MEETING MINUTES

BEHAVIORAL HEALTH ADVISORY BOARD

Date:	May 21, 2025
Time:	10:00 AM
Location:	Bishop COB Room 109, Lone Pine Wellness Center (satellite/virtual) and via Zoom

1. CALL TO ORDER AND INTRODUCTIONS

Chairperson, Michelle Saenz called the meeting to order at 10:04 AM. All attendees introduced themselves.

MEMBERSHIP IN ATTENDANCE

In Person: Supervisor William Wadelton, Michelle Saenz, Claude Peters
Virtual: none

COMMUNITY & STAFF IN ATTENDANCE

In Person: Gina Ellis, Araceli Morales, Carri Coudek, Jody Veenker, Lucy Vincent, Kelly Nugent, Leah Harris, Katie Hawkins, Lori Bengochia, Brandon DeHaven, Liliana Fregoso, Vivian De La Riva
Virtual: Gabriel Dominguez, Shelley Scott

2. PUBLIC COMMENT

none

3. APPROVAL OF MINUTES (ACTION ITEM)

Minutes from March 12, 2025 meeting.

Mr. Peters moved to accept minutes as amended, Supervisor Wadelton seconded the motion. Motion carried: Ms. Saenz – Aye, Mr. Peters – Aye, Supervisor Wadelton - Aye.

4. STAFF REPORTS (INFORMATIONAL ITEM)

a. Behavioral Health Updates – Mrs. Ellis distributed the Behavioral Health Staff Update Reports (attached) which cover all the programs listed in letters b. through f. below. Mrs. Saenz expressed gratitude about receiving written reports. Mrs. Ellis informed BHAB Members and meeting attendees that John Laux, Deputy Director of Behavioral Health, is no longer with Inyo County. She also explained that Vivian De La Riva has assumed the role of Interim Wellness Center Supervisor while Vanessa Ruggio is on leave.
b. Family Strengthening Team Updates
c. DUI (Driving Under the Influence) Program Updates
d. SUD Updates
e. Wellness Center Updates
f. Progress House Updates

5. MENTAL HEALTH SERVICES ACT (MHSA) PLAN 25-26 (DISCUSSION)

Lori Bengochia presented the MHSA Plan Draft (attached). A 30-day Public Comment period opens May 19, 2025 and closes on June 19, 2025. A Public Hearing will take place on June 11, at 2:30 pm at the next BHAB Meeting. Mrs. Bengochia walked BHAB Members and attendees through the MHSA Plan, expressing the importance of needed input from staff and community members. Staff and community members may email, call or attend the Public Hearing to submit their recommended changes. This is a one-year plan because we will be changing to BHSA plan next year. BHAB members and attendees asked questions and a lively discussion ensued. Discussion topics included the following: Involving the 5 Tribal Nations, geographic and other challenges that exist in providing services throughout Inyo County, and more. Mrs. Ellis commended Mrs. Bengochia for work on the MHSA Draft and for today's presentation.

6. BEHAVIORAL HEALTH SERVICES ACT (BHSA), (STANDING INFORMATIONAL ITEM)

We will be changing to BHSA Plan next year. Work will begin on it after MHSA Plan is complete. A Board of Supervisor-approved plan is due in June of 2026.

7. BH-CONNECT (BEHAVIORAL HEALTH-COMMUNITY BASED ORGANIZED NETWORKS OF EQUITABLE CARE AND TREATMENT) – INYO COUNTY'S ROLE (INFORMATIONAL)

Mrs. Ellis reported that after reviewing requirements, County of Inyo has decided not to move forward with BH CONNECT.

8. CARE ACT UPDATES (INFORMATIONAL)

Mrs. Ellis explained that Inyo County Behavioral Health, Superior Court, County Counsel, the District Attorney's office and Adult Services are collaborating as we all learn to navigate the components of this new Act. She stated that we are looking at the possibility of incorporating Mental Health Court in the future.

9. OLD BUSINESS (INFORMATIONAL OR DISCUSSION ITEM)

10. AGENDA ITEM REQUEST FOR UPCOMING MEETINGS

- Behavioral Health Services Act (BHSA) (standing informational item)
- CARE Act updates
- Review of access to services

Meeting adjourned at 11:06 AM.

Inyo County Behavioral Health Program Updates
April 2025

Behavioral Health Updates – Gina Ellis

Staffing Update

• John Laux is no longer with the County. HHS Administration is actively covering staffing needs.
• Holly Katawan joined as an HHS Specialist IV working with our Children & Families and is doing a tremendous job!

Program Highlights

• Collaborations with Toiyabe and Mono County
• Public Conservator Seminar attendance
• External Quality Review Organization (EQRO) review conducted

Challenges / Barriers

• Continued staffing recruitment
• Ongoing development of CARE Court

Family Strengthening Team Updates – Jody Veenker

Services Provided

The Family Strengthening Team is currently serving 8 families and has 4 others in the orientation phase. There are 30 children and 15 adults receiving services within the 8 already approved families. Many of our current families are managing challenges related to autism, ADHD, and other forms of neurodivergence, in addition to serious trauma. We are also partnering with Mono County Wraparound to support families that move between counties. In collaboration with the Behavioral Health Child & Family Team, we are providing PC CARE Play Therapy and supporting their Summer Camp programming.

Key Data / Statistics

- Clients Served: 45 (30 children, 15 adults)
- New Intakes: 4 families in orientation

Staffing Update

No updates.

Program Highlights

• Continued partnership with Mono County Wraparound and BH Child & Family Team
• Planning Mental Health Awareness Walk (May 28, 2025) – flyer attached

Challenges / Barriers

• Families facing complex BH needs including neurodivergence and trauma—requires intensive coordination

Inyo County Behavioral Health Program Updates
April 2025

DUI Program Update – Carri Coudek

Key Data / Statistics

March DUI:
ENROLLMENTS: Education (W & R) = 5, 3 months = 5, 18 months = 4
COMPLETIONS: W & R = 1, 18 months = 1

April DUI:
ENROLLMENTS: Education (W & R) = 3, 3 months = 2, 18 months = 2
COMPLETIONS: W & R = 1, 18 months = 1

Staffing Update

Two Addictions Counselor vacancies. Recruitment ongoing.

Challenges / Barriers

- Ongoing vacancies
- Need for improved outreach strategies

SUD Program Update – Carri Coudek

Key Data / Statistics

- Billable, Active SUD clients: March = 8, April = 9

(*Excludes Drug Court or ICJ groups)

Staffing Update

Two Addictions Counselor vacancies. Recruitment ongoing.

Challenges / Barriers

- Ongoing vacancies
- Need for improved outreach strategies

Wellness Center Updates – Vivian DeLaRiva

Services Provided

- Bishop Wellness Center: Showers, laundry, cooking for others, food support, case management, and supportive services.
- Lone Pine Wellness Center: Showers, laundry, case management, and supportive services.

Key Data / Statistics

- Bishop Wellness Center: 407 clients, 4 groups/week
- Lone Pine Wellness Center: 46 clients

Inyo County Behavioral Health Program Updates
April 2025

Staffing Update

• Acting Manager: Vivian DeLaRiva (covering for Vanessa Ruggio)
• Leah Harris started as A-Par HHS Specialist and is doing well.

Program Highlights

• Successful Spring BBQ held on April 18: 'Say Goodbye to Chilly Weather and Hello to Chili Dogs!'

Challenges / Barriers

• Neighbor relations—actively working to build a positive connection

Progress House Updates – Kelly Nugent

Key Data / Statistics

• 5 residents currently
• 1 respite placement in the last month

Staffing Update

One Residential Caregiver vacancy. Interviews scheduled for 05/21/25.

Program Highlights

• Collaborated with Social & Placement Services to support LPS Conservatee reentry—strong teamwork.

Challenges / Barriers

• Ongoing recruitment

Inyo County

Mental Health

AWARENESS WALK & HOT DOGS

Come join us for an inspirational and interactive walk

at the back of the Bishop City park

May 28 , 2025 10 am - 12 pm

BE KIND TO YOUR MIND

COUNTY OF INYO CALIFORNIA

Behavioral Health

EASTERN SIERRA CONTINUUM OF CARE

INYO COUNTY

THURMOND CONSULTING LLC

STAKEHOLDER MEETING

LIVED EXPERIENCE OF HOMELESSNESS

We invite residents with lived experience of homelessness to join us for the upcoming stakeholder meeting as part of the **Homeless Strategic Plan Project**.

This plan aims to evaluate service gaps, define community objectives, and develop strategies for effectively addressing homelessness.

Community feedback is essential to this process.

Date: Thursday May 22, 2025
Time: 9AM-11AM PST

Virtual Meeting - Join Here

Spanish language interpretation will be available at virtual meeting
Habrá interpretación en español disponible en la reunión virtual.

Behavioral Health
- A Division of Health & Human Services -

MENTAL HEALTH SERVICES ACT (MHSA) One-Year Plan FY 2025-2026

POSTED FOR PUBLIC COMMENT

May 19, 2025 to June 19, 2025

The Inyo County Health and Human Services- Behavioral Health Division is making the Mental Health Services Act One-Year Plan available for public review and comment from May 19, 2025 to June 19, 2025. Please visit https://www.inyocounty.us/behavioral-health/mental-health-services-act-mhsa to view and download a copy. Or you may find copies at the following locations:

- HHS front office at 1360 North Main in Bishop,
- Wellness Center in Bishop located at 586 Central St,
- Wellness Center in Lone Pine located at ,310 Jackson St.
- Any Inyo County Public Library

We welcome your feedback via phone, in person, in writing or via email at

760-873-6533 or HHS-Admin@inyocounty.us

Comments may also be made during a Public Hearing of the Behavioral Health Advisory Board on June 11, 2025

Behavioral Health
- A Division of Health & Human Services -

Inyo County Behavioral Health Advisory Board

Public Hearing:

June 11, 2025 at 2:30 p.m.

Public Hearing will be held in-person at: 1360 North Main St. Ste. 103, Bishop, CA, 93514 and will be available online at the following link:

Microsoft Teams

Join the meeting now

Meeting ID: 244 442 243 700 3

Passcode: wz64VQ3B

Dial in by phone

+1 312-620-5302,,999490897#

Comments or Questions? Please contact: Gina McKinzey, MHSA Coordinator Inyo County Behavioral Health Phone: (760) 873-6533; email: HHS-Admin@inyocounty.us

Inyo County Health and Human Services

Behavioral Health Division

2025-2026

Mental Health Services Act (MHSA) Plan

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MHSA Plan 2025-2026

Table of Contents

Table of Contents

Inyo County Behavioral Health Services (ICBHS) is working to better meet the needs of our community. This annual Mental Health Services Act (MHSA) Plan outlines our goals for the 2025-26 fiscal year. ICBHS is focused on using the county's strengths—like its strong community ties—to address areas where services are lacking.

