2026 - 2029 Integrated Plan

Inyo County

The Behavioral Health Services Act (BHSA) requires counties to submit three-year Integrated Plans (IPs) for Behavioral Health Services and Outcomes. For related policy information, refer to 3.A. Purpose of the Integrated Plan .

General Information

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.A. General Information .

General Information

County, City, Joint Powers, or Joint Submission
County

Entity Name
Inyo County

Behavioral Health Agency Name
Inyo County Department of Health and Human Services

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Name	Email address
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Quality Assurance or Quality Improvement (QA/QI) lead

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Medical Director

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County Behavioral Health System Overview

Please provide the city/county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.E.2 General Requirements.

Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level Behavioral Health Measure Workbook.For related policy information, refer to 2.B.3 Eligible Populations and 3.A.2 Contents of the Integrated Plan.

Children and Youth

In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row.**Counts may be duplicated as individuals may be included in more than one category**.

Criteria	**Number of Children and Youth Under Age 21**
Received Medi-Cal Specialty Mental Health Services (SMHS)	90
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	11
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	11
Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan	101

Criteria	Number of Children and Youth Under Age 21
Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs	0
Were chronically homeless or experiencing homelessness or at risk of homelessness	13
Were in the juvenile justice system	0
Have reentered the community from a youth correctional facility	0
Were served by the Mental Health Plan and had an open child welfare case	18
Were served by the DMC County or DMC-ODS plan and had an open child welfare case	0

Criteria	Number of Children and Youth Under Age 21
Have received acute psychiatric care	0

Adults and Older Adults

In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row.**Counts may be duplicated as individuals may be included in more than one category**.

Criteria	Number of Adults and Older Adults
Were dual-eligible Medicare and Medicaid members	73
Received Medi-Cal SMHS	285
Received DMC or DMC-ODS services	54
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	20
Were chronically homeless, or experiencing homelessness, or at risk of homelessness	22

Criteria	Number of Adults and Older Adults
Experienced unsheltered homelessness	0
Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	0
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing	0
Were in the justice system (on parole or probation and not currently incarcerated)	0
Were incarcerated (including state prison and jail)	1484
Reentered the community from state prison or county jail	0
Received acute psychiatric services	0

Input the number of persons in designated and approved facilities who were

Admitted or detained for 72-hour evaluation and treatment rate

0

Admitted for 14-day and 30-day periods of intensive treatment
0

Admitted for 180-day post certification intensive treatment
0

Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs
0

Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs)
0

Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding?
Yes

Please explain
Inyo County, as a small and rural jurisdiction, faces longstanding infrastructure limitations that impact its ability to fully capture and report the level of data requested by DHCS for the BHSA Integrated Plan. Challenges include limited staffing capacity, reliance on fragmented or non-integrated data systems, and geographic barriers that affect consistent data collection and reporting workflows. These constraints make comprehensive, timely, and standardized reporting difficult under current conditions. However, addressing these gaps is a key priority within the BHSA Integrated Plan. The plan includes a focused effort to strengthen data infrastructure, improve system integration, and enhance staff capacity for data tracking and reporting. Through these investments, Inyo County aims to build a more reliable and efficient data system that supports improved transparency, program evaluation, and service delivery outcomes. These concerns reflect the lack of data in some areas.

Please describe the local data used during the planning process
Local data used during the planning process was drawn from multiple sources across Inyo County and partner agencies. Much of this information originated from fragmented electronic health record (EHR) systems that are currently in the process of being integrated across additional areas of the agency to improve data quality, consistency, and accessibility. Additional data inputs were provided by partner systems, including Inyo County Jail and Probation, where data collection remains a combination of electronic records, legacy systems with duplicative entries, and anecdotal or staff-reported information. As a result, while the County was able to compile meaningful insights to inform planning, the data required

significant reconciliation and validation. Strengthening data integration and reducing system fragmentation will be a key focus moving forward to support more accurate, efficient, and comprehensive data-driven planning. These concerns reflect the lack of data in some areas.

If desired, provide documentation on the local data used during the planning process

County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Does the county behavioral health system use an Electronic Health Record (EHR)?
Yes

Please select which of the following EHRs the county uses
Qualifacts credible.

County participates in a Qualified Health Information Organization (QHIO)?
Yes

Please select which QHIO the county participates in
SacValley MedShare

Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with Behavioral Health Information Notice (BHIN) 22-068 and federal law.

Please provide the link to the county's API endpoint on the county behavioral health plan's website
https://www.inyocounty.us/behavioral-health

Does the county wish to disclose any implementation challenges or concerns with these requirements?
No

Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs 23-056 , 23-057 , and 24-016 . Does the county wish to disclose any implementation challenges or concerns with these requirements?
No

County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

Will the county participate in SAMHSA's PATH Grant during the Integrated Plan period?
No

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Community Mental Health Services Block Grant (MHBG)

Will the county behavioral health system participate in any MHBG set-asides during the Integrated Plan period?
Yes

Please select all set asides that the county behavioral health system plans to participate in under the MHBG

Discretionary/Base Allocation
Dual Diagnosis Set-Aside
First Episode Psychosis Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

Yes

Please describe these challenges or concerns:

While we accept the FEP Set-Aside, there is a very low client count for this funding (1). However, we continue to provide training opportunities to staff for when that case is identified.

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period?

Yes

Please select all set-asides that the county behavioral health system participates in under SUBG

Discretionary
Primary Prevention Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Opioid Settlement Funds (OSF)

Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period?

Yes

Please check all set asides the county behavioral health system participates in under OSF Exhibit E

Connect People Who Need Help to The Help They Need (Connections to Care)
Leadership, Planning, and Coordination
Prevent Overdose Deaths and Other Harms (Harm Reduction)
Support People in Treatment and Recovery
Treat Opioid Use Disorder (OUD)

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Bronzan-McCorquodale Act

The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA).

a. Case Management
b. Comprehensive Evaluation and Assessment
c. Group Services
d. Individual Service Plan
e. Medication Education and Management
f. Pre-crisis and Crisis Services
g. Rehabilitation and Support Services
h. Residential Services
i. Services for Homeless Persons
j. Twenty-four-hour Treatment Services
k. Vocational Rehabilitation

In addition, BMA funds may be used for the specific services identified in the list below. Select all services that are funded with BMA funds:

Not Applicable

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
Yes

Please describe these challenges or concerns:
Over the last few years we have seen an increase in clients who have had to be conserved, and their placements have been for longer than a year. Finding placements has been difficult and is always at least 5 hours from our county.

Public Safety Realignment (2011 Realignment)

The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment)
a. Drug Courts
b. Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
c. Regular and Perinatal Drug Medi-Cal Services
d. Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
e. Regular and Perinatal Non-Drug Medi-Cal Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
Yes

Please describe these challenges or concerns
Since we are a State DMC Plan county, residential treatment services are not a covered service for adults. We have no residential treatment services in our county and most clients have to move to another county to qualify for DMC-ODS services and get the treatment they need. We have struggled for over a decade to get a contract with a residential treatment program for perinatal or youth clients. We don't have enough of the need to pay a facility to hold a bed for us.

Medi-Cal Specialty Mental Health Services (SMHS)

The county behavioral health system is mandated to provide the following services under SMHS authority (no action required).

a. Adult Residential Treatment Services
b. Crisis Intervention
c. Crisis Residential Treatment Services
d. Crisis Stabilization
e. Day Rehabilitation
f. Day Treatment Intensive
g. Mental Health Services
h. Medication Support Services
i. Mobile Crisis Services
j. Psychiatric Health Facility Services
k. Psychiatric Inpatient Hospital Services
l. Targeted Case Management
m. Functional Family Therapy for individuals under the age of 21
n. High Fidelity Wraparound for individuals under the age of 21
o. Intensive Care Coordination for individuals under the age of 21
p. Intensive Home-based Services for individuals under the age of 21
q. Multisystemic Therapy for individuals under the age of 21
r. Parent-Child Interaction Therapy for individuals under the age of 21
s. Therapeutic Behavioral Services for individuals under the age of 21
t. Therapeutic Foster Care for individuals under the age of 21
u. All Other Medically Necessary SMHS for individuals under the age of 21

Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026?
Peer Support Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)

Select which of the following services the county behavioral health system participates in
DMC Program

Drug Medi-Cal Program (DMC)
The county behavioral health system is mandated to provide the following services as a part of the DMC Program (no action required)
a. All Other Medically Necessary Services for individuals under age 21
b. Intensive Outpatient Treatment Services
c. Medications for Addiction Treatment (including medication, counseling services, and behavioral therapy) (MAT)
d. Mobile Crisis Services
e. Narcotic Treatment Program (NTP) Services
f. Outpatient Treatment Services
g. Perinatal Residential Substance Use Disorder (SUD) Treatment for pregnant women and women in the postpartum period

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Has the county behavioral health system opted to provide the specific services identified in the list below?
Peer Support Services

Other Programs and Services

Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health and SUD programs

Program or service

Care Transitions

Has the county implemented the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth)?

