and Linkage* to Mariposa County Behavioral Health and Recovery Services (MCBHRS) for care and treatment. Onsite counselors facilitate *Timely Access to Services* for this underserved population by virtue of their accessibility and the school and community setting. The design and implementation of these activities in the school and community setting will be done in such a way to reduce Stigma attached to seeking or receiving services.

Outcomes and Indicators

Our expected outcomes are improved emotional and relational functioning along with timely access to services for school-age children. Data will be collect biannually from District.

Indicators will be number of children served in:

- Individual counseling
- Groups both on-site and in the community at the local youth drop-in center
- Crisis intervention (suicide risk assessments, threat assessments)
- Conflict resolution
- Collaboration with teachers, parents and outside agencies
- Youth-lead Stigma Reduction activities

Additionally our expected outcomes will be *increased access and linkage to services* for high school-age youth. Indicators will be the number of youth and family members referred to mental

health services and number of those referred that engaged in services at least one time. Data will be collected through MCBHRS EHR.

Results and analysis of results of all PEI programs will include the perspective of diverse people with lived experience through our local Mental Health Board.

Timely Access to Services for Underserved Population Component

Approximate numbers to be served: 600 duplicated

Cost per person: \$125

Drop-in Center for Homeless

In 2015 the county contracted with the Alliance for Community Transformations a Community Based Organization (CBO) to operate a wellness center partially funded through MHSA funds. Our community environment has changed along with the population served through this program. In conversation with Alliance and through feedback from our stakeholder's process, we feel that outreach and engagement of our unserved and underserved population will be best served through shifting this program to a drop-in center.

(also see Outreach and Engagement CSS services)

Outcomes and Indicators

Our expected outcome for this community based practice is improved *Timely Access to Services for Underserved Populations* who need mental health services because of risk or presence of a mental illness. This will be accomplished by providing a convenient, accessible, acceptable, culturally appropriate setting within a CBO operated drop-in center.

Indicators will be number of linkages made to access treatment and number of linkages that result in engagement in services at least once. Additionally, time between linkage and engagement will be tracked. Determination of duration of untreated mental illness will be sought from individuals that engage.

Data will be collected through quarterly reports from CBO and MCBHRS EHR.

Results and analysis of results of all PEI programs will include the perspective of diverse people with lived experience through our local Mental Health Board.

Access and Linkage to Treatment Component

Approximate numbers to be served: 500

Cost per person \$16 in year 1

Cost per person: \$104 in years 2 and 3 (addition of peers)

Crisis/Triage Team -- TRAC

In 2014 MCBHRS created a Crisis/Triage Team, partially funded through the SB 82 grant. This Team responds with law enforcement, to the jail, to community-based organizations, to schools

and to our medical partners, not only during times of crisis, but to intervene in situations before they reach higher levels of crisis. Because the Triage Grant and Medi-Cal billing will not fully fund this Team, PEI funds will supplement funding the Team.

We plan to continue with this program as stakeholders have indicated in our satisfaction survey both the need and appreciation for this program that provides *Access and Linkages to Treatment*. The Team connects early in onset, children with emotional disturbance and with adults/older adults with serious mental illness to medically necessary care and treatment. This is accomplished through a 24/7 mobile crisis/triage response team and a 5 day-a-week warm line. Additionally, the Team does outreach in the community including the local wellness/drop-in center and homeless shelter. All of these activities touch the underserved populations in our community, especially those in generational poverty, a population identified in the 2015 Mariposa County Needs Assessment, assuring *Timely Access to Services* for those assisted by the Team. Additionally, stigma is reduced by serving people in an environment in which they are comfortable, such as the wellness/drop-in center.

Peer Systems Navigator

Stakeholders repeatedly stated the need for the unserved to have support in navigating county systems, in particular the mental health system. Our plan is to hire and train a Peer Support Specialist as a Systems Navigator to provide *Access and Linkages to Treatment* for the unserved and underserved. The Systems Navigator would spend time in various community locations, including the local drop-in center, to provide connections to services and timely access to treatment. This will be funded the first year (2017-18) through WET funds and then the next 2 years through PEI *Access and Linkage to Treatment*.

Outcomes and Indicators

Our expected outcome for this community-based practice is 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.

Data will be collected through MCBHRS EHR and Triage Grant documentation for quarterly reports.

Results and analysis of results of all PEI programs will include the perspective of diverse people with lived experience through our local Mental Health Board.