Many people in Inyo County face challenges like addiction, trauma, and mental illness. These issues often affect people from historically underserved groups, such as Indigenous and Spanish-speaking residents. To support these communities, ICBHS is expanding its use of trauma-informed care and offering more inclusive ways for residents to get involved—both as volunteers and as members of our team.

ICBHS built this plan using feedback from the community and data about who is using our services and who still needs help. We also work closely with local partners like schools, hospitals, and other community and county programs to deliver the right care at the right time. This collaborative, data-informed approach guides our efforts to improve services for everyone in Inyo County.

County Description and Demographics

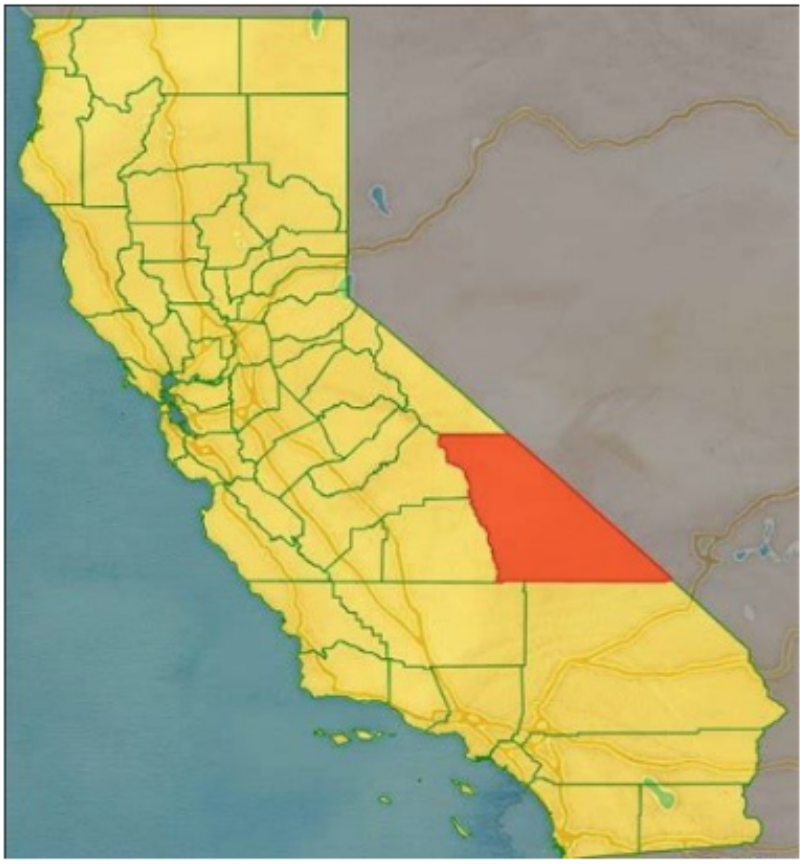
Inyo County is a land of magnificent natural diversity and unique splendor. Considered a "Frontier County," Inyo is the second largest county by land base in California. The 10,227 square miles which comprise the jurisdiction stretch the wide distance from the California/Nevada state line near Death Valley National Park all the way to the Eastern side of the Sierra Nevada. To the west, along the crest of the Sierra Nevada, Mount Whitney towers over the small community of Lone Pine. At 14,505 feet, it is recognized as the highest peak in the lower 48 states. Just a short distance away is Death Valley National Park, which, among other things, is home to Badwater—the lowest point in the U.S. at -282 feet below sea level. The Owens Valley forms the main north-south corridor with Highway 395 being the main thorough fair. This region is known as the Payahuunadi, or the Land of the Flowing Water, and is home to the Paiute Shoshone people. Today, a significant portion (98.3%) of the land in Inyo county is public land owned by federal, state, and other municipal agencies. The remaining 1.7% of privately owned land is broken into small, rural communities spread throughout the County. Less than 20,000 people call Inyo County home on a year-round basis.

Located about four hours from the metropolises of Los Angeles, Las Vegas, and Reno, the region is accessed via Highway 395 as well as through seasonal commercial flights into and out of the Bishop Airport. The significant distance from densely populated areas is both a blessing and a curse. Specialty health services, public transportation, and residential treatment facilities are either non-existent or limited. Conversely, outdoor recreation opportunities abound. ICBHS utilizes its limited resources to provide

services as efficiently and effectively as possible, given the low population density and vast terrain to cover.

County Overview | Population Breakdown

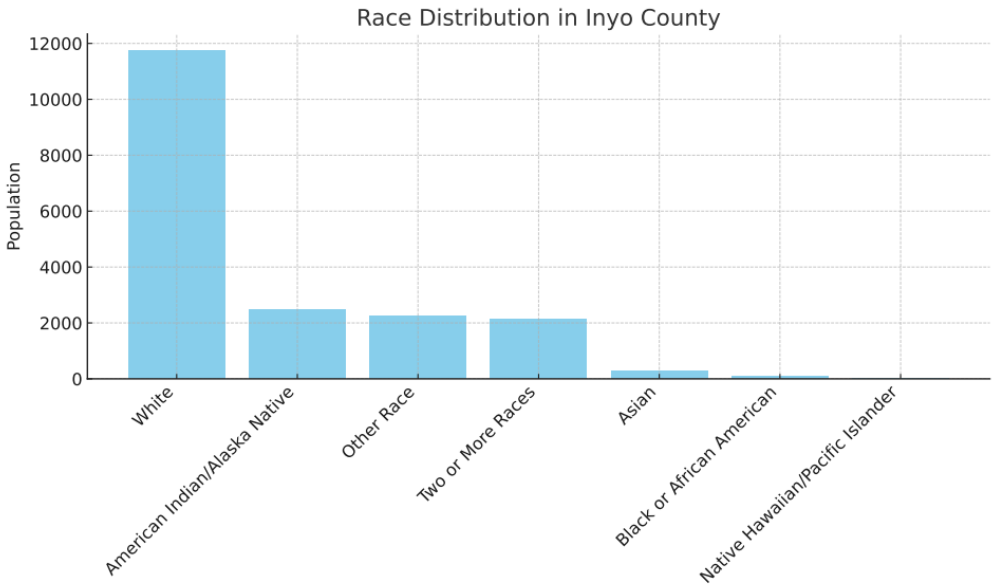
County Seat: Independence, CA | **Total Population (2020):** 19,016 | **County Area:** 10,197.26 sq. miles | **Population Density:** 1.9 people/sq. mile | **Total Households (2019-2023):** 7,923 | **Median Household Income (2019-2023):** $72,432 | **Poverty Rate:** 10% | **Unemployment Rate:** 2.4% |



| **Highest Point:** Mount Whitney (14,505 ft) | **Lowest Point:** Badwater Basin (−282 ft) | **Land Ownership:** Public Lands: 92% | City of Los Angeles: 3.9% | - State: 2.4% | - Private: 1.7% |

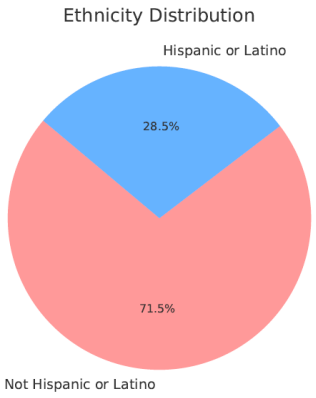
Demographic Compositions

Race



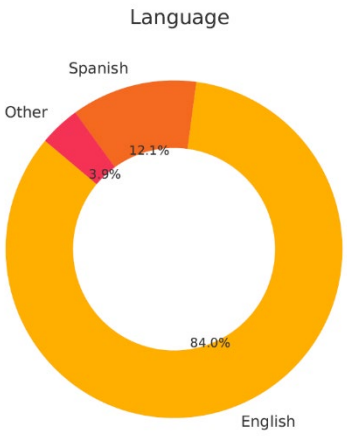
Inyo County's population is predominantly White (11,752), followed by American Indian/Alaskan Native (2,473) and individuals identifying as Other Race (2,267). Multi-racial residents make up a notable portion (2,128), with smaller populations of Asian (282), Black or African American (97), and Native Hawaiian (17) residents. This racial distribution reflects the county's unique demographic composition and cultural diversity. Source: Us Census Bureau

Ethnicity



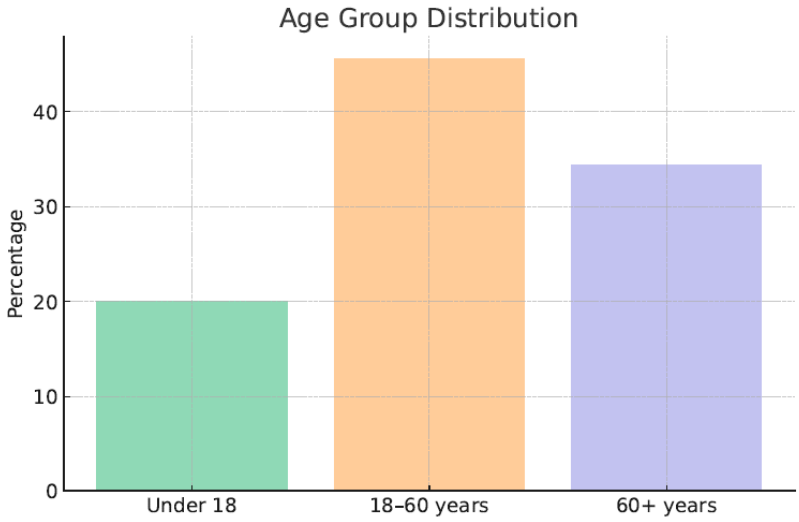
Inyo County's vibrant community is composed of diverse populations. While Euro-American residents constitute the majority, the county also boasts a significant Latinx and Mexican population, followed by the enduring presence of Indigenous tribal members. The 2020 census reveals that 66% identify as white and a growing 19% identify as Hispanic or of Latino origin, marking a 3.7% increase since the previous census. Source: Us Census Bureau