Yes

Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?

Yes

Statewide Behavioral Health Goals

All fields must be completed unless marked as optional. You don't need to finish everything at once-your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to, please see 3.E.6 Statewide behavioral health goals

Population-Level Behavioral Health Measures

The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C.

Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories.

For related policy information, refer to E.6.1 Population-level Behavioral Health Measures.

Mark page as complete

Priority statewide behavioral health goals for improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. As such, the City of Berkeley should use data from Alameda County and Tri-City should use data from Los Angeles County. For related policy information, refer to E.6.2 Primary and Supplemental Measures.

Access to care: Primary measures

Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Above

For children/youth
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Access to care: Supplemental Measures

Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023

How does your county status compare to the statewide rate?
Same

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Access to care: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
As a small frontier county, our numbers are so minimal that we are usually grouped with other small counties. This gives us guidance on data points to collect and consider locally.

Access to care: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes
With new leadership in Behavioral Health, we will be working to develop relationships with all the local providers and identify opportunities to work together. We are strengthening our services by reviewing State requirements, staff strengths, and policies and procedures. We are not necessarily looking at starting new programs but strengthening the current programs. Data will be a priority on how we collect it and how we analyze it.

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Please identify the category or categories of funding that the county is using to address the access to care goal
BHSA Behavioral Health Services and Supports (BHSS)
1991 Realignment
2011 Realignment
Substance Use Block Grant (SUBG)
Community Mental Health Block Grant (MHBG)

Homelessness: Primary measures

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Same

What disparities did you identify across demographic groups or special populations?
Age
Gender
Race or Ethnicity
Other

Please describe other
Other [The 2025 PIT Count shows a higher concentration of adults ages 25-64 particularly individuals aged 55 and older. Men are disproportionately represented among people experiencing homelessness. Racial disparities are evident, with American Indian/Alaska Native individuals overrepresented relative to the general population. Chronic homelessness is largely concentrated among unsheltered adults, indicating structural barriers to housing stability for older and long-term unhoused individuals.]

Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
Age
Gender
Other

Please describe other
Other [Homelessness student enrollment in Inyo County remains lower than the statewide average. However, disparities persist among school-aged children from American/Alaska Native and Hispanic/Latina/o backgrounds. Housing instability among families continues to intersect with poverty, geographic isolation, and limited housing stock, particularly in rural areas.]

Homelessness: Supplemental Measures

PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Same

What disparities did you identify across demographic groups or special populations?
Age
Gender
Race or Ethnicity
Other

Please describe other
Other [Adults with serious mental illness represent a substantial portion of the homeless population, with prevalence highest among unsheltered adults and those experiencing chronic homelessness. Older adults are disproportionately impacted, suggesting the need for integrated housing, behavioral health, and long-term supportive services.]

PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?

Same

What disparities did you identify across demographic groups or special populations?
Age
Gender
Race or Ethnicity
Other

Please describe other
[Chronic substance abuse is more prevalent among adults ages 35-64 and among individuals experiencing unsheltered and chronic homelessness. The overlap between substance abuse disorders and long-term homelessness highlights the need for harm-reduction-based outreach and permanent supportive housing models within the CoC

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)

How does your local CoC's rate compare to the average rate across all CoCs?
Below

What disparities did you identify across demographic groups or special populations?
Age
Gender
Other

Please describe other
Other [Service access rated within the ESCoC are lower than the statewide CoC average, reflecting geographic barriers, limited provider capacity, and transportation challenges common in rural regions. Individuals who are unsheltered, older, and chronically homeless are less likely to access services consistently, underscoring the need for expanded outreach and mobile service delivery models.]

Homelessness: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
We utilized the data from our Homeless Management Information System (HMIS) and Point in Time (PIT)

Count. The PIT count is done each year in late January, which is not during favorable weather conditions. We antidotally know that there are more homeless individuals during the warmer weather months.

Homelessness: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

We are a Health and Human Services Department and have a housing program. We will be moving that program into the Behavioral Health division. We took over as the lead agency for Continuum of Care (CoC) for Alpine, Inyo and Mono a few years ago. We will be expanding our housing program to provide housing services to clients with severe mental health and/or substance use disorder diagnosis.

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Please identify the category or categories of funding that the county is using to address the homelessness goal

BHSA Housing Interventions
Other

Please describe other

We will be utilizing Social Services funding and ReEntry monies when appropriate for our housing program.

Institutionalization

Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.

Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings

longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)

Institutionalization: Primary Measures

Inpatient administrative days (DHCS) rate, FY 2023

How does your county status compare to the statewide rate/average?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Institutionalization: Supplemental Measures

Involuntary Detention Rates, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

14-day involuntary detention rates per 10,000
Not Applicable

30-day involuntary detention rates per 10,000
Not Applicable

180-day post-certification involuntary detention rates per 10,000
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Conservatorships, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

Temporary Conservatorships
Not Applicable

Permanent Conservatorships
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023
Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities

How does your county status compare to the statewide rate/average?

Crisis Intervention

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Crisis Residential Treatment Services

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Crisis Stabilization

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Institutionalization: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
As a small frontier county, our numbers are so minimal that we are usually grouped with other small counties. This gives us guidance on data points to collect and consider locally.

Institutionalization: Cross-Measure Questions

What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs)
We have an excel worksheet that we track this data which is very minimal.

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Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes)

With new leadership in Behavioral Health, we will be working to develop relationships with all the local providers and identify opportunities to work together. We will be looking into our relationship and Memorandum of Understanding with Kern County who has our closest Crisis Stabilization Unit. Data will be a priority on how we collect it and how we analyze it.

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Please identify the category or categories of funding that the county is using to address the institutionalization goal

1991 Realignment
2011 Realignment

Justice-Involvement: Primary Measures

Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

How does your county status compare to the statewide rate/average?

For adults/older adults

Above

For juveniles

Below

What disparities did you identify across demographic groups or special populations?
Age
Gender
Race or Ethnicity
Other

Please describe other
Inyo County has limited locally available jail and arrest data disaggregated by race, gender, and age. However, clear disparities are evident by age, with very low juvenile incarceration and much higher adult incarceration, and by gender, as the jail population is overwhelmingly male. Based on statewide and rural California trends, racial and ethnic disparities—particularly impacting Native American and Latino residents—are also likely present, though they cannot yet be fully quantified due to data limitations.

Justice-Involvement: Supplemental Measures

Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 - 2020

How does your county status compare to the statewide rate/average?
Not Applicable

What disparities did you identify across demographic groups or special populations?
Other
No Disparities Data Available

Please describe other
No Data Available / Cannot Determine The statewide three-year recidivism conviction rate for individuals released from California Department of Corrections and Rehabilitation in FY 2019-20 was 39.1 percent, based on CDCR's recidivism report. Inyo County's specific recidivism conviction rate is not available in the CDCR data; therefore, a direct comparison to the statewide average cannot be determined from currently published sources.

Incompetent to Stand Trial (IST) Count (Department of State Hospitals(DSH)), FY 2023
Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered

to county-funded programs are not included in this count.

How does your county status compare to the statewide rate/average?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available
Other

Please describe other
No Disparities Data Available Inyo County's DSH-funded IST population is small in absolute numbers, but individuals found Incompetent to Stand Trial are disproportionately people with serious mental illness and co-occurring substance use disorders. Even with low counts, this population represents a high-need, high-risk group that experiences longer jail stays, delayed access to treatment, and greater barriers to restoration and re-entry compared to the general justice-involved population. Limited local forensic and community-based restoration capacity may further impact rural residents who must wait longer or travel farther to access DSH-funded services.

Justice-Involvement: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Inyo County data show disparities in justice system involvement by age and gender, with adult incarceration rates (~4,122 per 100,000) above the statewide average and jail populations predominantly male. Juvenile involvement is very low, with fewer than 10 minors incarcerated annually, resulting in a rate well below the statewide juvenile arrest rate. Although local data are limited, statewide and rural trends suggest Native American and Latino residents are likely overrepresented in justice-involved populations. The small IST population highlights additional disparities for individuals with serious mental illness and co-occurring substance use disorders, who face longer jail stays and limited access to DSH-funded restoration programs in rural areas.

Justice-Involvement: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of justice-involvement for those living with significant behavioral health needs. In your response,

please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

With new leadership in Behavioral Health, we will be working to develop relationships with all the local providers and identify opportunities to work together. We are strengthening our services by reviewing State requirements, staff strengths, and policies and procedures. We are not necessarily looking at starting new programs but strengthening the current programs. Data will be a priority on how we collect it and how we analyze it.

File Upload

Please identify the category or categories of funding that the county is nusing to address the justice-involvement goal

1991 Realignment
2011 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)
Other

Please describe other

County Corrections Partnership Funding

Removal Of Children from Home: Primary Measures

Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025

How does your county status compare to the statewide rate?