Outreach for Increasing Recognition of Early Signs of Mental Illness Component

Approximate numbers to be served: 100

Cost per person: \$100

Mental Health First Aid

Our 2014 plan included the added strategy of Mental Health First Aid as it has been shown to be a needed and appreciated service to staff and community partners. Stakeholders indicated support for continuing the program.

We plan to continue Mental Health First Aid (MHFA) as it is an effective evidence-based program for *Outreach for Increasing Recognition of Early Signs of Mental Illness*. The Program will engage and train first responders to recognize and respond effectively to early signs of mental illness. Responders will be community members, community partners, consumers and family members. In 2016, we trained 2 MHFA trainers for a total of 4 for the county (3 staff, 1 community provider). As opportunities arise, additional staff will be trained as trainers.

Each training provided will inform responders on how to access and link individuals to treatment. Trained responders may interface with unserved or underserved populations and will be trained in assisting an individual in seeking treatment. It is expected that this will promote timely access to services.

Results and analysis of results of all PEI programs will include the perspective of diverse people with lived experience through our local Mental Health Board.

Stigma and Discrimination Reduction Component

Approximate numbers to be served: 500

Cost per person: \$10

Stigma Reduction Committee – Lived Experience Speakers

In 2016 we began a Stigma Reduction Committee (SRC) as a Mental Health Board (MHB) task force. The committee was made up of consumers, community-based partners, MHB members and staff. The first project was a Mariposa Minds Matter event with a speaker from NAMI and a Mental Health Wellness event at the local farmers market. Stemming from the Mariposa Minds Matter event were a Friends and Family peer-led group provided at the Alliance drop-in/wellness center. Also there was interest in the development of a lived experience speakers bureau.

We plan to continue the SRC activities and to develop the speakers bureau in order promote *Stigma and Discrimination Reduction*. The speakers bureau will be a community based practice similar to a practice is used by NAMI In Our Own Voice. Other activities determined by the committee members will be designed to reduce stigma in our unique rural community. Even though this program consists mainly of one touch encounters, we will strive to provide access and linkage and timely access to services as appropriate for individuals attending events.

Outcomes and Indicators

Our expected outcomes for attendees of the speakers bureau and other activities are 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, inclusion for individuals with mental illness and their families. It is also expected to encourage self acceptance for the members of the SRC and speakers bureau.

Indicators will be reduction in stigma as seen in a pre-survey to a post surveys on the following:

- Change in attitudes
- Change in perceptions
- Change in acceptance

Data will be collect at each event as appropriate through pre- and post-surveys.

Results and analysis of results of all PEI programs will include the perspective of diverse people with lived experience through our local Mental Health Board.

Suicide Prevention Component

Approximate numbers to be served:

- calls to hotline: 50
- training: 150

Approximate cost per person: \$33

Central Valley Suicide Prevention Hotline

We plan to continue our support of Central Valley Suicide Prevention Hotline. We plan to seek trainings that are provided by this organization for our staff and community in hopes to further the use of the hotline in our community as a means of *Suicide Prevention*.

The Central Valley Crisis and Suicide Prevention Hotline, CVSPH, took their first call on January 17, 2013. The Hotline operated on a limited basis five days a week for twelve hours each day. In July 2013, CVSPH expanded operation to 24 hours per day, seven days per week, 365 days per year. In January 2014, CVSPH received National Accreditation being recognized as a best practices call center by the American Association of Suicidology. The Hotline is also a member of National Suicide Prevention Lifeline which provides interpreters for 150 different languages. CVSPH serves California's Central Valley, a culturally diverse group of seven counties: Fresno, Tulare, Kings, Madera, Mariposa, Merced and Stanislaus. The Hotline is operated by staff utilizing volunteers to minimize cost and maximize efficiency.

The Hotline helps 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.

CVSPH is funded by California Central Valley Counties and sponsored by Kings View Behavioral Health Systems.

Outcomes and Indicators

Our 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 linkages to treatment. The selected indicator will be number of calls to the hotline each month.

Results and analysis of results of all PEI programs will include the perspective of diverse people with lived experience through our local Mental Health Board.

Workforce Education and Training (WET) and Capital Facilities and Technology Needs (CFTN)

During the first year of our plan we are proposing several strategies to support our workforce needs. We plan to continue to provide paid internships for unlicensed students who are training to be clinicians. We currently have one intern in this position. We also propose to fund clinical supervision for the interns serving our clients.

