Mariposa County

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

ROSEMARIE SMALLCOMBE, CHAIR — **DISTRICT I**
DANETTE TOSO, VICE-CHAIR — **DISTRICT III**
SHANNON POE — **DISTRICT II**
JENNI KISER — **DISTRICT IV**
MILES MENETREY — **DISTRICT V**

BOARD OF SUPERVISORS
ACTION SUMMARY MINUTES
JULY 15, 2025

A. 9:00 AM Called to Order and Roll Call

Vice-Chair Toso called the meeting to order and noted that Supervisors Menetrey and Smallcombe were excused.

Attendee Name	Title	Status	Arrived
Rosemarie Smallcombe	District I Supervisor	Excused	9:00 AM
Shannon Poe	District II Supervisor	Present	9:00 AM
Danette Toso	District III Supervisor	Present	9:00 AM
Jenni Kiser	District IV Supervisor	Present	9:00 AM
Miles Menetrey	District V Supervisor	Excused	9:00 AM

B. Pledge of Allegiance

Vice-Chair Toso led the pledge.

C. Introductions

None.

D. Approval of Consent Agenda (Items designated by "CA")

Vice-Chair Toso read the Consent Agenda note.

Public comment was received by Steve Engfer/Interim Planning Director, who thanked the Planning Advisory Committee (PAC) members for their service, as well as the Historic Sites committee members. He mentioned they were helpful with the Topos Ventures project.

Supervisor Kiser explained she put CA. 2, a letter of support for Ray McPadden from four different counties, on the Agenda because he had been doing very well as the Acting Interim Superintendent of Yosemite National Park. She explained that Supervisor Smallcombe had also been invited to those conversations, and she listed some names of people who had been working on the Department of Interior (DOI) policy that had

come out between the National Park and the county governments. She mentioned that the policy would be a solution to a long-term problem and that Mr. McPadden recognized that. She summarized that he has consistent communication with all partners and recognizes that Mariposa's economy is very dependent on the park, so he wants there to be a healthy relationship. She explained that there was an urgency to approve the letter because the recruitment had closed, and Congress needed the appointment pushed through immediately. Supervisors Toso and Poe expressed their appreciation to Supervisor Kiser for sponsoring the item, and Supervisor Poe expressed interest in meeting Mr. McPadden the next time he was in town.

Supervisor Poe expressed his appreciation for the PAC and Historic Sites committee members, saying they are volunteers and often don't receive thanks. He mentioned that a lot of the members have been involved for many years.

RESULT:	**Adopted (UNANIMOUS)**
MOVER:	District II Supervisor Shannon Poe
SECONDER:	District IV Supervisor Jenni Kiser
AYES:	District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District I Supervisor Smallcombe, District V Supervisor Menetrey

CA1. **Health and Human Services Agency**

Resolution Continuing a Shelter Crisis Local Emergency in Mariposa County

CA2. **Board of Supervisors**

Approve a Joint Letter in Support of Ray McPadden as he Seeks Consideration for the Permanent Position of Superintendent of Yosemite National Park with Madera, Mono, and Tuolumne Counties (Supervisor Kiser)

CA3. **Health and Human Services Agency**

Accept Grant Award from the National Environmental Health Association - United States Food and Drug Administration (NEHA - FDA RFFM) in the Amount of $8,500 to Improve and Build Upon Existing Food Programs to Reduce the Occurrence of Food-Borne Illness Risk Factors Found in Food Establishments

CA4. **Health and Human Services Agency**

Approve the Annual Plan Update with the California Department of Health Care Services in Order to be in Compliance with the Mariposa County Mental Health Services Act

CA5. **Health and Human Services Agency**

Approve the Submittal of an Application to the Administration of Community Living for the Elder Justice Innovation Grant (EJIG) to Prevent Adult Maltreatment and Measurably Improve the Outcomes of Individuals

CA6. **Health and Human Services Agency**

Approve Year-End Budget Action Decreasing the Miscellaneous Expense Category and Increasing the Salary/Benefit Category in the Health and Human Services Agency (HHSA) Workforce Development (WFD) Grant Budget to Allow for Fiscal Year (FY) 24/25 Personnel Expenses ($71,798)

CA7. **Planning**

Accept the Resignation and Recognize the Service of Kim Brisack; and Re-Appoint Ava Burns, Jeanetta Phillips, and Gail Dreifus with Terms Expiring February 29, 2028, to the Creative Placemaking Strategy Advisory Committee