Below

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Removal Of Children from Home: Supplemental Measures

Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Child Maltreatment Substantiations (CWIP), 2022

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Removal Of Children from Home: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Inyo County has a very small population of children in foster care. Due to the limited number of children in care at any given time, calculating demographic differences—such as by age, gender, race/ethnicity, sex, or spoken language—would result in unstable rates or suppressed data. As a result, no reliable disparities data is available for the county report. This is consistent with patterns observed in other small, rural counties where low volumes of foster care placements limit the ability to identify statistically meaningful disparities.

Although disparities data are not available, Inyo County continues to provide equitable services and support to all children and families in the foster care system. Case management, placement decisions, and supportive services are guided by California Child Welfare Digital Services protocols and best practice standards, ensuring that every child receives timely access to appropriate care regardless of demographic characteristics. The county emphasizes family and kinship placements whenever possible and collaborates closely with regional partners to meet the unique needs of children in care.

The county also monitors trends and changes in foster care populations over time. Even with low numbers,

Inyo County reviews all placements, services, and outcomes to identify potential areas of concern and opportunities for improvement. Should the foster care population increase or demographic patterns shift, the county will update its analysis and report any identified disparities in future Integrated Plan submissions. These ongoing monitoring and quality improvement efforts reflect Inyo County's commitment to equitable outcomes for all children in foster care.

Removal Of Children from Home: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

Inyo County Health and Human Services is an integrated agency and works closely with Child Welfare Services. The integrated structure allows behavioral health, social services, and supportive services to share information, align interventions, and provide timely support to children and families. Our HHS agency leads the Interagency Leadership Team. We are revisiting the use of CANS in CFTs and who can complete the CANS. The new Deputy Director of Behavioral Health will be reaching out to mental health partners to complete the CANS for our foster youth in their care and participating in the CFT meetings.

File Upload

Please identify the category or categories of funding that the county is nusing to address the removal of children from home goal

1991 Realignment
2011 Realignment

Untreated Behavioral Health Conditions: Primary Measures

Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Untreated Behavioral Health Conditions: Supplemental Measures

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year(CHIS), 2023

How does your county status compare to the statewide rate?

For the full population measured
Below

What disparities did you identify across demographic groups or special populations?
Gender
Race or Ethnicity

Untreated Behavioral Health Conditions: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Due to the county's small population and low service utilization, disparity data was not available for the

FUM and FUA measures because the number of cases was too small to produce reliable demographic comparisons. However, disparity data weas available for the CHIS measure of adults reporting unmet behavioral health needs. Review of this data identified a disparity among Alaska Native/American Indian females, who reported higher rates of needing help for emotional/mental health or substance use issues but having no behavioral health visits in the past year, compared to other gender and racial/ethnic groups. The finding suggests that Alaska Native/American Indian women in the country may experience great barriers to accessing behavioral health services, including factors such as stigma, geographic access challenges, and limited provider availability in our community.

Untreated Behavioral Health Conditions: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Beginning July 1, 2026, Inyo County plans to strengthen existing outreach, engagement, and care coordination efforts to help decrease the number of residents experiencing untreated behavioral health conditions. As a small rural county operating within a Health and Human Services super-agency, Behavioral Health collaborates closely with other county programs, community providers, and regional partners to identify individuals with unmet behavioral health needs and connect them to appropriate services. The county will continue strengthening partnerships with primary care providers, Tribal partners, and community organizations to improve outreach and engagement for populations that may face barriers to accessing services.

Data from the CHIS measure identifying higher unmet behavioral health need among Alaska Native/American Indian females will help inform outreach and engagement strategies. Planned efforts include increasing culturally responsive outreach, strengthening referral pathways with Tribal and community partners, and improving access to services through integrated care coordination and telehealth options where appropriate. These efforts will build on existing county programs designed to identify individuals in need of behavioral health services and connect them to care earlier, with the goal of reducing untreated behavioral health conditions and improving access to services for all residents.

File Upload

Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal
BHSA BHSS
BHSA FSP
2011 Realignment
1991 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)

Additional statewide behavioral health goals for improvement

Please review your county's status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county.

For related policy information, refer to E.6.2 Primary and Supplemental Measures .

Care Experience: Primary Measures

Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults
Above

For children/youth
Above

Quality Domain Score (Treatment Perception Survey (TPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Engagement In School: Primary Measures

Twelfth Graders who Graduated High School on Time (Kids Count), 2022

How does your county status compare to the statewide rate/average?
Below

Engagement In School: Supplemental Measures

Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023

How does your county status compare to the statewide rate/average?
Below

Student Chronic Absenteeism Rate (Data Quest), 2022

How does your county status compare to the statewide rate/average?
Above

Engagement In Work: Primary Measures

Unemployment Rate (California Employment Development Department (CA EDD)), 2023

How does your county status compare to the statewide rate/average?
Below

Engagement In Work: Supplemental Measures

Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023

How does your county status compare to the statewide rate/average?
Below

Overdoses: Primary Measures

All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Not Applicable

Overdoses: Supplemental Measures

All-Drug Related Overdose Emergency Department Visits (CDPH), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Above

Prevention And Treatment of Co-Occurring Physical Health Conditions: Primary Measures

Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults (specific to Adults' Access to Preventive/Ambulatory Health Service)
Above

For children/youth (specific to Child and Adolescent Well-Care Visits)
Below

Prevention And Treatment of Co-Occurring Physical Health Conditions: Supplemental Measures

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications)
Above

For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing)
Not Applicable

Quality Of Life: Primary Measures

Perception of Functioning Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Not Applicable

Quality Of Life: Supplemental Measures

Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Above

Social Connection: Primary Measures

Perception of Social Connectedness Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Not Applicable

Social Connection: Supplemental Measures

Caring Adult Relationships at School (CHKS), 2023

How does your county status compare to the statewide rate/average?
Above

Suicides: Primary Measures

Suicide Deaths, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

Suicides: Supplemental Measures

Non-Fatal Emergency Department Visits Due to Self-Harm, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Above

For children/youth
Above

County-selected statewide population behavioral health goals

For related policy information, refer to 3.E.6 Statewide Behavioral Health Goals .

Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below.
Overdoses

Overdoses

Please describe why this goal was selected
We are above the statewide average and this is a concern within our county.

What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
We cannot identify specific disparities because the number is minimal and could lead to identification of clients. Our tribal health clinic has a robust harm reduction program for their clients. We would like to develop similar outreach and education to the remaining county.

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of Overdoses and refer to any data that was used to make this decision (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)
With opioid settlement monies, we will develop an annual media campaign about harm reduction

strategies, participate in local community events and work with stakeholders to hold an annual training for the community and medical staff.

Please identify the category or categories of funding that the county is using to address this goal
Other

Please describe other
Opioid settlement funds

Community Planning Process

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.B Community Planning Process .

Stakeholder Engagement

For related policy information, refer to 3.B.1 Stakeholder involvement

---

Please indicate the type of engagement used to obtain input on the planning process

County outreach through social media
County outreach through traditional media (e.g., television, radio, newspaper)
Focus group discussions
Key informant interviews with subject matter experts
Meeting(s) with county
Provided data to county
Survey participation
Workgroups and committee meetings

Include date(s) of stakeholder engagement for each type of engagement

Type of engagement
Survey participation

Date
8/18/2023

Type of engagement
Meeting(s) with county

Date
7/23/2025

Type of engagement
Meeting(s) with county

Date
5/4/2025

Type of engagement
Meeting(s) with county

Date
3/27/2025

Type of engagement
Meeting(s) with county

Date
2/28/2025

Type of engagement
Meeting(s) with county

Date
1/9/2025

Type of engagement
Focus group discussions

Date
4/3/2025

Type of engagement
Focus group discussions

Date
5/1/2025

Type of engagement
Focus group discussions

Date
6/5/2025

Type of engagement
Focus group discussions

Date
7/10/2025

Type of engagement
Focus group discussions

Date
8/7/2025

Type of engagement
Focus group discussions

Date
9/4/2025

Type of engagement
Focus group discussions

Date
10/2/2025

Type of engagement
Focus group discussions

Date
10/9/2025

Type of engagement
Focus group discussions

Date
10/23/2025

Type of engagement
Focus group discussions

Date
11/5/2025

Type of engagement
Focus group discussions

Date
11/13/2025

Type of engagement
Workgroups and committee meetings

Date
4/15/2025

Type of engagement
Workgroups and committee meetings

Date
6/4/2025

Type of engagement
Workgroups and committee meetings

Date
7/23/2025

Type of engagement
Workgroups and committee meetings

Date
8/17/2025

Type of engagement
Workgroups and committee meetings

Date
9/17/2025

Type of engagement
Workgroups and committee meetings

Date
11/13/2025

Type of engagement
Workgroups and committee meetings

Date
10/7/2025

Type of engagement
Workgroups and committee meetings

Date
12/3/2025

Type of engagement
Workgroups and committee meetings

Date
1/14/2025

Type of engagement
Workgroups and committee meetings

Date
2/11/2025

Type of engagement
Workgroups and committee meetings

Date
3/11/2025

Type of engagement
Survey participation

Date
11/30/2025

Type of engagement
Survey participation

Date
12/31/2025

Please list specific stakeholder organizations that were engaged in the planning process. Please do not include specific names of individuals
Northern Inyo Hospital, Indian Head Start, Inyo County Office of Education, Bishop Police Department, UCLA Hospital, Inyo County Superior Courts and Judges, University Cooperative Extension, Eastern Sierra County of Government, Bishop Paiute Tribe representatives, Inyo County Board of Supervisors, Inyo County Probation, Cerro Coso Community College, Bishop Union High School, Southern Inyo Healthcare District, Owens Valley Career Development, Inyo County HHS Divisions (Public Health, Behavioral Health, Social and Placement Services and Public Assistance and Aging), Toiyabe Indian Health, Inyo County Administration, Local business owners, Inyo County Sheriff's Department, Inyo County District Attorney, High school Hispanic liaison, Wild Iris, Inyo/Mono Child Support, Inyo Mono Advocates for the Handicap, Salvation Army, Legal Self Help, Bishop School Board Members, Victim Witness Program, Kern Regional Center, Anthem Managed Care Plan representatives, Health Net Managed Care Plan representatives