Additionally, we plan to fully implement a Peer Support program. During the first year of the grant we will develop and train staff and peers using WET funds. We are working with Workforce Integration Support and Education (WISE), a program of NorCal Mental Health America funded by OSHPD. We recently provided lodging, meals and transportation to enable four consumers to attend WISE U, a 10-day peer training program. Although there was no promise or expectation of employment at completion, this will widen our pool of trained peers to employ. The local CBO also took advantage of this opportunity and sent two volunteers to the training.

Experience has shown that success or failure of a peer program lies in the readiness of an organizations to implement the program. In preparation of hiring peer support staff, all of our supervisory staff have been trained by WISE in the foundations of peer support programs. Our intention is to have all staff trained in the basic understanding of peer support principals prior to bringing on peer supports. Trained peers will be funded in years 2 and 3 with CSS and PEI funds.

Capital Facilities and Technology Needs (CFTN)

We no longer have any of these one time funds.

Innovation

Approximate numbers to be served: 20

Per Person cost: \$12,700

Adult Team Meetings

Our current Innovation Project introduced the concept of team decision meetings that has been proven effective in the child welfare setting to the adult population. The key assumption in the team decision making is a group can be more effective in decision making. The desired project goals are to improve mental health care, independent living and self sufficiency for adult mental health consumers. The consumer and their family or other natural supports are full participants in the meetings. Additionally, various providers are invited to participate as needed in the ongoing meetings. All participants are at the request and agreement of the consumer and the program is completely voluntary. We began implementing the program in 2016 and early data indicates success with our initial consumers we are now expanding this program. We are also expanding the project to include a Behavioral Health Court program, implementing the same basic concepts for this population, with the addition of support from the criminal justice system. This is a diversion strategy for individuals with mental illness.

Due to HIPAA concerns we are unable to give demographics because of the small number of participants and county population.

Evaluation Summary

The first year of Innovation Adult Team Meetings program demonstrated strong outcomes for the clients who have engaged in the program to date. All clients experienced initial gains within the first month program engagement, particularly in the areas they initially presented with greatest needs, providing initial boost to the clients' trajectory.

While some expected some decline th their hospitalization and linkages ratings while others appear to have experienced continual gains and or a leveling off of gains at a higher level of functioning approaching overall self-sufficiency than when they first began.

Community Program Planning Process (CPPP)

Mariposa County Behavioral Health and Recovery Services (MCBHRS) designated a team of 5 to coordinate and manage the CPPP. The team was comprised of the Human Services Director, Chevon Kothari; Senior Fiscal Administrative Analyst, Randy Ridenhour; Quality Assurance Supervisor, Christine Doss; Quality Assurance Staff/MHSA Coordinator Deb Drenon, and Senior Office Assistant, Donya Evans. Training and support were provided to the team on the CPPP.

The team assured stakeholder involvement by facilitating over 20 stakeholder meetings throughout the county in an attempt to meet stakeholders where they felt most comfortable. Each presentation included information/training about the MHSA and the Community Program Planning Process. In addition, surveys were provided and collected at each convening. Summaries of survey results and stakeholder input are attached.

Stakeholder participation of representatives of unserved and/or underserved populations and family members included meetings at Mariposa Open Arms, the local homeless shelter, the leadership of the Mariposa Open Arms, Mariposa Heritage House, the local drop-in center and the leadership of Mariposa Heritage House. We also presented to and sought feedback from the Veterans American Legion.

To ensure that stakeholders reflected the diversity of the demographics of the county geographically the team participated in a Town Hall Meeting in the northern portion (and more geographically remote) of our county with over 100 participants. Surveys were distributed and collected at the north county office in Coulterville.

Mariposa County Unified School District hosted a leadership team meeting in which we presented and received feedback. Additionally, surveys were distributed and collected, not only for those present but additionally from the local school as well.

To ensure that stakeholders reflect the diversity of the demographics of the county age groups stakeholder meetings were held with the local Child Care Planning Agency, Ethos youth drop-in

center, Mariposa County Unified School District leadership meeting, Mariposa County High School Associated Student Body, Area 12 Agency on Aging and the Senior Services Coalition.

Outreach to clients with serious mental illness and or serious emotional disturbance and their family members included stakeholder meetings with clients with co-occurring diagnoses, client coping skills group and Mariposa County Sp.Ed and School Counselors. We also met and sought feedback from the Mental Health Board and the Stigma Reduction Subcommittee of the Mental Health Board.

