



**Mariposa County
2019/20 Mental Health Services Act
Annual Plan Update
Innovation Final Report and Evaluation
Prevention and Early Intervention 3 Year Evaluation**

Dated June 18, 2019

Mariposa County Behavioral Health and Recovery Services
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Introduction:

This document presents the 2019-2020 annual update to the 3 year Mental Health Services Act (MHSA) plan for Mariposa County. Stakeholder feedback was solicited for the 3 year plan (2017-2018) and then again for each annual update. Stakeholder involvement for this update included presentations regarding MHSA and community needs/plans to groups in the community accompanied by community surveys. Feedback from our community informed and guided this annual update.

During our 2019-2020 update, stakeholders overwhelmingly found the existing MHSA programs beneficial to the community. As a result, we plan to continue all of the Prevention and Early Intervention (PEI) programs, as we have seen success in both our newer programs and in our more established programs. Included in this update is the PEI 3 year evaluation. In addition, we are bringing to a close our current Innovation (INN) project, the final report and evaluation is included in this update. Our Community Services and Supports (CSS) program continues to be strong and we are not proposing any changes at this time. We are particularly encouraged by the accomplishment of our consumer driven Wellness Center. We are committed to continuous improvement and have completed two Performance Improvement Projects (PIP).

Mariposa County received the first MHSA funds in 2005 and began developing the Adult and Children's Systems of Care Programs. 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 will continue these proven programs.

In 2009, we initiated Prevention and Early Intervention (PEI) programs in the county's schools. In the years since, we expanded our work in the schools and have added other prevention projects in the county. Over the past 2 years we have expanded PEI strategies in our communities to meet the new state MSHA requirements.

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. Further, this summary reported strong associations between participation in Full Service Partnership (FSP) programs (which provide a "whatever it takes" approach to serve

those with severe mental illness or emotional disturbance) 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 educational outcomes for youth, improved mental health as indicated by a reduction in symptoms and overall improvement in 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 Health and 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, the population struggles with housing, food security, access to healthcare 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 Children’s Systems of Care (CSOC) and Adult Systems of Care (ASOC) programs since our original MHSA plan was approved in 2005, and we continue to improve upon our services based on feedback from those we serve and our community partners. The 2019/20 Stakeholders found the MHSA programs benefiting the community. During the next year, we plan to continue improvements of our current programs.

- Training Improvements

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 to our clinical staff. Training topics were chosen to meet the relevant needs of staff. Our CSOC continues to collaborate with our Child Welfare Services division to address the behavioral health needs of foster youth. Our goal is to continue to provide best practice services for our clients by supporting ongoing staff development.

- Program Improvement Projects

We have strengthened our programs with two Program Improvement Projects (PIP), both projects showed promising results and were extended by an additional year. In program evaluation it was discovered that a disproportionate number of ongoing clients were experiencing psychiatric hospitalizations. To address this a PIP was developed to provide screening for depression. Adult clients are administered the Patient Health Questionnaire (PHQ9) at each visit to monitor depression levels and prevent hospitalizations. The other PIP was designed to prevent rehospitalizations. All

psychiatric hospitalizations are contacted by a case manager within 3 days post hospitalization. Case managers assess needs such as medication compliance, side effects and refills needed and determine barriers to clients' follow up or engagement in services, if any exist.

- Innovation Project

Our Innovation Project, Adult Team Meetings, was completed this year. During the final years the project was expanded by implementing more intensive services through the team meeting approach to those with mental illness involved in the criminal justice system. This expanded our project population for a total of over thirty participants. This project has drawn to a close, but the successful approach will be continued. More information is available in the attached Innovation Evaluation.

The 2019/2020 stakeholders expressed interest in a new innovation project to ensure the right services at the right time by increasing services for those with the greatest need.

- Cultural Competence

Cultural Responsiveness is addressed through our current Cultural Competence Plan that includes trainings relevant to the unique needs of the various populations in the county.