What are the five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities) (Population and Housing Estimates for Cities, Counties, and the State)

	City name
1	NA
2	NA
3	NA
4	NA
5	NA

Were you able to engage all required stakeholders/groups in the planning process?
Yes

Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities

Utilizing the information from the meetings and survey results from the Inyo County Health and Human Services/ Public Health Community Health Assessment and the two hospitals in our county-Community Health Needs Assessment-Mental Health services and Access to Care are both priorities.

Upload File

INYO_CHNA_FINAL_3.18.26 (2).pdf
Inyo County Community Health Assessment Report_5.29.2024_0.pdf
Inyo County CHIP 2025 - 2028 Final_0.pdf
Lindsay Inyo_2025 CHNA_Board Report_2.24.26.pdf

Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP) **? Additional information regarding engagement requirements with other local program planning processes can be found in** Policy Manual Chapter 3, Section B.2.3.

Yes

Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans **(MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities**

We are a county Health and Human Services agency. Behavioral Health and Public Health work closely. We have multiple meetings with our managed care plans including a quarterly HHS meeting, monthly CoC meetings and individual program meetings.

Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance?
No

Collaboration

Please select how the county collaborated with the LHJ
Attended key CHA and CHIP meetings as requested.

Data-Sharing

Data-Sharing to Support the CHA/CHIP

Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP
Access to Care
Care Experience

Was data shared?
No

Data-Sharing from MCPS and LHJs to Support IP development

Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development
Access to Care
Care Experience

Was data shared?
No

Stakeholder Activities

Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for

illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities)
Collaborated on joint surveys, focus groups, and/or interviews that can be used to inform both the IP and CHA/CHIP.
Co-hosted community sessions, listening tours, and/or other community events that can be used to strengthen stakeholder engagement for both the IP and CHA/CHIP.
Other

Please describe how the county has coordinated stakeholder activities for IP development and the CHA/CHIP
Staff participated in stakeholder meetings for the CHA and are active participants in two of the three Objectives in their CHIP.

Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP **? Additional information regarding engagement requirements with other local program planning processes can be found in** Policy Manual Chapter 3, Section B.2.3
Yes

Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP
We are able to use the data from our County Public Health Community Health Assessment and our two hospitals came together and did their Community Needs Assessment. Public Health also began holding subgroups for their Community Health Improvement Plan. Two of their goals were aimed at Behavioral Health (Maternal Mental Health and Substance Use Disorder). We have actively participated in these subgroups.

Medi-Cal Managed Care Plan (MCP) Community Reinvestment

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes
Anthem and Health Net

Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan?
Healthnet will be focusing on these top three priorities: Access to Care, Homelessness, Untreated BH Conditions.

Anthem will be focusing on these top three priorities: Homelessness, Justice Involved, Untreated BH Conditions.

Comment Period and Public Hearing

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Comment Period and Public Hearing

For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Confirm that the data is up to date and reflects the correct information for a Draft Plan

Date the draft Integrated Plan (IP) was released for stakeholder comment
4/1/2026

Date the stakeholder comment period closed
5/4/2026

Date of behavioral health board public hearing on draft IP
5/13/2026

Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality
Link

Please provide the link to the public posting
https://www.inyocounty.us/behavioral-health/behavioral-health-advisory-board

If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page
NA

File Upload

Please select the process by which the draft plan was circulated to stakeholders
Public posting
Email outreach

Attach email
Public Notice email.pdf

Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table

Stakeholder group that provided feedback
TBD

Summarize the substantive revisions recommended this stakeholder during the comment period
This will be submitted after public hearing

Please describe any substantive recommendations made by the local behavioral health board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A.

Substantive recommendations
TBD. This will be submitted after public hearing

County Behavioral Health Services Care Continuum

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan Budget Template.

Mark section as complete

County Provider Monitoring and Oversight

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 6.C.2 Securing Medi-Cal Payment .

Medi-Cal Quality Improvement Plans

Cities submitting their Integrated Plan independently from their counties do not have to complete this section or Question 1 under All BHSA Provider Locations.

For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027

Inyo County Quality Assurance Plan 2026.pdf

Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)?

No

Contracted BHSA Provider Locations

As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services. (A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)

Services Provided

Number of contracted BHSA provider locations

Services Provided	Number of contracted BHSA provider locations
Mental Health (MH) services only	1
Substance Use Disorder (SUD) services only	0
Both MH and SUD services	0

Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26

Services Provided	Number of Contracted BHSA Provider Locations
SMHS only	0
DMC/DMC-ODS only	0
Both SMHS and DMC/DMC-ODS systems	0

All BHSA Provider Locations

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS?

0

Please describe the county's plans to enhance rates of MCP contracting starting July 1, 2027, and over the subsequent two years among the BHSA provider locations that are providing services that can/should be reimbursed by Medi-Cal MCPs

As a small frontier county, local providers are not equipped to provide services to severely mental health clients. They provider services to mild to moderate clients. Local clinicians at non-county run facilities do not want to provide crisis support services.

To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions)

a. **Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening**

b. **Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and**

c. **Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding**

Does the county wish to describe implementation challenges or concerns with these requirements?

No

Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.

Does the county intend to adopt this recommended monitoring schedule for BHSA-funded providers that:

Also participate in the county's Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements)

Yes

Do not participate in the county's Medi-Cal Behavioral Health Delivery System?

Yes

Behavioral Health Services Act/Fund Programs

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

Behavioral Health Services and Supports (BHSS)

For related policy information, refer to 7.A.1 Behavioral Health Services and Supports Expenditure Guidelines

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General

Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan

Children's System of Care (non-Full Service Partnership (FSP))
Adult and Older Adult System of Care (non-FSP)
Early Intervention Programs (EIP)
Workforce, Education and Training (WET)
Capital Facilities and Technological Needs (CFTN)

Children's System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than on program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care .

Please select the service types provided under Program

Mental health services
Supportive services

Please describe the specific services provided

The Family Strengthening Program, formerly known as the Families Intensive Response Strengthening Team (FIRST), is a voluntary, intensive, family-driven, strengths-based planning process that uses the Wraparound approach. The program follows the ten guiding principles of Wraparound including: family-centered voice and choice, a team approach, use of natural supports, collaborative efforts, community-based services, a culturally responsive and respectful focus, an individualized approach, and a strengths-based lens, that is persistent and informed by outcomes. A small team works with the families of children/youth who have been identified as at risk of out of home placement through Child Protective Services, Probation, schools, or Behavioral Health. The team predominantly works with families that have identified as needing substantial support in multiple areas of challenge, but a family can come to the strengthening team voluntarily or through system involvement thanks to diverse braided funding. Families are often referred to the program though Student Attendance Review Board, Behavioral Health, Probation, CPS, area schools and other local agencies - often with referrals coming from multiple service partners at the same time. The Family Strengthening Team works with families to set and accomplish goals that strengthen the entire family as a unit. The vision of the Family Strengthening Team is to empower families to overcome complex challenges to live together in the community independent of government systems.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	**Projected Number of Individuals Served**
FY 2026 – 2027	71
FY 2027 – 2028	71
FY 2028 – 2029	71

Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care

Historical case counts

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program
Mental health services
Substance Use Disorder (SUD) treatment services

Please describe the specific services provided
Education related to mental health, age related challenges, and social isolation will be provided at community events specifically aimed at older adults.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	50
FY 2027 – 2028	50
FY 2028 – 2029	50