CA8. **Planning**

Accept the Resignation and Recognize the Service of Casey Archer; and Re-Appoint Karen Herman and Richard Westfall with Terms Expiring February 28, 2027, to the Catheys Valley Community Planning Advisory Committee

CA9. **Planning**

Re-Appoint Kathleen Leavitt, Jacob Hawley, and Jeanetta Phillips to the Historic Sites and Records Preservation Commission with Terms Expiring February 29, 2028

CA10. **Planning**

Re-Appoint Magnum Godfrey to the Coulterville Planning Advisory Committee with a Term Expiring February 28, 2027

CA11. **Sheriff's Office**

Approve Second Amendment with Guardian RFID Increasing the Amount by $26,672, for a New Amount Not to Exceed $60,000, for an Inmate Management, Monitoring and Tracking System; and Authorize the Board of Supervisors Chair to Sign the Amendment

CA12. **Sheriff's Office**

Approve an Agreement with Permitium LLC for the Concealed Carry License and Fingerprint/Livescan Community Online Portal; and Authorize the Board of Supervisors Chair to Sign the Agreement

E. Items removed from Consent Agenda

None.

F. Departmental Presentation

Kari Kisela/Chamber of Commerce thanked the members of the committees who were being appointed, reappointed, and recognized for their service. She said it was nice to know that those people care so much and are genuinely invested in the community. She mentioned that the prior weekend, there was the Night at the Museum event and that Happy Burger put on a fundraiser event, Cost for Kids, both of which she reported were successful.

Steve Engfer mentioned that they would have the Planning Commission discussion on the upcoming Friday to review the Development Code updates. He reported that all draft articles were finished and were heading for their final review, to then be brought to the Board. He mentioned that there would be discussions with the Agriculture Advisory Committee, and they had to address four articles to consider advancing. Vice-Chair Toso mentioned it was essential to continue inviting more people to come and give input.

Ms. Kisela reported that the next sponsored event would be Court Appointed Special Advocates (CASA) hosting a volunteer fair on Saturday, the 29th, to attract different volunteers for organizations that may need public assistance.

Joe Lynch/County Administrative Officer summarized that he would be heading an Ad Hoc Committee for code compliance and that they had members join from the Code Compliance Advisory Committee (CCAC) and were seeking members to be appointed from the Planning Commission if they were interested. He explained that once they could begin working, they would hope to be finished by October 31st.

Larry Pendarvis/County Fire/CAL FIRE Division Chief mentioned that he was reporting in cooperation with Cal Fire. He thanked all the volunteer firefighters for stepping up. He noted that on July 5th, they stepped up to staff water tenders, which proved successful for the suppression of that fire. He explained that their reserves were en route to McClure to be on standby for the fireworks, and they happened to be the first engine on standby. He thanked each member and the fire prevention crew for their outstanding work.

Vice-Chair Toso also thanked them for their hard work, saying that the fire was very close to their ranch. She mentioned she was talking to Supervisor Kiser at the top of a hill, watching them get water from their stock pond to fight the fire. She noted she was very impressed with the responses that year.

G. Public Comment on Non-Agenda Items

Johnothan Noel/Resident mentioned there was a lack of housing in Mariposa County. He inquired if the County had made any progress finding non-profits willing to build more housing for rent to attract businesses and expand existing ones. He explained he knew companies that would want to expand from Fresno and Bakersfield to Mariposa, but mentioned that they need housing for employees to rent. He noted that the County had donated property for housing in the past, such as on Fournier Road. He mentioned that the County depends heavily on tourism, but it is also essential to create new housing so employees and businesses don't have to commute from outside Mariposa.

In response to Mr. Noel, Joe Lynch explained that the County does engage quite a bit, like with the Fournier Road development. He mentioned that the County was considering a grant to enlarge the bridge, allowing for more access to the property behind the Creekside Terrace apartment development. He noted that, in addition, they had also reviewed the Field of Dreams, a 55-acre area adjacent to the Health and Human Services Agency (HHSA), and had received some interest from non-profits in building there. He summarized that the County was working on all those facets.

H. Regular Agenda Items

1. **Health and Human Services Agency**

   Receive a Presentation about the Mariposa County Community Health Improvement Plan (CHIP)

Aryn Fisher/Accreditation Coordinator and Imrinder Toor/Administrative Analyst gave a PowerPoint presentation. No public comment was received.