The Local Review Process

Public Notice of Public Hearing was posted for 2 weeks starting May 11, 2017 in the Mariposa Gazette for the Public Hearing on the timed agenda at the Mariposa County Board of Supervisors Meeting on Tuesday, June 20, 2017, at 2:00PM.

The notice also informed the public that a draft of the 2017-2020 Mariposa County MHSA Program and Expenditure Plan was posted on the Mariposa County website, at the Mariposa County Hall of Records, Mariposa County Libraries, the lobby of the Human Services Center, and the lobby of Family Service Center. Additionally, a copy of the draft was emailed to participants of the stakeholder meetings and the Mariposa Mental Health Board. The notice explained how to obtain a copy of the draft plan, how to give feedback and how to request an accommodation for the public hearing.

Recommendations and feedback during 30 day public comment

One Mental Health Board member commented in an email after receiving a copy of the draft plan that “it is really the most honest report I have seen” and “you guys did a great job!”. She went on to recommend “Moving on to the next big hurdle; housing and the homeless. The homeless cannot all be housed the same; addiction, mental illness and life's consequence homeless take very different action. Someone who is homeless because of job loss, housing loss, or illness can typically get back into housing with just a little financial help. The mentally ill and addicts are not so easy. The illness must be treated first and continually in order for housing to have a positive impact”. This recommendation confirms that we should move forward with efforts to reach the unserved through funding a drop in center and funding a Peer Systems Navigator. Additional feedback was received from our partners in the school system. Their recommendation was to provide flexibility around the plan to partially fund school counselors. Some of country is very remote and the schools have had some difficulty finding school counselors. The flexibility they would like to have is to hire teacher/social skill coaches. We plan develop this approach further with them.

MHSA Stakeholder Summaries

See attachment for Stakeholder Survey and Demographic Results

Stakeholder training/education to MHSA and MHSA Planning Process was included in each stakeholder presentation. We talked about the stakeholders input as a part of the planning process along with the timelines. It was explained to stakeholder that some components are required such as Community Services and Supports are required to have the Full Service Partnership programs for both children and adults. Verbal feedback was sought along with survey input. Some themes throughout the stakeholder process included transportation, housing, employment and not knowing about available services. Feedback was sought from 21 entities with an interest in mental health services including individuals with serious mental illness and their families. Providers of mental health services and related services, educators, law enforcement, and other organizations with interest in mental health services were also included. Some of the of the feedback seems to indicate the need for more services in the following areas:

- Local veterans
- Peer support
- Isolated older adults
- Help in navigating county services
- Increase school based counseling
- Increased targeted wellness center activities for SMI population

MHB - Process Only Stakeholder Meeting 3/2/17

Feedback was received from MH Board regarding MHSA Stakeholder process and to whom to present to and solicit feedback from

- Members suggested presentations to high school groups.
- Members suggested seeking more feedback from older adults.

Associated Student Body of Mariposa County Unified School District 3/27/17

Students expressed the need for more overall on-site counseling to deal with the stress of high school and the stress of not having life skills for after high school. The students also expressed concern about stigma around mental health.

Quotes:

- "The biggest problem is we do not have counselors that people feel like they can talk to regarding problems they are having in school."
- "The stigma against it (mental health) having problems like that is kind of ignored, no one wants to deal with it."
- "People who are specialized to counsel emotional problems"
- "Awareness and acceptance - counseling"

Greeley Hill School Survey 3/17/17

Participants expressed concern with the distance to mental health services and transportation. They saw the biggest need for services to be prevention services in the schools.

Quotes:

- "Lack of transportation to services, lack of services"
- "We are so far away from the mental health facility"

Coulterville Office - 3/17/17

Participants expressed concerns for drug and alcohol abuse and the need for treatment. They also expressed concerns about not having enough counselors and transportation.

Quotes:

- "Rides to doctors"

- “Not enough counselors”
- “Drug and alcohol abuse”

Local Child Care Planning Council 3/20/17

Participants had a variety of concerns ranging from the need for older adult day care to the need for parenting classes that seemed relevant to the group. They were also interested in trainings such as MHFA for staff.

Quotes:

- “Preschool families - parent support education”
- “Consistent access and care for families and individuals”

Mariposa Heritage House (Drop-in/Wellness Center) staff 3/24/17

The staff had concerns about housing and services such as dental for the homeless. They discussed the need for a 24/7 shelter. There was concern with motivation to encourage engagement of homeless, maybe more socialization activities.