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care
Historic Data

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy

Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
Northstar

Please select which of the three EI components are included as part of the program or service
Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
Intended Outcomes: Northstar Early Intervention Children's Services Program
1. Improved Early Identification and Access to Care
Children with developmental, behavioral, or mental health needs are identified earlier through screening and referral pathways
Increased timely access to appropriate services, reducing delays in care
Strengthened coordination between schools, healthcare providers, and social services
2. Enhanced Child Development and Functioning
Measurable improvements in cognitive, emotional, social, and behavioral development
Increased ability for children to engage successfully in school and daily activities
Reduction in severity or progression of developmental and behavioral concerns
3. Strengthened Family Capacity and Stability
Caregivers demonstrate increased knowledge, skills, and confidence in supporting their child's needs
Improved family functioning and resilience
Reduced caregiver stress through access to education, coaching, and support services
4. Prevention of Higher-Level Interventions
Decreased need for crisis services, special education intensification, or out-of-home placements

Reduction in emergency room visits or acute behavioral health episodes
Early support helps prevent long-term system involvement (e.g., child welfare, juvenile justice)
5. Improved Coordination Across Systems
Increased integration of services across behavioral health, primary care, education, and social services
Development of clear care pathways and shared care planning
Improved communication between providers leading to more holistic, child-centered care
6. Increased Equity in Service Access and Outcomes
Reduction in disparities for underserved and high-risk populations
Culturally responsive and linguistically appropriate services improve engagement and retention
More equitable developmental and behavioral health outcomes across populations
7. Data-Driven Continuous Improvement
Use of screening, assessment, and outcome data to track progress and adjust interventions
Improved program accountability and demonstrated effectiveness
Ongoing refinement of services based on community needs and performance metrics

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	**Projected Number of Individuals Served**
FY 2026 – 2027	50
FY 2027 – 2028	50
FY 2028 – 2029	50

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
Historical Data

Coordinated Specialty Care for First Episode Psychosis (CSC) program

For related policy information, refer to 7.A.7.5.1 Coordinated Specialty Care for First Episode Psychosis .

Please provide the following information on the county's Coordinated Specialty Care for First Episode Psychosis (CSC) program

CSC program name
Inyo County Behavioral Health current program staff

CSC program description
As a small frontier county with limited staff, we require all staff (clinicians to case managers) to take training on First Episode Psychosis. All staff must be able to respond to a clients needs when identified.

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for CSC. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population. These projections are not binding and are for planning purposes. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA CSC requirements

Please review the total estimated number of individuals who may be eligible for CSC (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence Based Practice (EBP) Policy Guide and the Policy Manual Chapter 7, Section A.7.5). Please input the estimates provided to the county in the table below.

CSC Eligible Population	Estimates

CSC Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	4800
Number of Uninsured Individuals	1200

CSC Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	6
Number of Teams Needed to Serve Total Eligible Population	1

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	6	6	6
Total Number of Teams	1	1	1

Will the county's CSC program be supplemented with other (non-BHSA) funding source(s)?

No

County Workforce, Education, and Training (WET) Program

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP).
For each program or activity that is part of the county's overall WET program, provide the following information. If the county provides more than one program or activity type, use the "Add" button. For related policy information, refer to 7.A.4 Workforce Education and Training .

Program or activity name
Behavioral Health Training

Please select which of the following categories the activity falls under
Continuing Education

Please describe efforts to address disparities in the Behavioral Health workforce.
Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9
In Fiscal Year 2025/26, the Behavioral Health team developed a training plan to meet the needs for clinicians, counselors and case managers. Each year we ensure that trainings include a culturally and linguistically competent so that the workforce that can meet the behavioral health needs of individuals of all backgrounds. We will also be looking at training with community partners (i.e. schools, tribal health professionals).

Capital Facilities and Technological Needs (CFTN) Program

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5 .

Project name
Information Services Staff Person

Please select the type of project
Technological needs project

If Technological Needs Project, please select the focus area(s) of the project
Electronic health record system
Data exchange and interoperability
Data security and privacy
Individual/family access to computing resources
Telemedicine

Please describe the project
We continue to fund 50% of an Information Services staff position to address ongoing technological issues, supporting system maintenance and improvements across programs.

Capital Facilities and Technological Needs (CFTN) Program

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5 .

Project name
Credible EHR

Please select the type of project
Technological needs project

If Technological Needs Project, please select the focus area(s) of the project
Electronic health record system

Please describe the project
Integrated/optimize EHR into Behavioral Health workflows

Capital Facilities and Technological Needs (CFTN) Program

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5 .

Project name
Renovation of Bishop Wellness Center Bathrooms

Please select the type of project
Capital facilities project

If capital facilities project, please indicate which of the following categories the project falls under
Acquiring, renovating, or constructing buildings that are or will be county-owned. The building can be owned and operated by a non-profit if the non-profit is providing behavioral health services under contract with the county.

Please indicate if the project involves leasing or renting to own a building
No

Please describe the project
Improvement of physical infrastructure to deliver higher quality care to clients ultimately improving enrollment, compliance, and outcomes.

Full Service Partnership Program

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties

must implement to demonstrate compliance with BHSA FSP requirements. For related policy information, refer to 7.B.3 Full Service Partnership Program Requirements and 7.B.4 Full Service Partnership Levels of Care

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Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice (EBP) Policy Guide , the Policy Manual Chapter 7, Section B , and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment). Please input the estimates provided to the county in the table below

Total Adult FSP Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	0
Number of Uninsured Individuals	0
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	0

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

Please input the estimates provided to the county in the table below

ACT Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	0
Number of Uninsured Individuals	0

FACT Eligible Population (ACT with Justice-System Involvement)	**Estimates**
Number of Medi-Cal Enrolled Individuals	0
Number of Uninsured Individuals	0

ACT/FACT Practitioners and Teams Needed	**Estimates**
Number of Practitioners Needed to Serve Total Eligible Population	0
Number of Teams Needed to Serve Total Eligible Population	0

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

County Actuals	**FY 26-27**	**FY 27-28**	**FY 28-29**
Total Number of Practitioners	0	0	0
Total Number of Teams	0	0	0

Full Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

Please input the estimates provided to the county in the table below

FSP ICM Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	0
Number of Uninsured Individuals	0

FSP ICM Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	0
Number of Teams Needed to Serve Total Eligible Population	0

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	0	0	0
Total Number of Teams	0	0	0

High Fidelity Wraparound (HFW) Eligible Population

Please input the estimates provided to the county in the table below

HFW Eligible Population	Estimates

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	14
Number of Uninsured Individuals	<11*

HFW Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	5
Number of Teams Needed to Serve Total Eligible Population	1

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	0	0	0

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Teams	0	0	0

Individual Placement and Support (IPS) Eligible Population

Please input the estimates provided to the county in the table below

IPS Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	0
Number of Uninsured Individuals	0

IPS Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	0
Number of Teams Needed to Serve Total Eligible Population	0

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

County Actuals	**FY 26-27**	**FY 27-28**	**FY 28-29**
Total Number of Practitioners	0	0	0
Total Number of Teams	0	0	0

Full Service Partnership (FSP) Program Overview

Please provide the following information about the county's BHSA FSP program

Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP?
Yes

Please describe how the estimated practitioners will provide more than one EBP
As a small frontier county with limited staff, we require all staff (clinicans to case managers) to be trained and particpate in required practices (i.e. EBP). All staff must be able to respond to a clients needs when identified.

Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports
As an integrated health and human services agency and a small frontier county, all staff are expected to know the resources in our communities. We use staff team meetings to bring in training from partners to provide knowledge of available resources. The CHIP has a project of updating our 211 page and begin using that as a community resource. We provide training to all of our HHS staff on being trauma-informed when working with clients and providing services.

Please describe the county's efforts to reduce disparities among FSP participants

Our department mission is "Strengthening Resilience & Well-Being in our Community". We strive to hire staff with lived experience in our Wellness Centers. We have two Wellness Centers in our county. We offer showers, laundry, SUD and MH classes and case management to clients in each facility.

Select which goals the county is hoping to support based on the county's allocation of FSP funding

Access to care
Homelessness
Justice involvement
Untreated behavioral health conditions
Prevention of co-occurring physical health conditions
Social connection
Quality of life

Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM

Clients who have been identified as FSP will continue to receive the same services they had been receiving. As staff are trained on EBPs, they will incorporate those practices into the services they are providing new and old FSP clients.

Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW. Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP

Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.)

We have developed criteria in our FSP process that includes an assessment to determine the level of case management needed.

Please indicate whether the county FSP program will include any of the following optional and allowable services

NA

Primary substance use disorder (SUD) FSPs
No

Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section)
No

Other recovery-oriented services
No

If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams. If no additional FSP services, use "N/A"
NA

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

In, or at-risk of being in, the juvenile justice system
We are a small frontier county and work with the Probation Office regularly in Mental Health and SUD.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
We are a small frontier county and provide services to all clients requesting needs in the youth population. Staff are offered training to address LGBTQ+ clients needs.

In the child welfare system
We are a small frontier county and work with Child Welfare regularly in Mental Health and SUD.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults
We are a health and human services department. We work closely with our APS and Senior program staff.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
We are a small frontier county and provide services to all eligible clients. Staff are offered training to address LGBTQ+ clients needs.