- Crisis Response

Although we are a small county, 24/7 crisis 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 one population, we do have a growing Hispanic population. However, this population has not expanded as previously projected. The evaluation of Native American penetration rate data indicates a service need; however, it does not reflect the numbers of Native American persons being served through a SAMHSA grant that is provided 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 are currently serving this population in-house, additionally a LCSW who has a specialization in the 0-5 population provides in home services.

Another disparity was seen in our 60+ age group with a 6% 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 (27% 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 an earlier stakeholder process. The county started a Stigma Reduction Committee in 2016 to address stigma in our county and we have continued this intervention with PEI funding. Additionally, this is generally a Medicare population that can seek services outside of the County Mental Health Plan. We plan to continue collaboration with the Area 12 Agency on Aging and the Senior Services Collaborative to assure this population's mental health needs are addressed. In late 2018, our Agency become a consolidated Health & Human Services Agency. This put both public health, senior services and veteran's services under our umbrella. During 2019-2020 fiscal year, strategic planning will occur to improve the coordination of care and systems integration for seniors in our community.

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%. Our plan is to continue to collaborate with the newly established Veteran Services Committee in our County, which includes 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 to our population. Updates to our MHSA Plan will occur once a determination is made as to the gaps in services and how to best close them.

Our previous 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 2015, Mariposa County's HUD (Housing and Urban Development) Point in Time Count (PIT) found that there were a total of 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 PIT Count. In 2019, our PIT data showed 86 homeless individuals in Mariposa County. Although only 15% self-identified as having a mental health issue, services through our homeless services center and coordinated entry system demonstrate numbers closer to 50%. Efforts are underway in the community to increase engagement and provide sheltering of the homeless

population, especially those experiencing behavioral health issues.

We continue to seek the establishment of 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. This remains a stakeholder concern. We have had a number of our Peer Support Specialists move on after a period of time, as employment with the county has opened new doors for them. While this a good outcome on one hand, it has been a challenge for the program's overall sustainability as our pool of Peers is not large.

We have launched our in house Wellness Center to provide services to fit the needs of our ASOC clients. Through our previous stakeholder process, consumers and staff identified that more targeted Wellness Center, specific to those with ASOC FSPs (SMI population) was 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 consumers of our previously existing Wellness Center (The ROAD House) wanted to go under the auspices of a non-profit to give them flexibility to expand programming, through activities such as fundraising, weekend and evening programming and other things that non-profit organizations may have more flexibility providing. 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 more severe mental health needs that may not feel comfortable or safe engaging with folks who are struggling with addiction or homelessness that are served at the Drop-In Center. This is despite Alliance's ability to connect with a wide variety of individuals from the community. For this reason, we did a slight course correction in which we continue to fund Alliance to run a Drop-In Center utilizing Prevention and Early Intervention funds, however, are also now funding a part-time county-operated Wellness Center. The activities offered are consumer driven and facilitated by a Peer Support Specialist. As this was a priority for the County, the Wellness Center began operations in August of 2017 and has been well received providing groups and activities for consumers two half days a week. The center originally shared space in our onsite Family Service Center, but now has its own space off site.

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. As

mentioned above, we have made strides forward in fully implementing the Recovery Model through support and training for staff. We have provided a series of trainings through a managed care organization. Our goal is to continue to provide best practice services for our clients by supporting ongoing staff development. Cultural Responsiveness is supported through our current Cultural Competence Plan that includes trainings relevant to our county’s population and diverse needs. Although we are a small county, 24/7 services are provided to those with FSP’s 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 year 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 population. However, as our programs mature, a greater emphasis is placed on the team approach. We have found through our innovation program that teaming is an effective strategy to reduce impairments and length of treatment. We have expanded our team members and will continue to provide a greater degree of intense services.

The following table demonstrates our percentages of Full Service Partnerships (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 (ASOC)

This year’s stakeholder process indicated adults are perceived as being reached. However, 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 that may be eligible to benefit from this type of service. 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 PEI programming.