In response to questions from Supervisor Poe, Jeff Dillbeck/Deputy Director of Adults and Aging explained that with the old restaurant program, individuals were given three vouchers to use per week at either cafe location at any time. He mentioned that the grant program that used to fund it had run out, and that HHSA had been unsuccessful in funding it themselves. He explained that the new location they were using was the Veterans of Foreign Wars (VFW) building in North County. He explained that the new program was once a week, and participants had the option of taking home two frozen, homemade meals afterward, which were equivalent to the three meals provided under the old program. He explained that transportation was available through the HHSA Transportation Division, but that they would be working on further developing that program in North County. He mentioned that there were restrictions on the dietary guidelines, as the program was funded by Area 12, which requires the cafés to follow regulations from the Food and Drug Administration (FDA).

Supervisor Kiser asked if they used any tracking to see if their goals from the previous year were successful. In response to Ms. Fischer's statement that she would share her outcomes data, Supervisor Kiser asked the HHSA to bring that information to Board presentations in the future. She explained that a summary of the prior year's goal success, the proposed future goals, and how they planned to achieve them would be excellent.

In response to Vice-Chair Toso's questions, Ms. Fischer stated that she would share the food security committee's information with the Board members.

In response to questions from Vice-Chair Toso, Margarita King/Public Health Nurse mentioned they were working on recruiting dentists that accept Medi-Cal insurance. She mentioned that in the meantime, they did have a provider, Mariposa Tuolumne Dental Services. She noted that they maintain in constant collaboration with the state to ensure they can provide accurate information to dentists. She said there were kindergarten dental assessments for early detection of dental issues, and if any were detected, they would do a warm handoff to a dentist accepting new clients, and then work with the HHSA Transportation Division if needed.

In response to a question from Vice-Chair Toso, Mr. Toor explained HHSA had a future assessment with Cal Care scheduled for subsidized child care services. He mentioned that they could bring back more information on that topic as well.

RESULT: PRESENTATION HELD

I. Board Information

Board information was received.

J. Closed Session

9:59 AM Vice-Chair Toso read the closed session item and recessed the Board into closed session. No public comment was received.

1. **County Counsel**

CLOSED SESSION: Conference with Legal Counsel; Existing Litigation - Paragraph (1) of Subdivision (d) of Section 54956.9: National Opioid Litigation (1:22-CV-01370-ADA-SAB)

RESULT: CLOSED SESSION HELD

K. 2:00 PM Reconvene

2:00 PM Vice-Chair Toso reconvened the Board meeting and reported that during the closed session information was received and direction was given. She noted that Assistant Counsel Briggs had stepped in for Counsel Wall for the remainder of the meeting.

1. **Public Works**

PUBLIC HEARING: Adopt the Current Fee Structure for Countywide Service Area No. 1, Road Maintenance for Zones of Benefits; and Authorize the Fee to be Placed on the Property Tax Roll for Fiscal Year (FY) 25-26

Shannon Hansen/Director of Public Works and Transportation gave the staff report. No public comment was received. Board discussion ensued.

RESULT:	**Adopted (UNANIMOUS)**
MOVER:	District II Supervisor Shannon Poe
SECONDER:	District IV Supervisor Jenni Kiser
AYES:	District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District I Supervisor Smallcombe, District V Supervisor Menetrey

2. **Public Works**

PUBLIC HEARING: Authorize and Direct Staff to Place Special Districts' Delinquent User Fees on the Fiscal Year (FY) 25-26 Property Tax Roll

Shannon Hansen/Director of Public Works and Transportation gave the staff report. No public comment was received. Board discussion ensued.

RESULT:	**Adopted (UNANIMOUS)**
MOVER:	District II Supervisor Shannon Poe
SECONDER:	District IV Supervisor Jenni Kiser
AYES:	District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District I Supervisor Smallcombe, District V Supervisor Menetrey

L. Adjournment

2:08 PM Vice-Chair Toso adjourned in memory of Marie Denton and Kathryn 'Katy' Holm.

Respectfully submitted,

Malena Palmer
Deputy Clerk

Rosemarie Smallcombe
Chair, Board of Supervisors

MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2025-288

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Kristina Keheley, Health and Human Services Agency Director

RE: Resolution Continuing a Shelter Crisis Local Emergency in Mariposa County

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RECOMMENDATION AND JUSTIFICATION

Resolution Continuing a Shelter Crisis Local Emergency in Mariposa County.