In, or are at risk of being in, the justice system
We are a small frontier county and work with the Probation Office regularly in Mental Health and SUD.

Assertive Field-Based Substance Use Disorder (SUD) Questions

For related policy information, refer to 7.B.6 Assertive Field-Based Initiation for Substance Use Disorder Treatment Services

Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual Chapter 7, Section B.6.

Existing Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

Existing programs
Inyo SUD

Program descriptions
Existing Program: Inyo County Substance Use Disorder Services
Role in BHSA Requirement: Serves as the core existing platform for outreach, screening, engagement, referral, and initiation into SUD treatment services.
BHSA Service Expansion: Expand field-based engagement capacity, improve assertive outreach workflows, increase coordination with justice, health, and social service partners, and support staff capacity needed to initiate treatment in community-based settings.
Expected Timeline: Planning and gap assessment in the early implementation phase; phased program

expansion and workflow development through 2027–2028; full implementation of required assertive field-based SUD treatment initiation elements by July 1, 2029.

Current funding source
DMC, SUBG, 2011 Realignment

BHSA changes to existing programs to meet BHSA requirements
Data tracking and reporting

Expected timeline of operation
July 1, 2029

Mobile-field based programs

Existing programs
Mobile Crisis Unit

Program descriptions
Existing Program: Mobile Field-Based Programs – Mobile Crisis Unit
Role in BHSA Requirement: Provides field-based, rapid response services that can identify individuals with substance use needs in real-time and serve as an entry point for screening, engagement, and initiation into SUD treatment services in community settings.
BHSA Service Expansion: Expand the role of the Mobile Crisis Unit to incorporate SUD-specific screening, brief intervention, and direct linkage to treatment services in the field; enhance coordination with SUD providers, law enforcement, EMS, and hospitals; and strengthen protocols for initiating treatment or warm handoffs at the point of contact.
Expected Timeline: Initial integration of SUD screening and referral protocols during early implementation; expanded field-based SUD engagement capacity and cross-system coordination through 2027–2028; full alignment with assertive field-based SUD initiation requirements by July 1, 2029.

Current funding source
FFP and 1991/2011 Realignment

BHSA changes to existing programs to meet BHSA requirements
Data tracking and reporting

Expected timeline of operation
July 1 2029

Open-access clinics

Existing programs
Inyo County Behavioral Health

Program descriptions
Existing Program: Open-Access Clinics – Inyo County Behavioral Health
Role in BHSA Requirement: Provides low-barrier, same-day access points for individuals seeking services, supporting immediate screening, assessment, and initiation into SUD treatment services without requiring prior appointments.
BHSA Service Expansion: Enhance open-access capacity to better integrate SUD screening and same-day treatment initiation; strengthen linkages from field-based contacts (e.g., Mobile Crisis, outreach teams) into clinic-based services; and expand walk-in availability, care coordination, and rapid access to SUD treatment pathways.
Expected Timeline: Strengthening of open-access workflows and SUD integration in the early implementation phase; expanded same-day access and improved coordination with field-based programs through 2027–2028; full implementation of programmatic requirements supporting timely SUD treatment initiation by July 1, 2029.

Current funding source
FFP and 1991/2011 Realignment

BHSA changes to existing programs to meet BHSA requirements
Data tracking and reporting

Expected timeline of operation
July 1 2029

New Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

New programs
Targeted Outreach for Assertive Field-Based SUD Treatment Services

Program descriptions

New Program: Targeted Outreach for Assertive Field-Based SUD Treatment Services
Role in BHSA Requirement: Establishes a new, dedicated field-based outreach function that builds upon the existing SUD treatment program but expands beyond current service delivery, which is primarily clinic-based, to proactively identify, engage, and initiate individuals with SUD needs who are not currently connected to services.
BHSA Service Expansion: While Inyo County currently operates an SUD treatment program, targeted and assertive field-based outreach is not a formalized service component. BHSA funding will support the development of this new program function by expanding SUD staffing and defining outreach-specific roles (e.g., counselors, peer support specialists, and care coordination staff) to conduct field-based engagement, screening, brief intervention, and direct linkage or initiation into treatment; this includes establishing formal workflows and strengthening partnerships with community and system partners.
Expected Timeline: Program design, staffing expansion, and workflow development in the early implementation phase; phased implementation of field-based outreach services through 2027–2028; full implementation of assertive field-based outreach and SUD treatment initiation capacity by July 1, 2029.

Planned funding

DMC, SUBG, 2011 Realignment

Planned operations

Provide SUD services.

Expected timeline of implementation

July 1 2029

Mobile-field based programs

New programs

NA

Program descriptions

NA

Planned funding

NA

Planned operations
NA

Expected timeline of implementation
NA

Open-access clinics

New programs
NA

Program descriptions
NA

Planned funding
NA

Planned operations
NA

Expected timeline of implementation
NA

Medications for Addiction Treatment (MAT) Details
Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029.

Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs
We will be working on contracting with local providers who provide MAT services or enter into referral agreements if they don't want to become DMC providers.

Select the following practices the county will implement to ensure same day access to MAT
Contract directly with MAT providers in the County
Enter into referral agreements with other MAT providers including providers whose services are covered by Medi-Cal MCPs and/or Fee-For-Service (FFS) Medi-Cal

What forms of MAT will the county provide utilizing the strategies selected above?
Buprenorphine
Naltrexone
Other

Please specify other forms of MAT
Suboxone

Housing Interventions

Planning

For related policy information, refer to 7.C.3 Program priorities and 7.C.4 Eligible and priority populations

System Gaps

Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. Please use the following definitions to inform your response: No gap – resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap – limited or no resources and connectivity available; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to their local Continuum of Care (CoC) Housing Inventory Count (HIC) **to inform responses to this question.**

Supportive housing
Medium gap

Apartments, including master-lease apartments
Large gap

Single and multi-family homes
Large gap

Housing in mobile home communities
Large gap

(Permanent) Single room occupancy units
Large gap

(Interim) Single room occupancy units
Large gap

Accessory dwelling units, including junior accessory dwelling units
Large gap

(Permanent) Tiny homes
Large gap

Shared housing
Large gap

(Permanent) Recovery/sober living housing, including recovery-oriented housing
Large gap

(Interim) Recovery/sober living housing, including recovery-oriented housing
Large gap

Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Large gap

License-exempt room and board
Large gap

Hotel and Motel stays
Medium gap

Non-congregate interim housing models
Large gap

Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)
Large gap

Recuperative Care
Large gap

Short-Term Post-Hospitalization housing
Large gap

(Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units
Large gap

Peer Respite
Large gap

Permanent rental subsidies
Medium gap

Housing supportive services
Medium gap

What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals **?**
Inyo County Health and Human Services is the lead agency for the local Continuum of Care (Alpine, Inyo and Mono). We are the lead administrator for HMIS. When we took over the CoC administration and received housing funding, we created a housing program within our department. We currently have Social Services and ReEntry funding for eligible clients. In the last year, we have applied for technical assistance for creating a flex pool process. Using that concept, we will screen clients who are referred into the program and determine the funding they are eligible for. As the CoC lead, we also entered into contract

with three managed care plans to lead transitional rent for Alpine, Inyo and Mono counties.

Our Housing Authority is based out of San Joaquin county. We regularly attend their meetings virtually to see of housing voucher opportunities for our clients.

How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals?
Inyo County Health and Human Services is the lead agency for the local Continuum of Care (Alpine, Inyo and Mono). We are the lead administrator for HMIS. When we took over the CoC administration and received housing funding, we created a housing program within our department. We currently have Social Services and ReEntry funding for eligible clients. In the last year, we have applied for technical assistance for creating a flex pool process. Using that concept, we will screen clients who are referred into the program and determine the funding they are eligible for. As the CoC lead, we also entered into contract with three managed care plans to lead transitional rent for Alpine, Inyo and Mono counties.

Our Housing Authority is based out of San Joaquin county. We regularly attend their meetings virtually to see of housing voucher opportunities for our clients.

What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?
Our housing program develops relationships with landlords of local permanent housing opportunities. However, most local housing opportunities are unaffordable for most clients so we have to consider low income housing that is located in other locations which are typically outside of Inyo.

What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?
There is currently minimal capital development opportunities in Inyo County. There are discussions about future developments but they have been ongoing plan for over 5 years now with little to no movement. We will continue to participate in those workgroups looking for opportunities to fund capital development that will include low income housing. In the meantime, we will find housing opportunities that our clients can afford and provide subsidies for the first 3-6 months while working on budgeting strategies.

Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services

Our housing case manager looks at all clients with a Whole Person lens. They will work with the clients to access behavioral health and primary health services.

Eligible Populations

Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions

As the only Medi-Cal provider in Inyo County for Severely Mental Health services, we will develop a referral process in our system to ensure that clients with housing needs are referred to the internal housing program. As a Health and Human services department, we are trained to know what other programs offer and how to ensure that clients are referred in a timely manner.