Full Service Partnerships (FSP) to the adult and older/adult population are our basis for providing comprehensive services. 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) was successfully implemented for high risk clients providing the client driven team meeting approach. We expanded the program to include appropriate and eligible Behavioral Health Court participants. 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. We have expanded our transitional living quarters to include another small home to create more transitional housing. Additionally we provide rent subsidies to FSP clients who are in need. We have seen the success of these participants through our Innovation Adult Team Meetings project. Mariposa County Health and Human Services has added permanent supportive housing through HUD Continuum of Care funds that could possibly benefit FSP clients. We continue to build other housing support resources for our FSP clients who are homeless or insecurely housed to gain additional stabilization.

Children’s System Of Care (CSOC)

California Mental Health Prevalence Estimates Task Team indicate that school-age children are being served adequately in Mariposa County. However, as high school age stakeholders in 2018 strongly indicated the need for on-site mental health counselors, we launched the on-site high school counselor with PEI dollars to address this need along with continuing on site counseling services for elementary schools.

Full Service Partnerships (FSP) to the youth population 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 Reform (CCR). We are working closely with the Child Welfare Services (CWS) team, which falls under our umbrella as a Health & Human Services Agency, as we strive to improve both systems. We are utilizing the Child and Adolescent Needs and Strengths (CANS) evidence based assessment tool. This allows us to monitor progress and evaluate the effectiveness of the services provided.

Wraparound WIC Section 18250

Wraparound in Mariposa formally was part of the CSOC program and was funded through Social Services Foster Care component of 2011 Realignment Local revenue funds. It worked 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. This program is no longer active in Mariposa County.

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 and needs have evolved along with the population served through this program. In conversations with Alliance and through feedback from our 2018/19 stakeholder process, we felt that *outreach and engagement of our unserved and underserved population* would best be served through shifting this program from a "wellness center" to a "drop-in center".

This shift in our community needs left a gap for providing a "wellness center" program for clients with SMI in the mental health recovery process. We now offer wellness center activities at our off site Wellness Center approximately 2 half days per week. The activities offered are guided by the needs of our FSP clients and facilitated a Peer

Support Specialist. Offerings include groups, classes and activities to enhance the recovery process. This program has seen success with a well grounded core group of consumers that attend regularly. Stakeholders of this program expressed appreciation and seemed committed to seeing growth of the Wellness Center.

Peer Support

Part of our overall MHSA strategies include continuing the establishment of a peer support team. Although in the past efforts have been made in peer strategies, none have proven successful in the long run. We believed this was due to lack of supervisor and staff preparation, investment, recruitment and appropriate oversight of the peer program. To assure readiness we worked with Workforce Integration Support and Education (WISE), a program of NorCal Mental Health America. All supervisory staff in BHRS participated in WISE Peer Support 101 for Supervisors Training. In order to ensure acceptance and understanding of a peer program, training was offered to staff prior to bringing on the Peer Specialists. We supported interested and ready consumers in receiving training in the WISE U Peer Support Program and subsequently hired one Peer Specialist through this pool of candidates. We will encourage peers to pursue the National Mental Health America certification. As mentioned, we are still challenged with maintaining a peer support staff. Ongoing support will be sought through ACCESS California.

Our plans proposed 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 develop. Additionally, we fund an existing staff position to provide oversight to the peer support team.

- Peer Systems Navigator: During the 19/20 annual update process, stakeholders continue to indicate the need for the unserved to have support in navigating county systems in particular the mental health system. This was funded the first year through WET funds (due to their sunset period in 2018) and will now be funded by PEI Access and Linkage to Treatment.
- Wellness Center Peer Partner: Wellness Center activities are developed and supported by a Peer Partner. The Peer Partner also facilitates and co-facilitates groups. As relationships build, the Peer Partner can then provide support in FSP services as needed. This portion of the Peer Support program was funded in the first year through WET funds and will now be funded by CSS. This has proven to be a successful venture as our Peer Partners were able to take over much of the operation of the Wellness Center and establish a core group on involved consumers.

Prevention and Early Intervention Plan and 2017/18 Annual Report

Demographics pending

Early Intervention

Approximate numbers to be served: 20 **2019-2020 increased to 55**

Cost per person: \$1750.00 **2019-2020 \$1,182**

Yosemite National Park Early Intervention Program

Yosemite National Park (YNP) lies within the boundaries of Mariposa county. In 2017, the National Park Service (NPS) employed 1,200 individuals in the summer and 800 in the winter. Yosemite Hospitality employees numbered 1,700 in the summer and 800 in the winter in 2017. In 2016 there were 5,217,114 visitors.