California Government Code 8698, 8698.1 and 8698.2 allows for the governing body of a city or county to declare a shelter crisis. A shelter crisis declaration relaxes standards for building occupancy, limits liability and provides a legal basis for the use of certain facilities designated by the County as a shelter for the duration of the crisis.

In order to declare the shelter crisis, the County made findings at a public meeting and adopted Resolution 18-518 that (1) a significant number of persons within the county's jurisdiction are without the ability to obtain shelter; and (2) the situation has resulted in a threat to the health and safety of those persons.

BACKGROUND AND HISTORY OF BOARD ACTIONS

On November 5, 2018, the Board of Supervisors adopted Resolution 18-518 declaring the existence of a Shelter Crisis Local Emergency in Mariposa County to allow Mariposa County to proceed with temporary homeless shelter solutions to meet the needs of our homeless community members.

Recognizing the prevalence of homelessness in California and the health and safety risks facing homeless persons, California law authorizes counties to declare a "shelter crisis" and avail themselves to attendant protections and powers. Specifically, upon declaring a "shelter crisis":

- A county may allow persons unable to obtain housing to occupy designated public facilities during the duration of the emergency (public facilities include parks, schools, and vacant or underutilized facilities which are owned, operated, leased, or maintained by the county);
- A county is immune from liability for ordinary negligence in the provision of emergency housing for all conditions, acts, or omissions directly related to, and which would not occur but for, the provision of emergency housing; and
- The provisions of any state or local law or regulation prescribing standards of housing, health, and safety are suspended to the extent that strict compliance would prevent, hinder, or delay the mitigation of the effects of the crisis.

If the County desires to construct and operate an emergency homeless shelter, it is recommended that

the County Board of Supervisors first declare a “shelter crisis” in order to avail itself of the associated powers and liability protections.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

Do not continue the local emergency and the County may not be eligible for possible State or Federal assistance, or proceed with temporary homeless shelter solutions.

FINANCIAL IMPACT

Not Applicable

ATTACHMENTS

None

VOTE RESULT

RESULT:	**Adopted (UNANIMOUS)**
MOVER:	District II Supervisor Shannon Poe
SECONDER:	District IV Supervisor Jenni Kiser
AYES:	District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District V Supervisor Miles Menetrey, District I Supervisor Rosemarie Smallcombe

MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2025-289

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Rosemarie Smallcombe, District I Supervisor

RE: Approve a Joint Letter in Support of Ray McPadden as he Seeks Consideration for the Permanent Position of Superintendent of Yosemite National Park with Madera, Mono, and Tuolumne Counties (Supervisor Kiser)

RECOMMENDATION AND JUSTIFICATION

Approve a Joint Letter in Support of Ray McPadden as he Seeks Consideration for the Permanent Position of Superintendent of Yosemite National Park with Madera, Mono, and Tuolumne Counties (Supervisor Kiser)

Gateway counties have joined together in an effort to support the current interim Superintendent. The application process for this position has closed. These counties have expressed their desire for Mr. McPadden to be the permanent Superintendent.

This letter will be sent to Congressman McClintock and the National Park Service Hiring Committee.

BACKGROUND AND HISTORY OF BOARD ACTIONS

The Board has shown support for positions within the federal government that may impact our community.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

Do not approve, and Mariposa County will not participate in the collective letter.

FINANCIAL IMPACT

None.

ATTACHMENTS

1. LOS DRAFT Ray McPadden 071525 4 County Revised

VOTE RESULT

RESULT: **Adopted (UNANIMOUS)**
MOVER: District II Supervisor Shannon Poe
SECONDER: District IV Supervisor Jenni Kiser
AYES: District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser

EXCUSED: District V Supervisor Miles Menetrey, District I Supervisor Rosemarie Smallcombe

July 15, 2025

To Whom It May Concern,

On behalf of the Counties of Mariposa, Madera, Tuolumne, and Mono, we are honored to submit this letter of recommendation in support of Ray McPadden as he seeks consideration for the permanent position of Superintendent of Yosemite National Park. Since stepping into the Interim Superintendent role, Ray has demonstrated exceptional leadership, professionalism, and commitment to collaboration. His approach to engaging with our Gateway Partners, tourism organizations, and local governments has been proactive, respectful, and solution-oriented.