Will the county behavioral health system provide BHSA-funded Housing Interventions to individuals living with a substance use disorder (SUD) only **?**

Yes

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth **in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:**

In, or at-risk of being in, the juvenile justice system

We have regular meetings with Probation in our Mental Health team and SUD team. We have a working relationship with Probation in our housing program due to ReEntry funding for adults. They know the referral process and services available.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

No outreach was done for this population. We participate in multiple collaboratives but Inyo County does not have specific LGBTQ+ groups that have regular meetings.

In the child welfare system

We have regular joint meetings between Child Welfare, Behavioral Health, and other stakeholders to review high-risk cases and ensure families receive comprehensive services before removal becomes necessary.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults
We are a Health and Human Services agency. We currently have Social Services funding for Home Safe which are older adults or dependent adults involved with Adult Protective Services. We also work with our Area Agency on Aging programs who serve older adults with supportive and nutritional assistance.

In, or are at risk of being in, the justice system
We have regular meetings with Probation in our Mental Health team and SUD team. We have a working relationship with Probation in our housing program due to ReEntry funding for adults. They know the referral process and services available.

In underserved communities
As a small frontier county, all of our communities are underserved. We provide services throughout our entire county.

Local Housing System Engagement

How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?
Inyo County Health and Human Services is the lead agency for the local Continuum of Care (Alpine, Inyo and Mono). We are the lead administrator for HMIS. When we took over the CoC administration and received housing funding, we created a housing program within our department. We currently have Social Services and ReEntry funding for eligible clients. In the last year, we have applied for technical assistance for creating a flex pool process. Using that concept, we will screen clients who are referred into the program and determine the funding they are eligible for. As the CoC lead, we also entered into contract with three managed care plans to lead transitional rent for Alpine, Inyo and Mono counties.

Our Housing Authority is based out of San Joaquin county. We regularly attend their meetings virtually to see of housing voucher opportunities for our clients.

Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions

Local CoC

Inyo County Health and Human Services is the lead agency for the local Continuum of Care (Alpine, Inyo and Mono). We are the lead administrator for HMIS. When we took over the CoC administration and received housing funding, we created a housing program within our department. We currently have Social Services and ReEntry funding for eligible clients.

Public Housing Agency

Our Housing Authority is based out of San Joaquin county. We regularly attend their meetings virtually to see of housing voucher opportunities for our clients.

MCPs

In the last year, we have applied for technical assistance for creating a flex pool process. Using that concept, we will screen clients who are referred into the program and determine the funding they are eligible for. As the CoC lead, we also entered into contract with three managed care plans to lead transitional rent for Alpine, Inyo and Mono counties.

ECM and Community Supports Providers

In the last year, we have applied for technical assistance for creating a flex pool process. Using that concept, we will screen clients who are referred into the program and determine the funding they are eligible for. As the CoC lead, we also entered into contract with three managed care plans to lead transitional rent for Alpine, Inyo and Mono counties.

Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.)

Inyo County Health and Human Services is the lead agency for the local Continuum of Care (Alpine, Inyo and Mono). We are the lead administrator for HMIS. When we took over the CoC administration and received housing funding, we created a housing program within our department. We currently have Social Services and ReEntry funding for eligible clients. In the last year, we have applied for technical assistance for creating a flex pool process. Using that concept, we will screen clients who are referred into the program and determine the funding they are eligible for. As the CoC lead, we also entered into contract with three managed care plans to lead transitional rent for Alpine, Inyo and Mono counties.

How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals?

Our CoC and Inyo County do not receive Homekey+ funding at this time.

Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding?
Yes

How will the county coordinate the use of HHAP dollars to support the housing needs of BHSA eligible individuals in your community?
Inyo County Health and Human Services is the lead agency for the local Continuum of Care (Alpine, Inyo and Mono). We are the lead administrator for HMIS. When we took over the CoC administration and received housing funding, we created a housing program within our department. We currently have Social Services and ReEntry funding for eligible clients. The CoC also has access to HHAP funding that is available for all three counties.

BHSA Housing Interventions Implementation

The following questions are specific to BHSA Housing Interventions funding (no action needed).
For more information, please see 7.C.9 Allowable expenditures and related requirements

Rental Subsidies (Chapter 7. Section C.9.1)
The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. (no action needed)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis?
<11*

How many of these individuals will receive rental subsidies for permanent housing on an annual basis?
<11*

How many of these individuals will receive rental subsidies for interim housing on an annual basis?
<11*

What is the county's methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis?
Estimate is using data from other housing programs and the amount of funding available.

For which setting types will the county provide rental subsidies?
Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments
Time Limited Interim Settings: Hotel and motel stays
Time Limited Interim Settings: Non-congregate interim housing models
Time Limited Interim Settings: Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls)[134] (does not include behavioral health residential treatment settings)
Time Limited Interim Settings: Short-Term Post-Hospitalization housing
Time Limited Interim Settings: Peer respite
Non-Time-Limited Permanent Settings: Supportive housing

Will this Housing Intervention accommodate family housing?
Yes

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
We will assist clients with interim and permanent housing. We always only look at permanent housing that is affordable to the client. We look at any structure that meets occupancy standards (ADU, rooms, mobile homes, travel trailers, apartments, or houses)

Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies?
Tenant-based

How will the county behavioral health system identify a portfolio of available units for placing BHSA eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in

Inyo County Health and Human Services is the lead agency for the local Continuum of Care (Alpine, Inyo and Mono). We are the lead administrator for HMIS. When we took over the CoC administration and received housing funding, we created a housing program within our department. We currently have Social Services and ReEntry funding for eligible clients. In the last year, we have applied for technical assistance for creating a flex pool process. Using that concept, we will screen clients who are referred into the program and determine the funding they are eligible for. As the CoC lead, we also entered into contract with three managed care plans to lead transitional rent for Alpine, Inyo and Mono counties. We will not Master Lease because there is limited stock of apartments that affordable for clients and limited funds that having a master lease and no one in the apartment is not spending the money wisely.

Total number of units funded with BHSA Housing Interventions per year

10

Please provide additional details to explain if the county is funding rental subsidies with BHSA Housing Interventions that are not tied to a specific number of units

NA

Operating Subsidies (Chapter 7, Section C.9.2)

Is the county providing this intervention?

No

Please explain why the county is not providing this intervention

Our CoC provides operating subsidies to the very small amount of low income housing units in our three counties. The one housing facility in our county is for older adults and has financial issues that have not been corrected and the future of the facility is unknown.

Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
<11*

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
We currently work with many of the landlords with local rental options. We don't provide financial incentives to landlords due to being a frontier county and perceived conflicts of interest. We are working with our County Counsel to develop a Landlord Partnership Program that will allow a landlord to apply for reimbursement for up to $5,000 of damange done by one of our clients.

Total number of units funded with BHSA Housing Interventions per year
5

Please provide additional details to explain if the county is providing landlord outreach and mitigation funds with BHSA Housing Interventions that are not tied to a specific number of units
NA

Participant Assistance Funds (Chapter 7, Section C.9.4.2)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
<11*

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
We will work with our clients to complete rental applications, credit checks, security deposits and utility deposits. If a client is currently housed, they are our priority to keep them housed by providing support with rent and utility arrears. We will also work with them on budgeting.

Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)

Pursuant to Welfare and Institutions (W&I) Code section 5830, subdivision (c)(2) **, BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)**

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

<11*

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

We will fund our housing Integrated Case Worker out of BHSA funds to provide housing navigation and tenancy sustaining services to clients in Behavioral Health. We will also redirect case management staff to assist with these services and support the clients.

Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

<11*

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

We will fund our housing Integrated Case Worker out of BHSA funds to provide housing outreach and engagement services to clients in Behavioral Health. We will also redirect case management staff to assist with these services and support the clients.

Capital Development Projects (Chapter 7, Section C.10)

Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?

No

Please explain why the county is not providing this intervention

There is currently minimal capital development opportunities in Inyo County. There are discussions about future developments but they have been ongoing plan for over 5 years now with little to no movement. We will continue to participate in those workgroups looking for opportunities to fund capital development that will include low income housing.

Other Housing Interventions

If the county is providing another type of Housing Interventions not listed above, please describe the intervention

NA

Is the county providing this intervention to chronically homeless individuals?

No

Anticipated number of individuals served per year

0

Continuation of Existing Housing Programs

Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing)

If there is a housing program that is ending, we will look at the current clients being assisted and move them to other programs if they are eligible.

Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

For more information, please see 7.C.7 Relationship to Medi-Cal Funded Housing Services

Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of?
Housing Transition Navigation Services
Housing Deposits
Transitional Rent

For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of?