(<https://www.nps.gov/yose/learn/management/statistics.htm>)

Both the NPS and the Hospitality service along with the NPS health clinic reached out to MCBHRS for assistance with mental health services for the YNP community, including YNP employees. They reported the need for brief individual counseling and wellness groups. YNP community as well as much of the county was impacted by fires and flooding in 2017 then again 2018. This impact resulted in an increased need for services. We are increasing services for the 2019-2020 year as the need exceeded our original expectations. We will continue to fund a part-time contracted mental health clinician to provide services on site in the YNP community.

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
- Wellness Groups
- Crisis intervention
- Early intervention and linkage to services
- Education for families and employers

As individuals or their families are identified in need of further mental health services, the clinician will provide *Access and Linkage* to Mariposa County Behavioral Health and Recovery Services (MCBHRS) or other appropriate services providers for care and treatment. Onsite clinicians facilitate *Timely Access to Services* for this underserved

population by virtue of their accessibility and the community setting. The design and implementation of these activities in the 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 the YNP community.

Indicators will be the number of individuals served in:

- Individual counseling
- Groups
- Crisis intervention and linkage to services
- Education for families and employers

Additionally our expected outcomes will be *increased access and linkage to services* for YNP community. Indicators will be the number of individuals or 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 Electronic Health Records (EHR).

Prevention Component and Early Intervention Component

Plan and Report

Approximate numbers to be served: 1000

Cost per person: \$325

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 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. 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. As stakeholders identified the need for additional counselors the current contract provides \$325,000 per year. This provides funding at 66% FTE for 5 full-time counselors.

Elementary counselors 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. We have provided funding for an additional counselor.

Charter Elementary School Counselor

Early in the 2017/18 school year, the local charter school reached out to MBHRS to request prevention and early intervention services. The school receives some support from the school district special education department, but their needs exceeded the support available. MBHRS began to serve the school in the spring of 2018 and plans to continue the service with a part-time contracted school counselor on a limited bases for 2019-2020.

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 building protective factors.

As children or their families are identified in need of further mental health services, the counselors provide *Access and Linkage* to Mariposa County Behavioral Health and Recovery Services (MCBHR) 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 is 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 the 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 also include 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 is 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 Behavioral Health Board.

High School Counselor

Feedback from 2018/19 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 had shown we had 29 unduplicated children in crisis of which 24 were high school-aged. The feedback and discussions indicated that this population age group was underserved. We will continue to fund an additional high school counselor.

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 collected biannually from District.

Indicators will be the 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 include 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 Behavioral 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 MHSAs funds. Our community environment has changed along with the population served through this program. In conversation with Alliance and through feedback from previous stakeholders process, we felt that outreach and engagement of our unserved and underserved population would be best served through shifting this program to a drop-in center. This has proven to be a good partnership as staff members are leads in our Stigma Reduction Task Force, Mariposa Minds Matter (MMM) and included the region's Access Ambassador. Staff are excellent at building relationships and outreach to unserved and underserved population.

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 is accomplished by providing a convenient, accessible, acceptable, culturally appropriate setting within the CBO operated drop-in center.

Indicators will be the 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 is collected through quarterly reports from the CBO and Mariposa County Behavioral Health and Recovery Services (MCBHR) electronic health record.

Results and analysis of results of all PEI programs include the perspective of diverse people with lived experience through our local Behavioral 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 MCBHR created a Crisis/Triage Team, that was partially funded through the

SB 82 grant. This team responds with law enforcement, responds to the jail, to community-based organizations, to schools and to our medical partners, not only during times of crisis, but to triage and intervene in situations before they reach higher levels of crisis. At the end of the SB 82 grant, and with the positive feedback from stakeholders on the continued need for this program, PEI funds supplement the funding of this program currently, along with Medi-Cal billing.