Language



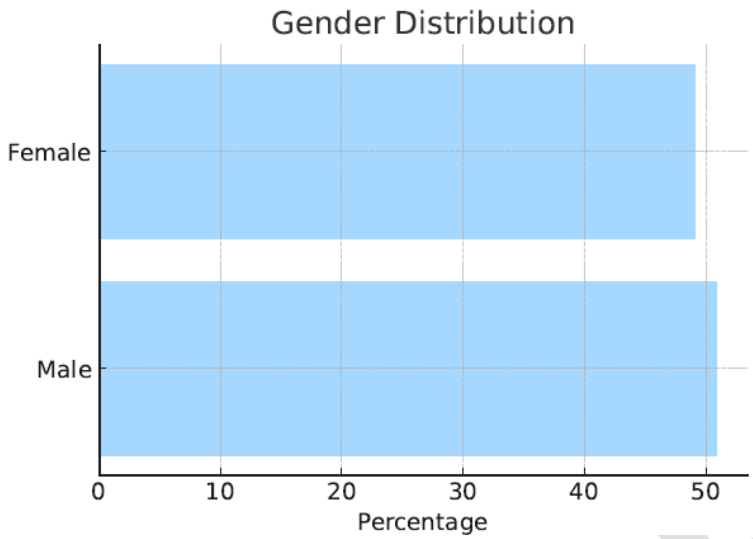
The majority of Inyo County residents, 84%, speak English, while 12.1% speak Spanish, and 3.9% speak other languages. This linguistic distribution reflects the county's primarily English-speaking population with a notable Spanish-speaking community. Source US Census Bureau

Age Distribution



Inyo County has a median age of 45.6 years, with 34.4% of the population aged 60 and older. Adults between 18-60 years make up the largest share at 45.6%, while individuals under 18 account for 20% of the population. This age distribution reflects a significant older adult population compared to statewide trends. Source: Us Census Bureau

Gender Distribution



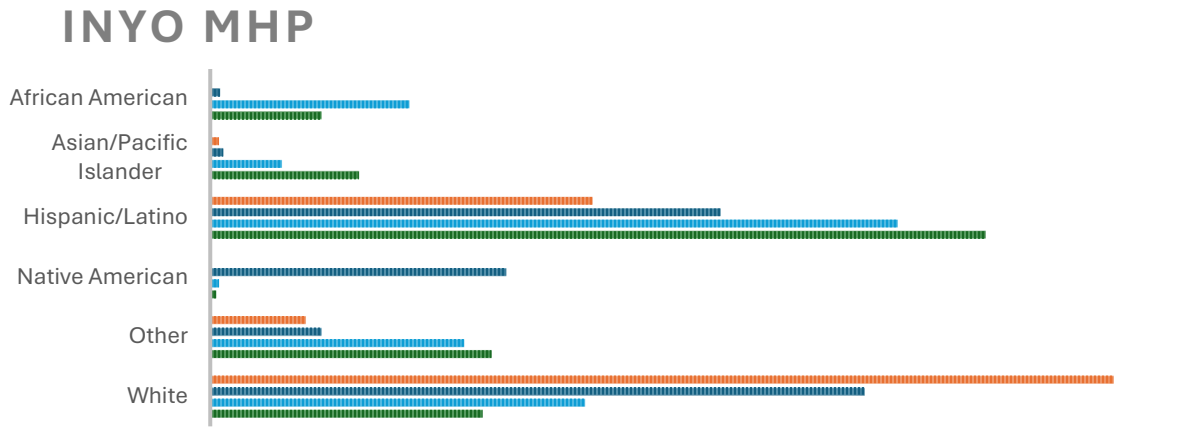
Inyo County exhibits a near-even distribution of the population by sex, with 50.88% male and 49.12% female residents. This demographic balance indicates relative stability within the county's population structure. Source: Us Census Bureau

Inyo Mental Health Plan Annual Beneficiaries

In Inyo County, a total of 6,300 residents are eligible for Medi-Cal benefits. However, current data reveals that only 431 individuals are accessing mental health services through the Inyo Mental Health Plan (MHP). This signifies that approximately 6.8% of the eligible population is currently utilizing these crucial services, highlighting a notable disparity between potential need and actual service engagement. This gap in utilization likely reflects existing barriers to mental healthcare access within the region, influenced by factors inherent to Inyo County's rural landscape, including the availability of mental health professionals and the robustness of service infrastructure. There is also a distrust of government services, social and geographic isolation that is also factored into gap of utilization.

Addressing this discrepancy is paramount and necessitates a strategic infusion of financial resources to bolster mental health access throughout Inyo County. As a geographically expansive rural community grappling with limitations in provider availability and service infrastructure, increased funding is indispensable. Such investment will be instrumental in bridging existing service gaps, ensuring equitable and timely care reaches underserved populations. By strategically allocating resources to the Inyo Mental Health Plan, the county can facilitate service expansion, enhance

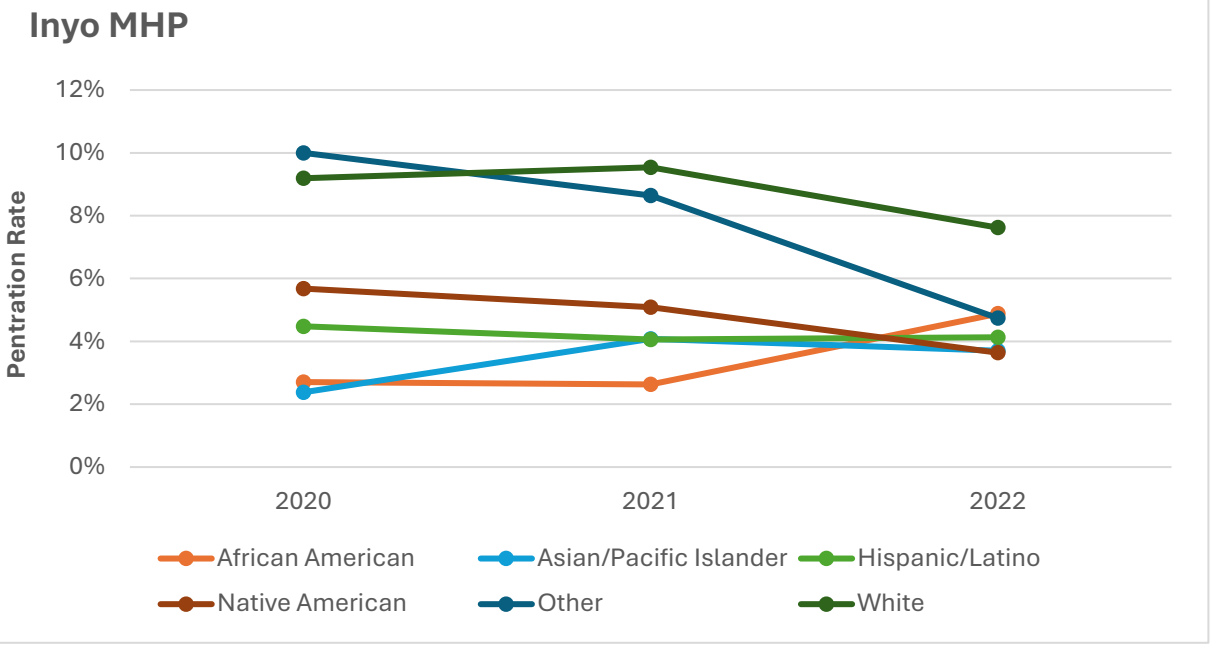
outreach initiatives, and ultimately increase the proportion of eligible residents receiving



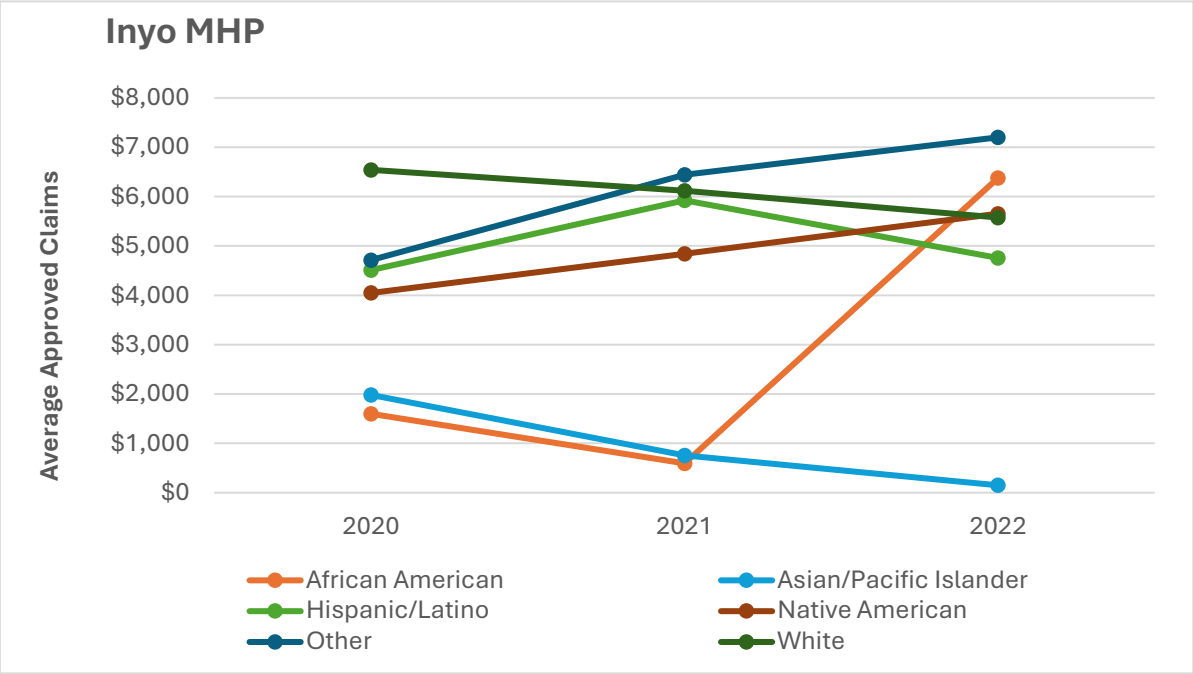
	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African American
MHP % Served	57%	6%	-	24%	1%	-
MHP % Eligible	41%	7%	18.56%	32%	1%	1%
State % Served	23%	16%	0.55%	43%	4%	12%
State % Eligibles	17%	18%	0.37%	49%	9%	7%

the vital mental healthcare they require.