Housing Transition Navigation Services
Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
1/1/2026

Housing Deposits
Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
1/1/2026

Housing Tenancy and Sustaining Services
No

Short-Term Post-Hospitalization Housing
No

Recuperative Care
No

Day Habilitation
No

Transitional Rent
Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
1/1/2026

How will the county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing-related Community Supports covered by MCPs **(including Transitional Rent)?**
Our housing program is already contracted with our Managed Care plans for transitional rent and a few housing community support services. We have a referral process in place and will be standing up the Managed Care plans in the next few months.

Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county
Our housing program is already contracted with our Managed Care plans for transitional rent and a few housing community support services. We have a referral process in place and will be standing up the Managed Care plans in the next few months.

Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)?
No

What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available?
Our housing program is already contracted with our Managed Care plans for transitional rent and a few housing community support services. We have a referral process in place and will be standing up the

Managed Care plans in the next few months. We will use HMIS to track clients program use and be able to move them to BHSA funding after Transitional Rent has been exhausted.

Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools ("Flex Pools") are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource Guide that describes this model in more detail linked here: Flexible Housing Subsidy Pools - Technical Assistance Resource . Please reference the TA Resource Guide for descriptions of the Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder.

For related policy information, refer to 7.C.8 Flexible Housing Subsidy Pools .

Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)?
Yes

Is the county behavioral health system participating in or planning to participate in the Flex Pool?
Yes

What role does the county behavioral health system have or plan to have in the Flex Pool?
Housing Supportive Services Provider

What organization is serving as the Operator?
Inyo County Health and Human Services as the lead agency for the CoC (Alpine, Inyo and Mono)

Does the county plan to administer some or all Housing Interventions funds through or in coordination with the Flex Pool?
Yes

Which Housing Interventions does the county plan to administer through or in coordination with the Flex Pool?

Rental Subsidies
Operating Subsidies
Landlord Outreach and Mitigation Funds
Participant Assistance Funds
Housing Transition Navigation Services and Tenancy and Sustaining Services

Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above

NA

Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For each innovative program or pilot provide the following information. If the county provides more than one program, use the "Add additional program" button. For related policy information, refer to 7.A.6 Innovative Behavioral Health Pilots and Projects .

Does the county's plan include the development of innovative programs or pilots?

No

Workforce Strategy

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.C.2 Securing Medi-Cal Payment.

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

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The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and culturally and linguistically responsive with the population to be served. Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

Maintains and monitors **a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and**

Meets federal and state standards **for timely access to care and services, considering the urgency of the need for services.**

The county must ensure **that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.**

Does the county intend to adopt this recommended approach for BHSA-funded providers that also participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Does the county intend to adopt this recommended approach for BHSA-funded providers that do not participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Build Workforce to Address Statewide Behavioral Health Goals

For related policy information, refer to 3.A.2 Contents of Integrated Plan and 7.A.4 Workforce Education and Training

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Assess Workforce Gaps

What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)?
24

Upload any data source(s) used to determine vacancy rate

For county behavioral health (including county-operated providers), please select the five positions with the greatest vacancy rates
Licensed Clinical Social Worker
Licensed Marriage and Family Therapist
Licensed Professional Clinical Counselor
Substance Use Disorder Counselor

Please describe any other key workforce gaps in the county
We are very fortunate to have only one Mental Health clinician vacancy at this time. We do have a student intern who will be eligible to apply in the next few months. We also have an Addiction Counselor and Addiction Counselor Supervisor vacancy that have been vacant for over 6 months. We have added an Addiction Counselor trainee to our career ladder recently and hope to hire in the next month.

How does the county expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?

The county believes it will be able to effectively train its workforce in evidence-based practices to meet the requirements of Behavioral Health Transformation (BHT) and BH-CONNECT. Through targeted training investments, ongoing supervision, and integration of fidelity monitoring, staff will be supported in adopting and sustaining these practices across programs.

Address Workforce Gaps

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program?
No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program?
No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program?
No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?
No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program?
No

Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training

We currently use a team meeting each month to provide training. Those trainings have included on-call process, Narcan administration, other programs coming in to discuss the services they provide and other business practices. We will continue with monthly trainings in our team meetings and will use the training plan drafted in FY 25/26 to plan the trainings for the next three years.

Budget and Prudent Reserve

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.B.3 Local Prudent Reserve .

Budget and Prudent Reserve

Download and complete the budget template using the button below before starting this section

Please upload the completed budget template
March 31st 2026 Draft Submission - Inyo County_Integrated Plan Budget Template Version 3_2026-03-31.xlsx

Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template

Behavioral Health Services and Supports (BHSS)
NA

Full Service Partnership (FSP)
NA

Housing Interventions
NA

Enter date of last prudent reserve assessment
3/29/2026

Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan

BHSS
NA

FSP
NA

Housing Interventions
NA

Plan Approval and Compliance

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.A.1 Reporting Period

Behavioral health director certification

Download and complete the behavioral health director certification template using the button below before starting this section

Please upload the completed Behavioral health director certification template
Behavioral Health Director Certification UNSIGNED.pdf

County administrator or designee certification

Download and complete the county administrator or designee certification template using the button below before starting this section

Please upload the completed County administrator or designee certification template
County Administrator or Designee Certification UNSIGNED.pdf

Board of supervisor certification

For final submission, download and complete the board of supervisor certification template using the button below before starting this section

Please upload the completed Board of supervisor certification template
Board of Supervisors Certification UNSIGNED.pdf
Confirm that the data is up to date and reflects the correct information for a Draft Plan

Requests

Behavioral Health Services Fund (BHSF) Housing Intervention Component

What percentage of funds is the county requesting to utilize for the Housing Intervention Component?
15

Of the percentage of funds above or below the required 30 percent being utilized for Housing Interventions, identify which allocation components and the percentage the funding will transfer from or into

Components	Percentage of funds transferring
Full Service Partnerships	0
Behavioral Health Services and Supports	15

Please select which Housing Interventions exemptions criteria the county meets
Other considerations

Other considerations
Requesting time to build the program and reassign staff.

Please provide justification for your request
Inyo County Health and Human Services currently has a housing program and is the lead agency for the regional Continuum of Care (CoC). We currently utilize Social Services and County Corrections Program funds for our housing assistance. We would like to build the BHSA housing funds into our already established program. Since we are building the program out, it will take some time to get it fully functional and would like to ease into this with all the changes we are making.

We have entered into contracts with our two management care plans to provide transitional rent in Inyo County. This program is just beginning.

Supporting data

Please upload supporting data
CoC_Dash_CoC_CA-530-2023_CA_2023.pdf

What is the data source?
Point in time count

Housing Intervention Funds for Chronically Homeless

What percentage of Housing Intervention Component allocation is the county requesting to use for those who are chronically homeless?
25

Please select which Housing Interventions exemptions criteria the county meets
Other considerations

Please provide justification for your request:
Inyo County Health and Human Services currently has a housing program and is the lead agency for the regional Continuum of Care (CoC). We currently utilize Social Services and County Corrections Program funds for our housing assistance. We would like to build the BHSA housing funds into our already established program. Since we are building the program out, it will take some time to get it fully functional and would like to ease into this with all the changes we are making.

We have entered into contracts with our two management care plans to provide transitional rent in Inyo County. This program is just beginning.

Supporting Data

Please upload supporting data
Housing Data Presentation updated 02.05.2026.pdf

What is the data source?
Homeless Management Information System Data

Assertive Community Treatment (ACT)

For counties seeking an exemption to the requirement to include ACT in the county's FSP program

Please select which FSP exemptions criteria the county meets
Limited workforce (e.g. qualified providers)
Limited need (e.g., estimated population with a clinical need for ACT)

Please provide justification for this FSP exemption request
As a small rural county, we are unable to staff or train to this level at this time. We will be looking to be compliant by July 2029.

Supporting Data

Please upload supporting data
Inyo population data.pdf

Please select the data source
County demographic data

Forensic Assertive Community Treatment (FACT)

For counties seeking an exemption to the requirement to include FACT in the county's FSP program

Please select which FSP exemptions criteria the county meets
Limited workforce (e.g. qualified providers)
Limited need (e.g., estimated population with a clinical need for FACT)

Please provide justification for this FSP exemption request
As a small rural county, we are unable to staff or train to this level at this time. We will be looking to be compliant when required.

Supporting Data

Please upload supporting data
Inyo population data.pdf

Please select the data source
County demographic data

Individual Placement and Support (IPS) Supported Employment

For counties seeking an exemption to the requirement to include IPS in the county's FSP program

Please select which FSP exemptions criteria the county meets
Limited workforce (e.g. qualified providers)
Limited need (e.g., estimated population with a clinical need for IPS)

Please provide justification for this FSP exemption request
As a small rural county, we are unable to staff or train to this level at this time. We will be looking to be compliant when required.

Supporting Data

Please upload supporting data
Inyo population data.pdf

Please select the data source
County demographic data

Data Suppression Notice:

Values marked with "*" have been suppressed per DHCS de-identification standards. Counts between 1–10 are displayed as "<11*"