We have continued this program as stakeholders had 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 schools. All of these activities touch the underserved populations in our community, especially those in generational poverty, a population identified in the 2015 Mariposa County Needs Assessment, ensuring *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 or schools. Stakeholders continue to indicate access and linkage is a critical component and some focus should be made on the older adult population.

Peer Systems Navigator

Historically our stakeholders have stated the need for the unserved to have support in navigating county systems, in particular the mental health system. We will continue to our efforts 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 is 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 to be funded the first year (2017-18) through WET funds and now through PEI *Access and Linkage to Treatment*. We will continue to strive to fully establish this program, as stated before we have been challenged with keeping trained Peer Support Specialists.

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 the 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 electronic health record and Triage documentation.

Results and analysis of results of all PEI programs will include the perspective of diverse people with lived experience through our local Behavioral 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 (MHFA) as it has been shown to be a needed and appreciated service to staff and community partners. Stakeholders indicated support for continuing the program. Also, in previous years, stakeholders of the local shelter suggest additional training such as MHFA would be beneficial.

We have continued Mental Health First Aid as it is an effective evidence-based program for *Outreach for Increasing Recognition of Early Signs of Mental Illness*. The Program engages and trains first responders to recognize and respond effectively to early signs of mental illness. Responders are 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). In 2017-18 an additional staff member was trained in both youth and adult MHFA. As opportunities arise, additional staff will be trained as trainers.

Each training provided informs responders on how to access and link individuals to treatment. Trained responders may interface with unserved or underserved populations and are 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 include the perspective of diverse people with lived experience through our local Behavioral Health Board.

Stigma and Discrimination Reduction Component

Approximate numbers to be served: 500

Cost per person: \$10

Stigma Reduction Task Force

In 2016 we began a Stigma Reduction Committee (SRC) as a Behavioral Health Board (BHB) task force. The committee was made up of consumers, community-based partners, BHB members and staff. The first project was a Mariposa Minds Matter event with a speaker from NAMI and 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 in order promote *Stigma and Discrimination Reduction*. Interest in creating a speakers bureau has been tabled as the task force has concentrated in other areas. Activities determined by the committee members are 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. The members of the SRC have renamed themselves the Mariposa County Minds Matter Task Force. In 2017-18, two events were sponsored. One was a booth at the local well attended festival and the other was a booth at the county's courthouse park. Between the two events over 300 individuals visited the booths. Activities at the festival included a wheel of emotion, a self mental health screening, a mental health myth or fact quiz along with demonstrations of sound baths and aromatherapy. During the event at the courthouse park, those visiting the booth participated in a Green Ribbon activity and education along with MHSA stakeholder feedback surveys. Participants were offered a free lunch at the park.

For the 2018-19 year the Task Force shared a booth at the local county fair and hosted a booth at a local festival. The Task Force had great conversations about stigma (personal, social and institutional) and discrimination, identified common myths, provided facts, increased awareness through education, resources and quizzes. There was a stakeholder interest in stigma reduction in the older adult population, which maybe a focus for the Task Force in the upcoming year.

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 are 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 collected 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 Behavioral 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 have continued our support of Central Valley Suicide Prevention Hotline (CVSPH). We have sought 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*.

Our country was devastated by fire in July of 2017. CVSPH staff provided the community and staff a training in post disaster suicide, that was well received.

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 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.

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 include the perspective of diverse people with lived experience through our local Behavioral Health Board.

See the Mariposa County Prevention and Early Intervention Program Evaluation Report - fiscal years 2016/2017 and 2017/2018 for all PEI data.

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

During the first year of our plan we proposed several strategies to support our workforce needs. We have provided paid internships for unlicensed students who are training to be clinicians. We had one of our paid student interns graduate from his program and is now working for the County. We also funded clinical supervision for pre-licensed interns serving our clients.

Additionally, we began to implement a Peer Support program, as we hired 2 peer support specialists. Both worked extensively in our Wellness Center, taking over much of the planning and implementing of the activities. As previously stated we have not been able to keep these positions fully staffed. During the first year of the grant we developed and trained staff and peers using WET funds. We worked with Workforce Integration Support and Education (WISE), a program of NorCal Mental Health America funded by OSHPD. We 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 organization to implement the program. In preparation of hiring peer support staff, all of our staff at the time were trained by WISE in the foundations of peer support programs. Our intention was to have all staff trained in the basic understanding of peer support principles prior to bringing on peer supports. However, the additional challenge has been keeping our Peer Supports, as working at the county has opened doors for other employment.