Race/Ethnicity for Mental Health Plan Compared to State, Calendar Year (CY) 2022*



Mental Health Plan Penetration Rate by Race/Ethnicity, CY 2020-22*



Mental Health Plan Average Approved Claims by Race/Ethnicity, CY 2020-22

Overall Average Approved Claims, CY 2021-22

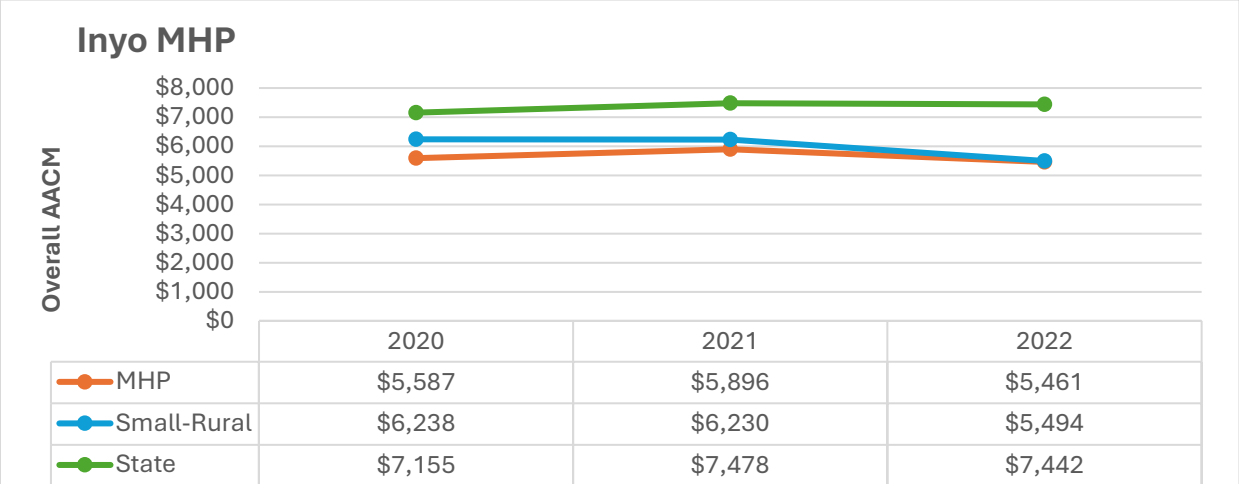
Threshold Language of Inyo MHP Medi-Cal (Members Served in CY 2022)*

Threshold Language	# of Members Served	% of Members Served
Spanish	24	6.54%
Threshold language source: Open Data per BHIN 20-070		

Inyo County Medi-Cal- Eligible Population, Members Served, and Penetration Rates by Age, CY 2022*

Age Groups	Total Members Eligible	# of Members Served	MHP PR	County Size Group PR	Statewide PR
Ages 0-5	701	20	2.85%	1.63%	1.82%
Ages 6-17	1,559	117	7.50%	8.62%	5.65%
Ages 18-20	316	11	3.48%	6.55%	3.97%
Ages 21-64	3,358	188	5.60%	7.37%	4.03%
Ages 65+	719	31	4.31%	3.60%	1.86%
Total	**6,652**	**367**	**5.52%**	**6.67%**	**3.96%**

Inyo MHP Annual Members Served and Total Approved Claims, CY 2020-22*



Year	Total Members Eligible	# of Members Served	MHP PR	Total Approved Claims	AACM
CY 2022	6,652	367	5.52%	$2,004,074	$5,461
CY 2021	6,300	431	6.84%	$2,541,371	$5,896
CY 2020	5,835	412	7.06%	$2,302,022	$5,587

*Data is most recent for reportable values as of this report.

Inyo County is comprised of close-knit rural communities. The County has seen its population remain remarkably stable, edging up only slightly from 18,039 in 2019 to 19,016 in 2020. This stability, a hallmark of its rural character and minimal urban expansion, tells a story of a community where change happens gradually.

However, this stability, coupled with a relatively small population, brings into sharp focus the vital need for targeted funding to sustain essential services. Inyo County's situation underscores a key challenge - *limited population growth can create barriers.* Identified factors are:

- **Economic Expansion***:* Slower growth can mean fewer opportunities for new businesses and job creation, potentially impacting the economic vitality of the region.
- **Workforce Availability:** A smaller population can limit the pool of available workers, making it difficult for employers to find the skilled labor they need.
- **Access to Critical Resources:** The very nature of a rural setting often means that residents face greater obstacles in accessing crucial resources such as healthcare, specialized social services, and essential infrastructure.

These factors make strategic investments, such as those provided through MHSA funding, not just desirable, but essential for:

- **Bolstering Community Resilience:** Targeted funding can empower Inyo County to effectively navigate economic shifts and social challenges, strengthening the community's ability to thrive in the face of adversity.
- **Expanding Service Accessibility:** Dedicated resources can ensure that all residents, regardless of where they live in this geographically dispersed county, have access to the services they need to live healthy and fulfilling lives.
- **Fostering Sustainable Development:** Investing in initiatives that promote balanced economic growth, enhance workforce skills, and improve infrastructure will ensure the long-term well-being of Inyo County and its residents.

In essence, understanding Inyo County's unique population and dynamics is not just a matter of statistics; it's about recognizing the challenges and opportunities that shape the lives of its residents and making informed decisions that will secure a vibrant and sustainable future for this remarkable community.

Inyo County is a strong, caring place where people support one another. Many residents have ties to the land and water, and they value local traditions and community events. There is also a recognized concern about the rising use of drugs and alcohol as well as overall mental health and wellbeing in the county.

A major strength is how connected people feel to their community. Connection can be a powerful tool in the efforts to improve health and well-being. Many people want to help reduce gaps in services like addiction treatment, housing, and mental health care, especially services that reflect cultural needs and support healthy living. However, the county also faces serious issues in available local resources.

Strengths

- Community members care for one another
- Connection through events and rituals
- Knowledge and concern for the land and water issues
- Awareness and concern for increasing substance use
- Multi-generational connection
- Appreciation of cultural differences
- Desire to help and to find solutions to disparities in access to culturally appropriate addiction services, healthcare, and mental health therapy; housing, and healthy food

Vulnerabilities

- Lack of recovery resources for adolescents and adults
- Lack of recovery resources for residential drug and alcohol treatment
- Developmental trauma as a root cause for substance use disorders and mental health challenges
- Few resources for Spanish-speaking community members
- No designated emergency shelter for individuals experiencing homelessness
- Marginalization of Indigenous people, including overrepresentation in jail and disproportionate rates of trauma-related mental health and substance use issues.
- Fear of seeking services

Inyo County Behavioral Health Services has prioritized awareness and education to staff members around trans- generational, race-related, and historical trauma and how families have struggled to manage the myriad ways in which trauma manifests. There is potential for community members with lived experience to be more involved

in prevention and support as volunteers or paid staff. By fostering inclusive opportunities for community engagement, we aim to ensure that our services are culturally responsive and equitable for all populations served.

Inyo County Behavioral Health Services is rebuilding and revisiting how best to collaborate with our community partners. Activities include regular multi-disciplinary team meetings with Probation, Northern Inyo Healthcare District, Inyo County Sheriff's Department, Bishop Police Department, Toiyabe Family Services, and other divisions within Inyo County Health and Human Services (HHS).

We are invested in training and educating staff in trauma awareness and cultural humility and will continue to offer Trauma Informed Care training to all new and existing staff. Our mission is to integrate these principles into all aspects of our services to ensure that they are equitable, inclusive, and responsive to the needs of our diverse community.

Inyo County Behavioral Health Service Principles

Inyo County Behavioral Health Services (ICBHS) is committed to implementing MHSA programs in accordance with the foundational precepts outlined in the California Code of Regulations (Title 9, Division 1, Chapter 14). These principles guide the design and delivery of services that are client-centered, family-driven, community-based and collaborative, culturally competent, and outcomes-driven. This section outlines how ICBHS upholds these values in practice during the current planning year.

Client-Centered Services - ICBHS ensures that services are driven by the client's needs, preferences, and strengths. Clients actively participate in identifying goals and developing individualized care plans. Clinical staff apply CalAIM documentation standards to assess strengths across seven Life Domains and address barriers to well-being. Natural supports—such as family, friends, and community partners—are incorporated to create a plan that reflects each client's unique goals and lived experience.

Family-Driven Approach - For children and youth, ICBHS engages families as core partners in the planning and care process. Parents, caregivers, extended family, and others identified as part of the child's support system are included when safe and appropriate. Family input informs service delivery, ensuring plans reflect family values, cultural context, and long-term goals for wellness and stability.

Community-Based and Collaborative Planning - ICBHS maintains a strong commitment to community collaboration by holding monthly stakeholder meetings and conducting annual needs assessment surveys. Stakeholders include clients and families, service providers, educators, healthcare professionals, law enforcement, and other community representatives. Feedback from these groups directly informs program design, service priorities, and resource allocation.

Culturally Competent and Trauma-Informed Care - ICBHS embeds cultural competence and trauma-informed principles across all programs. Services are developed and evaluated to:

- Provide equal access and quality of care across racial/ethnic, cultural, and linguistic groups;
- Identify and eliminate disparities in service delivery;
- Respect and integrate diverse cultural beliefs and healing practices;
- Address the impacts of trauma, systemic racism, and bias on individual and community mental health;
- Train staff and contractors to meet the cultural and linguistic needs of the populations they serve;
- Promote diversity in staffing and leadership that reflects the communities served.

Outcomes-Driven Services - ICBHS uses data and client feedback to ensure services are effective and responsive. Clients and families in Full Service Partnerships contribute to ongoing assessment of progress through regular Team Meetings. Community partners provide quarterly data on service engagement and outcomes. Program performance is tracked by service category at Wellness Centers to guide continuous improvement and align services with client-defined success.

MHSA Community Program Planning

The formulation of this comprehensive MHSA FY 2025-2026 Annual Plan was guided by an inclusive methodology designed to capture diverse perspectives to assess the behavioral health landscape of Inyo County. Key elements of this process included stakeholder engagement and public input.

Stakeholder Engagement and Collaborative Partnerships

ICBHS actively cultivates and maintains strong working relationships with a wide array of local and regional organizations through consistent and purposeful coordination. This commitment is exemplified by the following regular convenings:

ICBHS staff meetings ensure seamless communication regarding staffing transitions, recruitment updates, ongoing program activities, evolving state regulatory requirements, and essential training opportunities.