Ray has gone out of his way to ensure that the unique challenges and opportunities facing each of our four counties are understood, respected, and thoughtfully addressed. He has been consistently accessible and responsive, attending meetings both at our request and on his own initiative. His willingness to listen, share information transparently, and engage in open dialogue has helped foster stronger relationships between the National Park Service and the gateway communities who rely so heavily on Yosemite's success.

In addition to his deep knowledge of the National Park Service, Ray has shown a keen understanding of the economic realities and impacts Yosemite has on our counties' businesses, workforce, and residents. He recognizes that sustainable access and infrastructure are essential to the public's ability to enjoy the Park, which in turn directly supports the economic well-being of our gateway communities. His thoughtful approach to balancing preservation, public access, and community vitality reflects the kind of leadership this role requires.

It is rare to encounter a leader who combines such depth of institutional expertise with the interpersonal skills necessary to build lasting, collaborative partnerships. Ray McPadden has already had a profoundly positive impact in his short tenure, and we are confident his continued leadership would bring lasting benefits to Yosemite National Park and all who depend on it.

DRAFT

For these reasons, we offer our strongest recommendation and full support for Ray's consideration as the permanent Superintendent.

Respectfully,

Rosemarie Smallcombe, Chair
Mariposa County Board of Supervisors

Leticia Gonzalez, Chair
Madera County Board of Supervisors

Jaron E. Brandon, Chair
Tuolumne County Board of Supervisors

Lynda Salcido, Chair
County of Mono

cc:

DRAFT

MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2025-290

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Kristina Keheley, Health and Human Services Agency Director

RE: Accept Grant Award from the National Environmental Health Association - United States Food and Drug Administration (NEHA - FDA RFFM) in the Amount of $8,500 to Improve and Build Upon Existing Food Programs to Reduce the Occurrence of Food-Borne Illness Risk Factors Found in Food Establishments

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RECOMMENDATION AND JUSTIFICATION

Accept Grant Award from the National Environmental Health Association - United States Food and Drug Administration (NEHA - FDA RFFM) in the Amount of $8,500 to Improve and Build Upon Existing Food Programs to Reduce the Occurrence of Food-Borne Illness Risk Factors Found in Food Establishments.

The Mariposa County Health & Human Service Agency, Environmental Health Unit has been awarded the NEHA-FDA RFFM Grant to improve and build upon existing food programs. The goal of the NEHA-FDA RFFM Grant Program is to reduce the occurrence of food-borne illness risk factors found in food establishments. The NEHA-FDA RFFM Grant Program provides funding so that local jurisdictions can complete a Risk Factor Study and implement intervention strategies to address out-of-compliance risk factors. The desired outcome is to enable managers to measure their program against national criteria and to demonstrate improvement in food safety. Further studies are repeated at 5-year intervals to evaluate the efficacy of the intervention strategies.

BACKGROUND AND HISTORY OF BOARD ACTIONS

This is the second round of this grant. In 2024, Mariposa County participated in the first round and established a draft Comprehensive Strategic Improvement Plan (CSIP).

This new funding will allow us to build on the nine standards outlined in the CSIP.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

If the Board chooses not to authorize this funding agreement, the agency will forfeit the 2025-26 NEHA-FDA RFFM Grant Funding.

FINANCIAL IMPACT

No impact. Funds budgeted in the FY25/26 budget.

ATTACHMENTS

1. 2025 Award Letter

VOTE RESULT

RESULT:	**Adopted (UNANIMOUS)**
MOVER:	District II Supervisor Shannon Poe
SECONDER:	District IV Supervisor Jenni Kiser
AYES:	District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District V Supervisor Miles Menetrey, District I Supervisor Rosemarie Smallcombe

NEHA-FDA Retail Flexible Funding Model Grant Program
Official Notice of Award for One-Year Grants

April 1, 2025

Grant Number: G-202410-05848
Application Type: 2025 Track 2 Development Base
Project Title: Mariposa County FDA VNRFRPS
Project Summary: Funding from the NEHA-FDA grant would result in work on Standards 1-8. The mentee and training optional add-on will allow us to navigate and complete our work with less staff time, effort and document revisions. We understand this is a multiyear planning document to obtain and maintain compliance with the Retail Program Standards. We also understand CSIPs are living documents that will need to be evaluated and changed over time.
Amount Requested: $22,500.00
One-Year Award Amount: $8,500.00
Project Period: 4/1/2025 to 3/31/2026

Unique Federal Award Identification Number (FAIN): 1U19FD008288
CFDA Number: 93.103
Awarded to NEHA on 09/10/2024

Wendy Vittands
Mariposa County
PO Box 5
Mariposa, CA 95338

Dear Wendy:

Your application has been approved for Mariposa County FDA VNRFRPS as part of the National Environmental Health Association (NEHA)-U.S. Food and Drug Administration (FDA) Retail Flexible Funding Model (RFFM) Grant Program, with funding provided by the FDA. Approval is based on review of the project plan and budget details in your submitted application.