Quotes:

- What is needed? “Housing”
- “More field trips for clients at MHH, transportation, hiking, camping. Social activities and outings”

Senior Services Collaboration Meeting 3/23/17

The group discussed the need for some sort of outreach to isolated seniors. The old Friendly Visitor Program was discussed as well as a “Senior to Senior Project” that connected high school seniors to call isolated senior citizens. Additionally it was noted that April Holly of Parks and Recreation was starting a community service program for high school youth.

North County Town Hall Meeting 3/15/17

There was a robust turnout at the Greeley Hill Community Center for the Town Hall meeting with around 120 attendees with representation of SO, Probation, Cal Fire, Mariposa Conservation District, Area 12 on Aging, the Health Dept, JCF Hospital, Alliance and other Mariposa agencies. Surveys were passed out and MHSA information was available at the Human Services table.

There were comments encouraging more services for children in the schools and more counselor time in the schools (school principal was given surveys to circulate). There were comments on the need for more overall mental health services for the area.

Quotes:

- “More education on the patterns for mental health and prevention and recovery”
- “I feel if there were more people working there would be less mental health issues”
- “Prevention workshops - grief counseling”
- “Low level services for those who can’t afford private pay”
- “There have been no services available, providers are unwilling to travel to our area”

Ethos Youth Center 3/14/17

Those at the Ethos expressed the need for a larger facility with more activities, more paid staff, more physical activities - skating area free from drugs, a place for groups, and groups to support each other with similar experiences - what’s going on in families.

Quotes:

- “Youth activities” (needed)
- “Too many drugs - more patrol by law enforcement (of skate park)”
- “Awareness, tools and skills to manage”

Mariposa County Special Education Director and School Counselors 2/10/17

All stakeholders at the meeting agreed that funding another counselor would be of great benefit. Also discussed was the possibility of a funded counselor for the high school - all participants thought it was needed.

Quotes:

Marcia Miller explained that they are now able to serve at least 3X more students with PEI services and with more in-depth services than before the PEI funding. She demonstrated with the semester report data. School counselor, Karen Rust, added that she is able to spend more time on projects with students and more time with the students she is counseling.

American Legion 3/1/17

The overriding concern and needs expressed was for MH services for veterans locally such as a group led by vets for vets.

The surveys reflected the need of increased services for adults and older adults in the comments. Housing was also a concern.

Quotes:

- "Easy access to services, knowledge of services and locations"
- "Help for new returning vets"
- "Promotion, expansion of services, easy to find locations with walk-in services, VA services in the local area"
- "Care not export services. Respect for their struggle"
- "Vets talk to other vets - civilians do not understand"

Alcohol and Other Drug Advisory Board 3/15/17

This group expressed the need for peer services. Additionally, the children of those involved in the criminal justice system was discussed and expanded to the needs of a whole family - it was suggested to have a program such as Celebrating Families or some type of Wrap services for the whole family. There was concern for junior high and high school-age children. For the homeless population there was a suggestion for continuing services and providing work in the community.

Quotes:

- "Increased quality in programs, peer counselors necessary"
- "Better intervention at jr high and high schools"
- "Need to look at children whose parents are in judicial system, and affects on the children (schooling and mental health). Work on the family as a unit and the health of the family - not just the individual"

Community Corrections Partnership 3/17/17

Participants clarified how BH court is funded. There was a discussion around covering the needs of people that are not severely mentally ill or have other health problems.

Quotes:

- "Services for " moderate" needs population, and serving the family unit as a whole"
- Assistance for folks who "fall between the cracks" (folks with SMI and "other issues" - TBI etc)

- “How to sign up meetings / flyer/ web-based flyer Explanation of timelines for services (it may take a couple of weeks for....)”

Area 12 Agency on Aging 3/21/17

This group expressed a need for a friendly visitor type program, more outreach to elderly with the knowledge that there is stigma around mental health but services for depression are needed, more FSP services, more case management for medications and transportation

Quotes:

- “More assistance and counseling for family members - they struggle too and don’t know what to do”
- “Friendly Visitor Program - 6 Prevention measures for older adults”
- “Navigator to assist with SS, Medicare, Medi-Cal, logisticare”

Sunshine Group - MH consumers 3/29/17

The overall conversation with this group focused on the need for “wellness center” services. Also noted was the need for childcare during appointments

- Other services needed:
- “Transportation to Oakhurst”
- “Field trips”
- “Groups”
- “Social engagement for 20- to 30-year-olds”
- “Opportunities to volunteer”
- “Peers services”
- “Social engagement opportunities”
- “Cookouts”
- “Newsletters”
- “Childcare during appointments”
- “More school counseling”
- “Exercise group”

Mariposa Open Arms Executive Committee 3/8/17

The main issue with this group was concerns with the night time triage system. The main suggestion for services was the need to have street teams that make friends with homeless and hours of operation are similar with their hours. Rep from the county to come to general meeting.