Justice System Collaboration: Multidisciplinary Team (MDT) meetings are convened weekly at the jail, bringing together behavioral health professionals, Substance Use Disorder (SUD) program staff, jail nurse, reentry support personnel, and probation officers. The primary objective of these meetings is collaborative case planning and facilitating access to the vital resources offered at the Wellness Centers and Progress House programs.

Advisory Board Guidance: The Behavioral Health Advisory Board convenes monthly, providing a crucial forum for public comment and the submission of valuable suggestions aimed at enhancing service delivery, including the Mental Health Services Act (MHSA) Community Services and Supports (CSS) initiatives at the Wellness Centers.

Healthcare System Alignment: Regular meetings are held with Northern Inyo Hospital Emergency Room staff to meticulously analyze data pertaining to psychiatric emergencies, the provision of follow-up care, Welfare and Institutions Code Section 5150 hospitalizations, and substance-related crisis events. These collaborations are essential for ensuring seamless coordination of care and facilitating timely access to Wellness Center and Progress House programs for individuals in need.

Justice-Involved Initiative Planning: Program planning meetings are conducted monthly for the California Advancing and Innovating Medi-Cal (CalAIM) Justice Involved initiative, bringing together key stakeholders from the Inyo County Sheriff's Office, Inyo County Probation Department, and various divisions within Health and Human Services to collaboratively develop and implement effective strategies.

Inter-County Collaboration: Regular meetings are held with the Behavioral Health Director and Program Manager from neighboring Mono County to explore potential collaborative opportunities in addressing the needs of individuals experiencing mental illness and homelessness in both counties, with a specific focus on developing shared housing solutions.

Managed Care Partnership: ICBHS engages in monthly meetings with representatives from the two MediCal Managed Care plans operating in the region. These discussions center on the implementation of Enhanced Care Management (ECM) and Community Supports (CS), as well as the establishment of necessary Memoranda of Understanding (MOUs) for various programs within the Health and Human Services Department.

Regional Housing Coordination: Participation in the monthly Eastern Sierra Continuum of Care meetings ensures active engagement in the Coordinated Entry System (CES) and provides ongoing updates on regional housing initiatives.

Early Psychosis Intervention Advancement: Participation in the monthly EPI-CAL (Early Psychosis Intervention California) learning community meetings facilitate the standardization of clinical practices and support the continuous exchange of knowledge and training related to the early identification and treatment of psychosis. Expert technical assistance and ongoing training are provided through the UC Davis EPI-CAL learning healthcare network.

Consumer Surveys

Public Input was gathered through surveys and public meetings as part of the ICBHS Consumer Perception Survey and a comprehensive Community Health Assessment lead by the Inyo County Health and Human Services Public Health Division.

Consumer Perception Survey: ICBH distributed Consumer Perception surveys to clients, in English and Spanish, which are intended to measure satisfaction with mental health services and to identify client needs. The results of the CPS surveys indicate the following:

Most respondents reported that substance use disorders are Inyo County's biggest problem. Trauma is Inyo County's next most significant problem, contributing to chronic or terminal illness, death, divorce, and mental illness.

Why this is significant:

- A disproportionate number of individuals struggling with addiction are BIPOC (Indigenous people and people of color).
- Our community is aware of trauma and that trauma is a root cause of mental illness, alcoholism, and drug addiction particularly for Indigenous and LatinX community members. This underscores the importance of addressing trauma within these communities through culturally informed care.

How MHSA services can meet these needs:

- Use CSS funding to continue providing welcoming and culturally relevant groups at the Wellness Centers, ensuring that these programs are inclusive and tailored to the diverse cultural backgrounds and needs of the community.
- Partnering and cross-referrals with Inyo County Substance Use Disorders, Cross Roads Toiyabe Family Services to increase our capacity for providing equitable and culturally responsive outpatient recovery services through coordinated partnerships and cross-referrals.
- Educating staff and community members in trauma as it relates to family events, discrimination and its effects on our Black, Indigenous, and People of Color (BIPOC) communities.

- Continue to implement Trauma Informed Care (TIC) and extend its core principles out into the community, ensuring that all services and interactions are grounded in cultural sensitivity, inclusivity, and respect for diverse experiences and backgrounds.

Community Health Assessment (CHA): Inyo County Health and Human Services Division of Public Health and Prevention recently completed a Community Health Assessment process (CHA) wherein surveys in English and Spanish were distributed to community partners in the fields of healthcare, social services, education, public safety, and government and tribal partners. This diverse group of stakeholders was to ensure that diverse perspectives and voices were included in the input and feedback received. The results of the CHA surveys indicated that substance use disorders, and lack of substance use treatment capacity, is the most reported health need facing Inyo County. The second most often identified health need is that of maternal health and specifically maternal mental health services.

Why this is significant:

- In a broader community-wide health assessment, the top two identified needs are related to behavioral health.

How MHSA services can meet this need:

- Growing to meet the behavioral health needs of the county of Inyo will also serve to meet the greater-identified public health needs of the community.

Local Review Process

Comprehensive Local Review Process: To ensure broad community input and transparency, the proposed MHSA FY 2026 Annual Plan underwent a 30-day public review and comment period from May 19, 2025, to June 19, 2025. Multiple avenues were provided for accessing and engaging with the plan:

Online Accessibility: An electronic version of the Annual Update was readily available on the Inyo County website at https://www.inyocountv.us/behavioral-health/mental-health-services-act-mhsa.

Direct Distribution to Key Stakeholders: The plan was proactively distributed to members of the Behavioral Health Advisory Board, all staff within Inyo County Health and Human Services, leadership within the Inyo County Probation Department and Sheriff's Office, administrative leaders at Northern Inyo Hospital and Southern Inyo Hospital, key personnel in the Inyo County Office of Education, and leadership at the Toiyabe Indian Health Project.

Physical Accessibility in Community Hubs: Hard copies of the document were made accessible to the public at the Bishop Behavioral Health Clinic, the Bishop Wellness

Center, the Lone Pine Wellness Center, and at all Inyo County library branches, including Bishop, Big Pine, Independence, Lone Pine, Furnace Creek, and Tecopa.

Public Hearing for Community Voice: A dedicated public hearing for the 2025-26 Annual Plan was held on June 11, 2025, at 2:30pm at 1360 N. Main St - Rm 103, Bishop, California, 93514, as a regular agenda item during a meeting of the Behavioral Health Advisory Board. This provided a direct forum for community members to voice their perspectives and provide input.

Community Services and Supports (CSS)

Inyo County Behavioral Health Services (ICBHS) implements its Community Services and Supports (CSS) component in full alignment with the California Welfare and Institutions Code (WIC) Sections 5600–5610 and California Code of Regulations (CCR) Title 9, Sections 3200.140 and 3620.05. CSS provides a broad array of mental health services and supports for children, youth, transition-age youth, adults, and older adults, including Full Service Partnerships (FSPs), which offer intensive, team-based, and individualized care. These services are rooted in evidence-based, recovery-oriented models that emphasize client-centered, family-focused, culturally competent, and community-based treatment. Consistent with CCR §3200.140, FSPs support clients in achieving self-defined goals across life domains such as housing, education, employment, and wellness, with an emphasis on “whole person care” as outlined in CalAIM.

The guiding principle of CSS is that timely, integrated, and equitable mental health services are essential to preventing crisis, reducing long-term system involvement, and supporting recovery. In keeping with the intent of WIC §5600 and 9 CCR §3620.05, ICBHS is committed to eliminating barriers to care, preventing unnecessary institutionalization, and addressing disparities in access and outcomes—especially among historically underserved populations. These services are designed to reduce homelessness, prevent hospitalization and incarceration, and support clients in remaining safely in their communities. ICBHS recognizes that untreated mental illness is both a public health and social justice issue, and through the MHSA-funded CSS programs, strives to deliver meaningful and measurable improvements in the lives of individuals and families across Inyo County.

This includes comprehensive behavioral health and substance abuse assessments, wellness and recovery action planning, case management services, individual and group mental health services; crisis services, peer-led self-help/support groups, education and employment support, education and awareness around stigma associated with mental illness, linkage with primary care providers, and housing support

and assistance. The goal is to deliver equitable, culturally responsive, and integrated services that address the diverse needs of all individuals.

Wellness Centers

Our Adult and Older Adult Wellness Centers (located in Bishop and Lone Pine) provide adults and older adults with meals, showers, laundry facilities, assistance with applications for CalFresh, housing, social security disability, and Medi-Cal, domestic violence advocacy necessary services and supports in a welcoming environment. During the summer, we have a garden where clients can learn to grow vegetables and bring them home or learn to cook with Wellness Center staff. These initiatives aim to empower clients, support their well-being, and foster community connections.

The Wellness Centers Model that many counties in California have adopted follow the Mental Health Service's Acts core principles which are to make services needs driven, client-centered, strengths-based, and outcomes driven. Ensuring that services are tailored to the diverse needs of individuals and grounded

in their unique strengths. By emphasizing these principles, the Wellness Centers strive to deliver equitable, responsive, and effective care that supports positive outcomes for all community members.

The Wellness Centers goals are:

- De-stigmatize mental health conditions by being inclusive and respecting each client's experiences.
- Be strengths-based in its programs and services by offering an array of services where clients may learn basic life skills, creative expression, improving nutrition awareness, opportunities for recreation and outdoors activities. This approach ensures that services are tailored to individual needs and preferences, fostering personal growth and well-being in an equitable and inclusive manner.
- Build community by including clients in planning and developing groups, projects, and programs. This inclusive approach ensures that client voices and experiences are integral to shaping initiatives, leading to more relevant and effective services that reflect the diverse needs and preferences of the community.
- Be client-driven such that clients are the main informants of needs and gaps in programs and services.
- Create an environment of safety by creating and committing to expectations of non-violence and non-discrimination for staff and clients. This commitment ensures that all individuals are treated with respect and dignity, and promotes a culture where everyone feels secure and valued.

As a community center for the purposes of serving community members experiencing homelessness, mental health challenges, and substance use disorders, the Wellness Center provides case management, assistance with accessing recovery services,

therapeutic interventions, healthcare, financial assistance, housing, and resources for employment or continuing education. Wellness Centers also serve as cooling and warming centers for these community members during times of extreme heat or cold during business hours, ensuring that all community members have access to essential services and care during vulnerable times.