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

We are ending our current Innovation Project that introduced the concept of team decision meetings to the adult population, that had been proven effective in the child welfare setting. The key assumption in the team decision making is a group can be more effective in decision making. The desired project goals was to improve mental health care, independent living and self sufficiency for adult mental health consumers. The consumer and their family or other natural supports were full participants in the meetings. Additionally, various providers were invited to participate as needed in the ongoing meetings. All participants were at the request and agreement of the consumer as the program is completely voluntary.

We began implementing the program in 2016. As data indicated success with our initial consumers we expanded the program. We have expanded the project to include a Behavioral Health Court (BHC) 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. Additionally, we implemented the program with our Transitional Housing consumers. For these participants, housing was supplemented by Innovation funds. We requested to extend the program last year in order to collect additional data on the BHC program and the Transitional Housing program. Feedback from last year's stakeholders survey indicated support of funding housing for qualified mental health consumers.

The final innovation evaluation report is attached.

Community Program Planning Process (CPPP)

For the 2019-2020 Annual Update

Mariposa County Behavioral Health and Recovery Services (MCBHR) designated a team of seven to coordinate and manage the CPPP. The team was comprised of the Health & Human Services Director, Chevon Kothari; Senior Fiscal Administrative Analyst, Randy Ridenhour; Deputy Director of BHR, Christine Doss; Quality Assurance Staff/MHSA Coordinator, Laura Glenn; Administrative Analyst, Lynn Rumfelt and Contracted Consultant Deb Drenon. Training and support were provided to the team on the CPPP.

The team assured stakeholder input and involvement through educational presentations to consumer stakeholders along with surveys. Additionally, input was sought from our community lead stakeholders through direct contact and surveys.

Presentations were provided to consumers at our Wellness Center, Drop-in Center and at the Behavioral Health Board meeting to assure representation of our unserved and underserved populations. We also surveyed consumers at both our Mariposa site and our North County site to assure both major geographical areas of the county were included. We sought input from our community stakeholders through direct contacts and surveys.

The Local Review Process

For the 2019-2020 Annual Update

Public Notice of Public Hearing was posted for four weeks starting May 9, 2019 in the Mariposa Gazette for the Public Hearing on the timed agenda at the Mariposa County Board of Supervisors Meeting on Tuesday, June 18, 2019 at 2:00PM.

The notice also informed the public that a draft of the 2019-2020 Annual Update 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. 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

For the 2019-2020 Annual Update feedback was sought within the 30 day public comment. Feedback was received from the Behavioral Health Board.

MHSA Stakeholder Summaries

The 2019-2020 Annual Update MHSA Stakeholder Summaries

Overviews of MHSA, Innovation and the Community Planning Process were provided along with surveys to inform and seek feedback from stakeholders. Representatives of those with serious mental illness, and/or family members along with providers of services including mental health providers, health care providers, law enforcement, and educators.

Stakeholders all indicated that MHSA programs are benefiting the community. Additionally, the perception was that all age groups were being served, but especially the 27-59 age group.

In regards to planning for an Innovation Project, it was explained the current project was closing and input was needed to guide direction for the next project. When seeking feedback on the direction for the primary purpose of the next project stakeholders expressed the following, (it should be noted that some stakeholders choose 2 or more most important purposes):

1. 55% indicated increasing services for those in greater need as most important
2. 42% indicated increasing access to services as most important
3. 37% indicated increasing community collaboration as most important
4. 22% indicated increasing quality of services as most important

Overall it would seem that increasing services and access rose to the top of stakeholders direction for the next project. We will conduct an in depth planning process and seek stakeholder input before developing our proposal.