Quotes

- “No readily available TRAC personnel on the street and on-call for quick response”
- “Dignity - showers, clothing, deodorant, personal hygiene”
- “Mental health intervention for the homeless on the street and in a shelter”

Mariposa Open Arms Homeless Shelter Guests and Volunteers 3/8/17

The overwhelming need seemed to be a need for help navigating services. The need for more public information and outreach as to services available - use social media. The need for supportive employment seemed to be important also, especially for those with criminal history. Leadership expressed the need for walk-in services.

Quotes:

- “Onsite TRAC people”
- “Case management for outreach”
- “Access to services - getting appts soon when needed”
- “Older people with mental health problems and no direction - they need help”
- “Over the months of living here I’ve come to recognize it is nearly impossible to find housing or an apartment. That it takes months to get in and some people don’t have much time”

Co Occurring Group 3/8/17

Consumers expressed the need for housing and transportation. Consumers thought that **older adults** need some real practical support to help them stay in their homes. The need for more **prevention services** for anger and substance use were needed especially in high school.

Quotes:

- “Needed services: Maintenance and public safety funds for elderly and underfinanced”
- “Housing”
- “More positive direction and healthy entertainment for our youth”
- “Funding for Heritage House”
- “Love”
- “Community problems: Drug and alcohol abuse in our youth, and meth”

Stigma Reduction Committee task force 3/9/17

As with most groups there was concern about housing, transportation and employment for the county.

There was positive feedback about the TRAC Team; however, it was expressed that there was a need for a local call center, training for SO, and training in the community on crisis services and process. Additionally, it was expressed that there was a need for education and training for those who give care to the MI, MHFA would be one method to do this. Members expressed concern for teens and children with parents that have MI. It was suggested that there would be training and support.

Quotes:

- “More community outreach”
- “Help or education for teens and children who have parents with mental illness”
- “TRAC training in the community of the process. People don’t understand process. More education and awareness with regard to TRAC team. Quicker response time is a huge issue and is paramount to better treatment”

Mariposa Abuse Prevention Collaborative 3/24/17

Participants expressed that help is needed in getting through county systems. Help is needed with jobs and support is needed in getting started with jobs. There was concern with stigma with MI and getting a job, and with stigma as a whole as wellness and recovery are not understood. Continued support was expressed for MHH and programs are needed to empower MI and homeless communities and give hope, support and direction.

A participant expressed concern with the gap between those eligible for MediCal if MediCal is lost then treatment is unaffordable. More BH services such as groups and clinicians at MHH and help transitioning to BH services.

Quotes:

- “I believe the teens and young adults in the community need more outreach, as well as the elderly”
- “De-classification. Wellness recognition”
- “More eligibility outreach”

Triage Grant Steering Committee 3/10/17

- SO feels more people are being handled without needing to go to the hospital. Prior to TRAC team, the only option was to take them to hospital.
- An issue the hospital has is that after person is medically cleared, there is a long waiting period for placement and transport. Ambulances won't transport 5150's at night. Supervision of clients is an issue as they cannot be left alone. When ER staff is full, ER can't help supervise. Possible solution: Sitters
- MOA only has a nighttime perspective as they only deal with clients at night. Recently have seen some improvement, but have a big problem with communication and trying to get a hold of someone local to help with various situations.

Mariposa County Unified School District 3/23/17

School leadership discussed strategies that have been difficult for them in terms of employing a behaviorist through another grant and supporting the Greeley Hill school. They also express appreciation of BH in helping pay for the current elementary counselors.

Special Education Advisory Committee 4/6/17

Although not on their agenda an informal survey was taken and participants indicated more counselors were needed in the schools along with parent support. They were also concerned about preschool programs for the district.

Mental Health Board 4/6/17

Participants expressed concerns about follow through of services, the need to bring Caring Vets program to Mariposa County, the need for advocacy and peer support services, and the need for high school counseling on-site.

Quotes:

- “Alliance not having any mental health counselor, get one or discontinue all MH funding”
- “Advocacy, peer support through BHRS (not Alliance)”
- “Improved access, improved wellness center services”
- “Follow through on action toward wellness”