Ongoing peer-facilitated groups at the Wellness Center in Bishop, include topics such as recovery, journaling, creative expression through art, nutrition, blanket-making, and wellness walking. The Wellness Center may also provide groups such as money management, smoking cessation, gardening, and dialectical behavioral therapy facilitated by Behavioral Health staff members. These offerings are designed to meet the varied interests and needs of individuals, fostering personal growth and well-being in an inclusive and supportive environment.

Full Service Partnership (FSP)

Inyo County Behavioral Health Services (ICBHS) remains committed to ensuring the Full Service Partnership (FSP) model continues to reflect best practices in client-centered, outcomes-driven care. Due to anticipated structural changes related to the Behavioral Health Services Act (BHSA), final guidance on FSP modifications remains forthcoming at the state level. As a result, ICBHS has extended the timeline for finalizing and implementing updates to FSP procedures to accommodate new regulatory modules and ensure alignment with BHSA requirements.

To support this effort, ICBHS has established the following SMART goals to guide the review, finalization, training, and rollout of the revised FSP procedure:

Staff Review and Feedback

- Goal: Distribute the draft FSP procedure to staff for input by August 2025.
- Metric: Obtain feedback from at least 50% of impacted staff to inform the final version.

Finalize Procedure

- Goal: Incorporate staff feedback and finalize the updated FSP procedure by October 2025.
- Metric: A completed, An Approved procedure ready for staff training and implementation.

Staff Training

- Goal: Deliver comprehensive training sessions to all relevant staff and stakeholders during November and December 2025.
- Metric: Achieve 100% participation among designated staff in the training sessions as evidenced by sign-in sheets.

Implementation

- Goal: Launch the updated FSP procedure across all applicable programs by January 1, 2026.
- Metric: All departments adopt and begin using the revised procedure without service disruption.

Monitoring and Evaluation

- Goal: Track effectiveness and fidelity of the new procedure through data monitoring and regular feedback loops.
- Metric: Begin monthly performance reporting at BHAB meetings and quarterly updates at QIC meetings starting Spring 2026.

These steps will ensure that ICBHS remains responsive to both state-level system reforms and local service needs, while maintaining fidelity to MHSA principles of recovery, equity, and integrated care.

Coordinated Entry System and Housing Goal

In alignment with MHSA principles of recovery-oriented, client-centered, and community-based care, Inyo County Behavioral Health Services (ICBHS) will partner with the Housing Program and regional stakeholders to strengthen housing access for Behavioral Health clients. This includes enhancing the Coordinated Entry System (CES) process, clearly defining eligibility for Behavioral Health Services Act-funded housing supports to be implemented in FY 2026-27), and implementing a interim housing project through multi-source funding and regional collaboration.

ICBHS and Housing Program staff will collaboratively develop and implement a comprehensive housing access strategy that includes:

Eligibility Criteria Definition

- Goal: Develop and finalize clear, written eligibility criteria for BHSA-funded housing supports by September 2025.
- Metric: Document completed and approved by both ICBHS and Housing Program leadership, including alignment with CARE Court, Re-entry Court, and other diversion programs.

Referral Workflow Development

- Goal: Create a standardized referral workflow for Behavioral Health staff to guide housing referrals through CES and other coordinated systems by December 2025
- Metric: Finalized workflow document approved and distributed to all relevant Behavioral Health staff.

Staff Roles and Responsibilities

- Goal: Develop and disseminate a detailed roles and responsibilities chart for ICBHS and Housing Program staff by March 2026.
- Metric: Chart completed, reviewed in supervisory meetings, and integrated into standard operating procedures.

Joint Staff Information Session

- Goal: Deliver a collaborative training session for Behavioral Health and Housing Program staff between April and June 2026.
- Metric: Achieve 100% attendance of designated staff, with session sign-in sheets and post-training evaluations confirming participation.

Regional Collaborative Facilitation

- Goal: Launch and sustain a weekly regional collaborative through the Eastern Sierra Continuum of Care from July through September 2026.
- Metric: Conduct at least 12 weekly meetings, with documented attendance and progress notes involving Behavioral Health, Medi-Cal Managed Care Plans, housing partners, and justice system stakeholders.

Interim Housing Project Implementation

- Goal: Implement an interim housing project from July 2025 to June 2026 that increases housing access for Behavioral Health clients
- Metric: Establish up to 19 emergency/interim housing beds, with prioritization through CES, HMIS, CARE Court, Behavioral Health Court, and Re-entry Court pathways; leverage at least three funding sources including the Behavioral Health Bridge Housing Program and MCP Incentive Payment Program.

Monitoring and Evaluation:

ICBHS will track success through the following mechanisms:

- Deliverable Completion: All planned deliverables (eligibility criteria, workflow, roles chart, training, collaborative) finalized by respective quarterly deadlines between July 2025 and September 2026.
- CES Entry: 100% of eligible Behavioral Health clients entered into CES.

- Housing Availability: Up to 19 interim housing beds established and actively used.
- Data Reporting: Monthly outcome data presented to BHAB and QIC beginning Fall 2025, including metrics such as number of referrals, clients housed, and average time from CES entry to housing placement.
- Continuous Improvement: Quarterly adjustments based on collaborative feedback and performance data.

Veteran Services Coordination and Expansion

Inyo County Behavioral Health will strengthen coordination and expand behavioral health services for local veterans by collaborating with veteran stakeholders and service providers from July 2025 to June 2026. The following key activities will be completed:

- Stakeholder Engagement
    - Co-host at least four stakeholder meetings with veterans, veteran advocates, and behavioral health providers.
    - Collect input on current veteran behavioral health service needs and gaps.
- Needs and Provider Assessment
    - Compile a written summary of identified behavioral health needs of local veterans by December 2025.
    - Create a directory of local behavioral health providers who currently serve or are interested in serving veterans.
- Funding Source Clarification
    - Research and clarify TriCare West enrollment and VA Cares voucher These efforts will directly support Inyo County's goal of improving access to and coordination of behavioral health services for veterans.

PREVENTION AND EARLY INTERVENTION (PEI)

Inyo County Behavioral Health Services, in alignment with 9 CCR 3705, will incorporate the following elements into its MHSA One-Year Plan:

1. **Outreach for Increasing Recognition of Early Signs of Mental Illness**
   The plan will include at least one program aimed at increasing the recognition of early signs of mental illness, as defined in Section 3715.

2. **Evidence-Based Prevention Program**
   The plan will also include at least one evidence-based prevention program, as defined in Section 3720, focusing on reducing risk factors for developing serious mental illness and building protective factors. The goal is to mitigate the negative outcomes of untreated mental illness, especially among individuals and populations at higher risk. These factors include biological, behavioral, social/economic, and environmental conditions, such as chronic medical conditions, adverse childhood experiences, trauma, poverty, family conflict, racism, and social inequality.
   - The prevention program will target individuals with a higher-than-average risk of developing mental illness, including their families and caregivers.
   - Services may include relapse prevention for individuals in recovery from serious mental illness and will be culturally sensitive and responsive to individual needs.
   - Universal prevention strategies will be considered if evidence supports their effectiveness for at-risk populations, with an emphasis on equity and accessibility.

Elder Outreach

Inyo County Behavioral Health Services (ICBHS) is committed to advancing early identification and prevention efforts that reflect the principles of equity, cultural sensitivity, and inclusive access. The Elder Outreach Program focuses on recognizing early signs of mental illness, co-occurring substance use disorders, and aging-related challenges among older adults in Inyo County. This program emphasizes early intervention, prevention, and education in collaboration with community partners and stakeholders.

To guide implementation, ICBHS has established the following goals:

Training Needs Identification

- Goal: Identify key training and education topics related to depression, prescription drug misuse, and social isolation in the older adult population by September 2024.
- Metric: Completion of a documented needs assessment outlining priority issues and recommended training topics for older adults and their care networks.

Stakeholder Partnership Development

- Goal: Partner with agencies such as In-Home Supportive Services, Adult Protective Services, Eastern Sierra Area Agency on Aging, and local healthcare providers to deliver community-based training beginning October 2024.
- Metric: Establish at least four formal partnerships and identify a minimum of five natural gathering spaces (e.g., senior centers, community halls) for training sessions by October 2024.

Annual Training Schedule Development

- Goal: Develop and publish an annual training calendar by December 2024, with initial sessions beginning in January 2025.
- Metric: Finalized training schedule distributed to partner agencies and posted publicly; minimum of six training events scheduled for calendar year 2025.

Training Implementation and Community Engagement

- Goal: Conduct at least six educational sessions on mental health, substance use, and aging-related concerns between January and June 2025.
- Metric: Reach a minimum of 50 participants per event, engaging at least 300 total older adults by June 2025. All events will be held in accessible, community-based settings.

Monitoring and Evaluation

- Goal: Track participation and impact of training sessions through monthly reporting to BHAB and quarterly reporting to QIC beginning January 2025.
- Metric: Monthly attendance logs and participant evaluations submitted, with summary reports presented at BHAB and QIC meetings to assess progress and guide program adjustments.

These targeted actions and measurable objectives will support ICBHS in reducing risk factors such as suicide, neglect, and substance misuse among the aging population. By prioritizing culturally relevant, community-embedded education and early intervention, ICBHS strengthens its commitment to equitable and inclusive behavioral health care for older adults.

Family Strengthening Team (FST) (Prevention Program)

Inyo County Behavioral Health Services, in collaboration with Inyo County Social Services and family stakeholders, will continue implementing a client-driven, culturally responsive, and

strengths-based Wraparound care model for high-risk families through the Family Stabilization Team (FST) program. This program aims to reduce out-of-home placements and improve family functioning through the integration of evidence-based parenting interventions, including *Parenting in Challenging Contexts: Child and Adolescent Resilience and Emotional Strength* (PC CARES), and other intensive, supportive services. The wraparound approach will incorporate trauma-informed assessments, evaluations of functioning across life domains (e.g., education, health, substance use), and the identification of natural supports. It is a collaborative, multi-agency effort drawing on clinical, public health, and social service professionals to provide tailored care plans responsive to the unique developmental and cultural needs of each family.