2019/20 Stakeholder Survey Results

MHSA 2019/2020 Plan Update - Stakeholder Survey Results	Wellness Center 4.29.19	Heritage House 4.30.19	Homeless Shelter Staff 5.6.19	North County	FSC & All Staff & Behavioral Health Board	Partners	Totals
# OF PARTICIPANTS	9	3	7	1	18	4	42
# OF SURVEYS	7	3	7	1	18	4	40
Participants Age							
Age 0 - 15	0	0		0	0	0	0
Age 16 - 26	0	0		0	0	0	0
Age 27 - 59	5	3	5	1	16	4	34
Age 60+	1	0	1	0	2	0	4
Declined	0	0	1	0	0	0	1
1. Do you feel the current MHSA programs benefit the community?							
Yes	7	3	7	1	18	4	40
No	0	0	0	0	0	0	0
2. Do you feel services are reaching the following age groups?							
Age 0 - 15	1	2	4	1	10	4	22
Age 16 - 26	3	2	5	1	11	3	25
Age 27 - 59	4	3	7	1	14	3	32
Age 60+	3	3	1	1	11	3	22
3. Innovation Project - Ensure right services, what do you feel is the most important?							
Increasing services for those in greater need	4	2	3	1	10	2	22
Increasing quality of services	0	1	2	0	4	2	9
Increasing community collaboration	3	3	3	0	5	1	15

Increasing access to services	2	1	3	0	7	4	17
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2019/20 Comments from Stakeholders

Wellness Center
Bigger van and more room at the wellness center, more outings and bigger projects
Programs are a great benefit particularly for support and prevention
Increasing help to find jobs for those in this community
Kyle is a great therapist & Dr. Ikawa is awesome
The people I have met at the wellness center have been so great and staff at the wellness center have been so helpful. Ashley was wonderful and I miss her, our new leader Denise is wonderful.
Community walking group. Subsidized gym membership/classes. Opiate overdose prevention. Job placement for people with mental health issues.
More counseling for people who are not on general assistance, more mentors and ombudsman to help people get help getting life to work better.
Expand adult teams to all clients/ Build more supportive/low income housing/assist clients to apply to habitat for humanity

Homeless Shelter
Sooner appointment times
Mariposa County is excellent at providing services to its residents. I feel they go above and beyond
I would like a greater level of wraparound programs for the shelter.
More training for staff to better understand those in need
Raise awareness in the community

Behavioral Health Staff and Board
Research shows better outcomes among young people who are impulsive and receive mental health services with longitudinal studies in the areas of lower prevalence of teen pregnancy, higher rate of being employed, lower prevalence of drug abuse.

increase 0 - 15, and 16-26 services.
More outreach to seniors especially in more remote areas.
Need more one on one community services for seniors. They have no to very little transportation.
Linkage/Transportation is a huge need. Logisticare is awful- many dropped appts. It has caused immense stress to clients. There is no way to know of the grievance process is even working.
Self help services by internet/youtube for lower level needs.
Continue Whole Person Care Services

Community Partners
Outreach to reduce stigma for elderly
Increasing access is most important
Community partner meeting is necessary for successful community collaboration (keep doing this)

Heritage House Drop in Center
Accessibility is key, communication between agencies

2018-19 CPPP

For the 2018-19 Annual Update the CPPP team assured stakeholder involvement by facilitating presentations and administering surveys to our Behavioral Health Board and Mariposa Abuse Prevention Coalition, both with a good representation of partners and stakeholders. In conjunction with Mental Health Awareness Month, a stigma reduction event was held at the local courthouse park and education on MHSA and surveys were administered. Additionally, feedback and input was received from Yosemite National Park administration and the local charter school.

For the 2018-19 Annual Update, the MHSA coordinator met with the Access Ambassador to discuss how to engage representatives of unserved and/or underserved populations and family members. The Access Ambassador suggested a free lunch prior to a BHB meeting. This was done with MHSA education provided and surveys were administered.

Local review Process

For the 2018-2019 Annual Update, Public Notice of Public Hearing was posted for two (2) weeks starting June 27, 2018 in the Mariposa Gazette for the Public Hearing on the timed agenda at the Mariposa County Board of Supervisors Meeting on Tuesday, July 24, 2018 at 2:00PM.

The notice also informed the public that a draft of the 2018-2019 Annual Update 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. 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.