Actions and Timelines

- **Service Delivery:**
  At least 90% of CPS-identified children and families referred to the FST will begin receiving the PC CARES intervention within *three months* of referral.
- **Follow-Up and Evaluation:**
  A minimum of 85% of families who complete the PC CARES intervention will receive a follow-up assessment within *six months* to evaluate outcomes and determine additional needs.
- **Client Satisfaction:**
  Post-intervention family surveys will be conducted, with a target of achieving at least a *75% satisfaction rate* among families who received the PC CARES intervention, reflecting perceived support, cultural responsiveness, and improvement in family functioning.
- **Outcome Monitoring:**
  Progress toward these goals will be monitored through internal tracking systems, and outcome data will be reported *quarterly* at BHAB and QIC meetings beginning *January 2026*.

Northstar Counseling Center

ICBHS has addressed the need for school-based early intervention services through a contract with Inyo County Office of Education's Northstart Counseling Center. The contract provided for counseling services for children and teams who do not meet medical necessity criteria for services with ICBHS where we serve children with severe mental health challenges. The contract provides for training for youth in Mental Health First Aid with the intention of developing a Youth Peer Support team. This initiative aims to create an inclusive support network that addresses the diverse needs of students and fosters a community of peer support and resilience.

For FY 2025-2026, ICBHS will continue to contract with Northstar to meet prevention and early intervention of the youth for Inyo County. Northstar will continue to:

- North Star Counseling Center and Inyo County Office of

Education will facilitate Youth Mental Health First Aid training sessions for school staff and interested community partners throughout the school year.

- North Star will continue to facilitate activities to reduce the negative feelings, attitudes, and beliefs associated with mental illness for our youth in an effort to reduce the stigma associated with mental health illness as well as promote suicide prevention and awareness efforts county-wide.

INNOVATIONS (INN)

The purpose of the MHSA Innovations component is to explore creative, adaptive approaches to addressing unmet behavioral health needs in Inyo County, particularly those that promote equity, improve access, and support system transformation. In this planning cycle, Inyo County Behavioral Health (ICBH) recognizes the need to innovate not only in service delivery but also in internal readiness and infrastructure as we prepare for significant statewide behavioral health reform through the Behavioral Health Services Act (BHSA).

Focus of Innovation for FY 2025–2026: Readiness for System Transformation

As California moves toward implementing the BHSA and transitioning from the MHSA Three-Year Plan to an Integrated Services Plan, Inyo County Behavioral Health is prioritizing innovation in internal systems alignment, community program planning (CPP), and service integration. This year, ICBH will pilot a new approach to systems planning by securing professional consultation to guide our department through the upcoming policy shifts. This will help ensure compliance, sustainability, and most importantly, local adaptation that centers equity and community input. The Department will also consider how to engage regional services providers and develop formal agreements to increase and strengthen access to Behavioral Health Services.

Project Summary:

ICBH will contract with a consultant experienced in behavioral health reform and MHSA/BHSA alignment to support the following Innovation activities:

- BHSA Readiness Assessment: Conduct a department-wide review of current MHSA and related programming to evaluate how they align with BHSA goals, Integrated Plan requirements, and funding structures.

- Integrated Plan Development Support: Provide technical assistance and facilitation of the process to begin drafting the new Integrated Plan, including guidance on required elements, stakeholder roles, data analysis, and priority setting.
- Enhanced Community Program Planning (CPP): Design and implement an inclusive, innovative CPP process that reaches underserved voices, uses new engagement methods (e.g., storytelling, digital platforms, field-based engagement), and integrates feedback into the new plan. The consultant will assist in building capacity among ICBH staff and community partners to lead these efforts moving forward.
- Equity and Data-Driven Planning: Support ICBH in refining its use of data, population needs assessment, and culturally relevant strategies to ensure the Integrated Plan reflects the priorities of all communities in Inyo County.

Goals for Innovations Plan FY 2025–2026:

- Consultant Engagement:
  Goal: Secure a consultant with demonstrated expertise in BHSA, MHSA, and integrated behavioral health planning by *August 15, 2025*.
- System Readiness Report:
  Goal: Complete a written readiness assessment with recommendations for aligning MHSA programs and practices with BHSA and Integrated Plan requirements by *November 30, 2025*.
- Community Engagement Planning:
  Goal: Develop a CPP plan that incorporates at least *three innovative engagement methods* (e.g., digital tools, community ambassadors, field-based forums) by *January 2026*.
- Draft Integrated Plan Outline:
  Goal: Present a preliminary outline of the Integrated Plan, including identified priorities and stakeholder feedback, to BHAB by *March 2026*.
- Internal Staff Training:
  Goal: Provide at least *two internal staff workshops* on BHSA changes and Integrated Plan structure and expectations by *June 2026*.

This Innovation effort is expected to lay a strong foundation for future implementation phases while modeling a transparent, equity-centered, and community-driven approach to planning under the new BHSA framework.

WORKFORCE EDUCATION AND TRAINING (WET)

It is our goal to build a skilled, informed, and culturally responsive workforce through the development and implementation of a department-wide training plan that enhances staff competencies and aligns with Inyo County Behavioral Health's (ICBH) strategic priorities.

By June 30, 2026, Inyo County Behavioral Health will develop and implement a comprehensive annual training plan that supports workforce development across all behavioral health programs. The plan will be created in collaboration with staff and educational partners, and it will include standardized, program-specific training modules to ensure equitable access to professional development opportunities. This initiative builds on last year's foundation and carries forward efforts delayed due to position vacancies and ongoing contractor negotiations.

Planned Activities and Deliverables:

Training Needs Assessment

- Goal: Complete a department-wide training needs assessment by September 30, 2025.
- Metric: Survey responses and/or interview input collected from 100% of filled program staff, resulting in a comprehensive assessment report outlining core and role-specific training requirements.

Staff-Informed Training List

- Goal: Finalize a list of required and requested training courses for each program area by October 31, 2025.
- Metric: List completed with documented alignment to staff input and ICBHS strategic goals; list shared with leadership and used to guide module development.

Training Partnerships

- Goal: Establish or renew formal training agreements with UC Davis and other educational institutions or contractors by December 31, 2025.
- Metric: Signed Memoranda of Understanding (MOUs) or contracts in place to support standardized training delivery across all relevant program areas.

Module Development and Delivery

- Goal: Co-develop and deliver at least three standardized, program-specific training modules by March 31, 2026.

- Metric: Modules delivered in collaboration with partners, covering key topics such as clinical best practices, documentation standards, cultural humility, and crisis response.

Staff Participation

- Goal: Achieve at least 80% participation of current staff in one or more training sessions by June 30, 2026.
- Metric: Verified through attendance logs and sign-in sheets from each training session.

Training Effectiveness Evaluation

- Goal: Implement pre- and post-training evaluations for each module to measure knowledge and skill acquisition.
- Metric: Target an average improvement score of at least 20% per training, based on evaluation data.

Satisfaction and Relevance Feedback

- Goal: Gather participant feedback using post-training surveys to assess training relevance and quality.
- Metric: Achieve a 90% satisfaction rate across all training sessions, as reflected in survey responses.

Continuous Improvement Process

- Goal: Use evaluation and survey data to refine the training plan for FY 2026–2027.
- Metric: Updated training plan drafted by July 2026 with documented adjustments based on feedback and evaluation results.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

In the last fiscal year, Inyo County Behavioral Health made significant progress under the Capital Facilities and Technological Needs (CFTN) component by continuing the transition to our Electronic Health Record (EHR) system, which now serves as the primary tool for collecting and reporting data for CSS-funded activities. We also allocated resources to maintain and improve our Wellness Centers and support departmental technology needs.

Key accomplishments included the successful purchase, permitting, and installation of new signage for both the Bishop and Lone Pine Wellness Centers, enhancing visibility and access for community members. Additionally, we continued to fund 50% of an Information Services staff position to address ongoing technological issues, supporting system maintenance and improvements across programs.

Although we planned for bathroom renovations at the Bishop Wellness Center to address water damage, the project was delayed due to competing priorities within Inyo County Public Works' Building and Maintenance Division. These renovations remain a priority and will continue to be considered for the upcoming fiscal year.

By June 30, 2026, Inyo County Behavioral Health will coordinate with Public Works to complete the renovation of the Bishop Wellness Center bathrooms, ensuring ADA compliance and improved accessibility. Progress will be tracked quarterly, with milestones including finalized design plans by September 30, 2025, contractor selection by December 31, 2025, and project commencement by March 31, 2026.

2025-2026 MHSA Budget

The FY 2025-26 MHSA budget will be developed based on feedback received from the community during the public review period. For general reference, the FY 2024-25 MHSA budget is included below. This will be replaced with the FY 2025-26 budget prior to Board of Supervisors approval of this plan.

FY 2024/2025 Mental Health Services Act Annual Update
Funding Summary

County: Inyo

Date: 8/26/24

All MHSA funds are managed via "first in, first out." Older funds will be expended first.	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2024/2025 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 2,137,264	$ 47,005				
2. Estimated New FY 2024/2025 Funding	1,464,505	366,126	96,349			
3. Transfer in FY 2024/2025a/	$ -					$ -
4. Access Local Prudent Reserve in FY 2024/2025	$ -					
5. Estimated Available Funding for FY 2024/2025	$ 3,601,769	$ 413,131	$ 96,349		$ -	
B. Estimated FY 2024/2025 MHSA Expenditures	$ 1,163,274	$ 299,881	$ -	$ 5,000	$ 99,310	
C. Estimated FY 2024/2025 Unspent Fund Balance	$ 2,438,495	$ 113,250	$ 96,349		$ (99,310)	

D. Estimated Local Prudent Reserve Balance	
1. Local Prudent Reserve Balance on June 30, 2023	$ 668,926
2. Contributions to the Local Prudent Reserve	
3. Distributions from the Local Prudent Reserve	$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2024	$ 668,926

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

b/ All MHSA funds are spent via "first in, first out."

Key Terms and Acronyms

MHSA - Mental Health Services Act: A California law passed in 2004 to expand and transform the state's mental health services system.

ICBHS - Inyo County Behavioral Health Services: The division of the Health and Human Services Department that is responsible for delivering mental health and substance use disorder services in Inyo County.

FSP - Full Services Partnership: A program under MHSA that provides a full spectrum of services to clients to support their mental, physical, and spiritual well-being.

PEI - Prevention and Early Intervention: A component of MHSA aimed at preventing mental illness from becoming severe and disabling.

INN - Innovation: MHSA funding category for projects designed to increase access to mental health services, particularly for underserved groups.

WET - Workforce Education and Training: A component ofMHSA focused on recruiting and training mental health professionals to meet the needs of the community.

CFTN - Capital Facilities and Technological Needs: MHSA funds allocated for the development of facilities and technological improvements that support mental health services.

CalAIM - California Advancing and Innovating Medi-Cal: A statewide initiative aimed at improving the quality of life and health outcomes of Medi-Cal members through comprehensive, integrated care.

TIC - Trauma-Informed Care: An approach to care that recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life.

JEDI - Justice, Equity, Diversity, and Inclusion: Initiatives focused on ensuring fair treatment, opportunity, and advancement for all people while striving to eliminate barriers that have historically marginalized certain groups.

PR - Penetration Rate: A metric used to assess the percentage of eligible individuals who are receiving services from a specific program.

BHC - Behavioral Health Court: A program that works with individuals in the criminal justice system who have mental health issues to provide treatment alternatives to incarceration.

MHP - Mental Health Plan: Refers to the overall plan for delivering mental health services in a given area or for a specific population.

CSS - Community Services and Supports: A category under MHSA that funds programs designed to support the mental health needs of the community across all age groups.

EHR - Electronic Health Record: Digital version of a patient's paper chart, used to improve care by making information available instantly and securely to authorized users.

CES - Coordinated Entry System: A system that prioritizes individuals experiencing homelessness for housing resources based on their needs.

ASIST - Applied Suicide Intervention Skills Training: A workshop designed to help caregivers become more willing, ready, and able to help persons at risk of suicide.

SafeTalk - Suicide Alertness for Everyone Talk: A training program that prepares participants to recognize persons with thoughts of suicide and connect them with suicide first aid resources.

ESCoC - Eastern Sierra Continuum of Care: A regional planning body that coordinates housing and services funding for homeless families and individuals in Inyo, Mono, and Alpine Counties.

ECM - Enhanced Care Management: A Medi-Cal benefit that provides a whole-person, interdisciplinary approach to care management for high-need Medi-Cal beneficiaries.

CS - Community Supports: Services offered under Medi-Cal that address social determinants of health, such as housing and food security, to improve health outcomes.

POQI - Performance Outcomes and Quality Improvement: A survey tool used to measure client satisfaction with mental health services and identify service needs.

QIC - Quality Improvement Committee: A group responsible for monitoring and improving the quality of mental health services provided by an organization.

BIPOC - Black, Indigenous, and People of Color: A term used to emphasize the unique experiences of Black, Indigenous, and other people of color in the context of social and racial justice.

LPS Act - Lanterman-Petris-Short Act: A California law that sets forth the conditions under which individuals with mental health disorders can be involuntarily detained for treatment.

CARE Act - Community Assistance, Recovery, and Empowerment Act: A California law aimed at providing care and services to individuals with mental health disorders through a collaborative court process.

CARE Court - Community Assistance, Recovery, and Empowerment Court: A court designed to provide a pathway to treatment for individuals with severe mental illness who are unable to care for themselves.

CASA - Court Appointed Special Advocates: Volunteers appointed by the court to advocate for the best interests of children in the foster care system.

AACB - Average Approved Claim Amount per Beneficiary: A metric used to evaluate the average amount of claims approved for each beneficiary under a specific program.

BHSA - Behavioral Health Services Act: Legislation related to the provision and regulation of behavioral health services in California. This Act expands, and will eventually supersede, the Mental Health Services Act.

Proposition 1- Refers to California ballot propositions passed in 2023 related to housing and mental health services, including measures to fund mental health programs.

CCMU - Crisis Care Mobilization Unit: A unit responsible for providing immediate on-site mental health crisis intervention and support.

BHIS - Behavioral Health Information System: A system used for collecting and managing behavioral health data, including client records and treatment information.

DHCS - Department of Health Care Services: The California state agency responsible for administering Medi-Cal and other health programs.

MHSOAC - Mental Health Services Oversight and Accountability Commission: A California state body that oversees the implementation of the Mental Health Services Act.

WIC - Welfare and Institutions Code: The body of California law governing the administration of public welfare and social services, including mental health services.

CCR- California Code of Regulations: The codified regulations that govern the operation of public agencies in California, including those related to mental health.

LGBTQAI+ - Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Asexual, Intersex, and other sexual identities: An inclusive term for a diverse range of sexual and gender identities.

CPS - Child Protective Services: A governmental agency responsible for investigating reports of child abuse and neglect and providing services to ensure the safety of children.

Appendices

Community Services and Support (CSS) Program Policy and Regulation

Inyo County Behavioral Health Services recognizes and abides by WIC Division 5, Community Mental Health Services, Chapter l. Section 5600-5610, and 9 CCR 3620.05, as follows:

(a) Mental illnesses are extremely common; they affect almost every family in California. They affect people from every background and occur at any age. In any year, between 5% and 7% of adults have a serious mental illness as do a similar percentage of children - between 5% and 9%. Therefore, more than two million children, adults and seniors in California are affected by a potentially disabling mental illness every year. People who become disabled by mental illness deserve the same guarantee of care already extended to those who face other kinds of disabilities, ensuring equity and justice in access to treatment and resources.

(b) Failure to provide timely treatment can destroy individuals and families. No parent should have to give up custody of a child and no adult or senior should have to become disabled or homeless to get mental health services as too often happens now. No individual or family should have to suffer inadequate or insufficient treatment due to language or cultural barriers to care. Lives can be devastated, and families can be financially ruined by the costs of care. Yet, for too many Californians with mental illness, the mental health services and supports they need remain fragmented, disconnected and often inadequate, frustrating the opportunity for recovery. Addressing these disparities and ensuring equitable, accessible, and culturally responsive mental health support is essential for fostering recovery and maintaining dignity for all.

(c) Untreated mental illness is the leading cause of disability and suicide and imposes high costs on state and local government. Many people left untreated or with insufficient care see their mental illness worsen. Children left untreated often become unable to learn or participate in a normal school environment. Adults lose their ability to work and be independent; many become homeless and are subject to frequent hospitalizations or jail. State and county governments are forced to pay billions of dollars each year in emergency medical care, long-term nursing home care, unemployment, housing, and law enforcement, including juvenile justice, jail and prison costs.

(d) In a cost cutting move 30 years ago, California drastically cut back its services in state hospitals for people with severe mental illness. Thousands ended up on the streets homeless and incapable of caring for themselves. Today thousands of suffering people remain on our streets because they are afflicted with untreated severe mental illness. We can and should offer equitable mental health services to help them achieve stability and improve their quality of life.

(e) With effective treatment and support, recovery from mental illness is feasible for most people. The State of California has developed effective models of providing services to children, adults and seniors with serious mental illness. A recent innovative approach, begun under Assembly Bill 34 in 1999, was recognized in 2003 as a model program by the President's Commission on Mental Health. This program combines prevention services with a full range of integrated services to treat the whole person, with the goal of self-sufficiency for those who may have otherwise faced homelessness or dependence on the state for years to come. Other innovations address services to other underserved populations such as traumatized youth and isolated seniors. These successful programs, including prevention, emphasize client-centered, family focused and community-based services that are culturally and linguistically competent and are provided in an integrated services system.

(f) By expanding programs that have demonstrated their effectiveness, California can save lives and money. Early diagnosis and adequate treatment provided in an integrated service system is very effective; and by preventing disability, it also saves money. Cutting mental health services wastes lives and costs more. California can do a better job saving lives and saving money by making a firm commitment to providing timely, equitable, and sufficient mental health services for all individuals.

(g) To provide an equitable way to fund these expanded services while protecting other vital state services from being cut, very high-income individuals should pay an additional one percent of that portion of their annual income that exceeds one million dollars ($1,000,000). About 1/10 of one percent of Californians have incomes in excess of one million dollars ($1,000,000). They have an average pre- tax income of nearly five million dollars ($5,000,000). The additional tax paid pursuant to this represents only a small fraction of the amount of tax reduction they are realizing through recent changes in the federal income tax law and only a small portion of what they save on property taxes by living in California as compared to the property taxes they would be paying on multi-million-dollar homes in other states. This approach ensures a fair contribution from those with the greatest financial capacity, supporting equitable access to mental health services for all.

9 CCR, Section 3200.080: "Community Services and Supports (CSS) is the section of the Three-Year Program and Expenditure Plans that refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those found in Welfare and institutions Code sections 5800 et. seq. (Adult and Older Adult Systems of Care) and 5850 et. seq. (Children's System of Care).

9 CCR Section 3200.140: "Full Service Partnership Service Category" means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plans, under which the County, in collaboration with the client, and when appropriate the client's family, plans for and provides the full

spectrum of community services so that children and youth, transition age youth, adults and older adults can achieve the identified goals.

The Full Services Partnership component of the Mental Health Services Act offers clients the best opportunity to restore and sustain full functioning in seven life-domains identified in CalAIM goals to implement a "whole person care approach," that encompasses physical, behavioral, developmental, dental, and, and long-term care needs. Contact data is entered into BHIS by MHSA staff. Data is submitted to DHCS within 90 days of collection as required by section 9 CCR 3530.30.

Prevention Program Regulations

(1) Per 9 CCR, 3705, Inyo County Behavioral Health Services will incorporate the following into its MHSA Three-Year Plan:

(2) At least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program as defined in Section 3715.

(3) At least one evidence-based Prevention Program as defined in Section 3720 as follows:

(a) "a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors." The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.
(b) "Risk factors for mental illness" means conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological including family history and neurological, behavioral, social/economic, and environmental. By addressing these factors comprehensively, we aim to provide equitable support to those most in need.

(I) Examples of risk factors include, but are not limited to, a serious chronic medical condition, adverse childhood experiences, experience of severe trauma , ongoing stress, exposure to drugs or toxins including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, traumatic loss (e.g. complicated, multiple, prolonged, severe), having a previous mental illness, a previous suicide

attempt, or having a family member with a serious mental illness. Recognizing these diverse risk factors helps us to provide targeted, equitable support and interventions that address the unique needs and experiences of individuals across different backgrounds and circumstances.

(c) Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness. These services are designed to be culturally sensitive and responsive to the unique needs of each individual, aiming to enhance their long-term well-being and stability in recovery.

(d) Prevention Programs may include universal prevention if there is evidence to suggest that the universal prevention is an effective method for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average. These strategies are implemented with a focus on equity, ensuring that they are accessible, relevant, and responsive to the diverse needs of all affected populations.