Recommendation and feedback during 30 day public comment

For the 2018-2019 Annual Update feedback was sought within the 30 day public comment. Feedback received from the Behavioral Health Board included: Will there be advertising of new program in YNP? Yost daily report is another way to advertise. Will SUD services also be provided in YNP? Brooke suggested looking into it. Emily Brosk is the contact at YNP Clinic. Is there telemedicine in the park? Does YNP have funding for counseling in the park? Is input for employees and concessionaire employees? Has anyone asked anyone from the park to come to this BHB meeting? It was agreed they should be sent invites. We might want to offer participation in the BHB via conferencing if they can't make it in person.

For the 2018-2019 Annual Update MHSA Stakeholder Summaries

When presenting the surveys to stakeholders, an educational overview was included that highlighted the History of MHSA, what MHSA does, Mariposa Current Strategies, estimated Funding Levels and the Stakeholder Process. Feedback indicated prioritising youth, which we do through support of the PEI school counselors. Results indicated interest in phone apps for MH support. To follow up on this result, we will be exploring Tech Suite Innovation Project. The survey also supported using funding for housing which we will continue through our current Innovation Project.

Stakeholder Survey Results

	<u>5/18</u> <u>Courthouse</u> <u>Park</u>	<u>5/25/18</u> <u>MAPC</u>	<u>6/5/18 Pre</u> <u>BHB</u> <u>lunch</u>	<u>Total</u> <u>Attendance</u>
Attendance of event	50+	13	10	

*Help them off the streets and build housing or rent housing for group home

*Doing a great job, thank you

*Soteria House in Palo Alto

Continue public outreach in public areas, ie arts park

Prioritize should be addiction treatment

Housing is needed for wellness groups run by peers-for-peers

I feel a complete wrap around of services need to be addressed with anyone seeking MH services

Separate focus, veterans need support team w/VA

Look into informed consent and role of Peer support needs to be included

Yosemite National Park (YNP) Community Partner Feedback

Several meetings were held in 2018 with YNP administration, the YNP Health Clinic administration and MCBHRS administration. YNP administrations expressed the growing need for ongoing mental health supports in the park. Interventions discussed included a mental health clinician to provide weekly early intervention groups. Additionally, the clinician would also be available to meet with individuals and be able to provide linkages to needed mental services. MCBHRS administration brought forward the discussion to the Behavioral Health Board (BHB); the BHB indicated full support of a YNP early intervention program.

Sierra Foothill Charter School Community Partner Feedback

Conversations with Sierra Foothill Charter School principal began at the beginning of the 2017/18 school year. The principal stated “ We absolutely have counseling needs. Once a week would be a big help. Twice a week would be fantastic. Currently, we have access to Cathy Rohrbaugh through our SELPA for IEP meetings and special education assessments. Outside of that, I can call her for assistance with emergency situations, like suicidal students. We need a counselor to lead social skills groups, provide small group or one-on-one student support weekly, and give guidance to teachers in development of behavior contracts and goals for students with social/emotional needs”.

2017-20 CPPP

For the 2017-2020 Plan and the Annual Update, Mariposa County Behavioral Health and Recovery Services (MCBHRS) designated a team of five to coordinate and manage the CPPP. The team was comprised of the Human Services Director, Chevon Kothari; Senior Fiscal Administrative Analyst, Randy Ridenhour; Deputy Director, Christine

Doss; Quality Assurance Staff/MHSA Coordinator, Deb Drenon; and Office Technician, Donya Evans. Training and support were provided to the team on the CPPP.

For the 2017-2020 Plan, 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 Mariposa 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 Behavioral Health Board and the Stigma Reduction Subcommittee of the Behavioral Health Board.

Local Review Process

For the 2017-2020 Plan, 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 Behavioral 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.

Recommendation and feedback during 30 day public comment

For the 2017-2020 Plan, one Behavioral 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 to develop this approach further with them.

For the 2017-2020 Plan MHSA Stakeholder Summaries

Stakeholder Survey and Demographic Results available on separate document

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 the stakeholders 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 an 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-aged 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 effects 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 the 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 a 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, the 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”