As part of your application, your agency has made an assurance that it will comply with all applicable federal statutes and regulations in effect during the grant period, including applicable parts of 45 CFR Part 75. Acceptance of this award and/or any funds provided by the NEHA-FDA Retail Flexible Funding Model Grant Program acknowledges agreement with all the terms and conditions in this award letter.

The amount of $8,500.00 represents the full amount of funds to which you are entitled. Grant awards are made with the understanding that NEHA-FDA Retail Flexible Funding Model Grant Program staff may require clarification of information within your application, as necessary, during the application, project, or reporting periods. These inquiries may be necessary to allow us to appropriately carry out our administrative responsibilities.

Specific Conditions of Your Award
In addition to the general Terms and Conditions of your award as listed below, the following are additional conditions specific to your award:

The following component(s) of your project have been fully funded: $5,000 for work on Standards 1-8.

The following component(s) of your project have been partially funded: $3,500 for the Training Optional Add-On.

The following component of your project is NOT funded: Mentee Optional Add-On.

Reduced funding amounts are not due to the quality of your Track 2 Development Base application but are a result of an overall funding reduction to the NEHA-FDA RFFM Grant Program. For CY 2025, Mentee awards are limited to Track 1 applicants only. Track 2 training requests are being reduced to a maximum of $3,500, but unless otherwise noted, any of travel requested in your application is allowable for reimbursement up to the reduced award amount.

Please reach out to the Grant Program Support Team with any questions regarding CY 2025 funding.

Budget
To review specific details of the approved budget in your grant award, please log into the NEHA-FDA RFFM Grant Portal where you can view and print your grant (including your budget justifications) and your budget worksheets.

Total Award Amount: $8,500.00

Budget changes are allowable but must be justified and approved in advance and in writing by the NEHA-FDA RFFM Grant Program Support Team. None of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the current Executive Level II of the Federal Executive Pay Scale for any specific funding year.

Terms and Conditions
Your award is based on the project application referenced in this Notice of Award, submitted to and approved by NEHA. Payment is contingent on continued Federal Funding from the United States Food and Drug Administration, and is subject to the following terms and conditions:

The grantee must complete the full scope of work and all tasks outlined in the approved grant application by the Project End Date, unless NEHA grants a written exception. The recipient agrees to comply with the current FDA general terms and conditions (HHS Grant Policy Statement).

Restrictions on the expenditure of funds in federal appropriations acts apply to this award, to the extent those restrictions are applicable to subawards made under federal grants. Please refer to 2 CFR 200.400 for guidance on relevant cost principles.

For the complete Terms and Conditions of this award, including links to all relevant federal guidance, please see the **Reporting and Payments** link on the NEHA-FDA RFFM webpage (https://www.neha.org/retail-grants).

Reporting
Reports with due dates will be accessible by logging into the Grant Portal, found on the NEHA-FDA RFFM webpage. Reminders will be sent to the email address of your organization's Point of Contact regarding upcoming and past due reports.

Interim Progress Reports will be required each year for awards made through this program to assure that each funded project remains on track for timely completion. For one-year awards, an Interim Progress Report will be due halfway through the project period.

When all project objectives have been completed, a Final Project Report must be submitted through the online grant portal no later than 45 days after your Project End Date. As part of the final report, the grantee must provide a full accounting of all expenditures made with funds from this grant award accompanied by the required documentation.

For complete information on required reporting, please see the **Reporting and Payments** link on the NEHA-FDA RFFM webpage.

Reimbursement Requests

For one-year awards made through this grant program, payment is normally made on a reimbursement basis at the end of the project, following submission of all required reporting.

Advance payment is available for one-year awards when required by a jurisdiction. To request advance payment, please email an explanation to the **NEHA-FDA RFFM Grant Program Support Team** at retailgrants@neha.org. For additional details, please see the **Reporting and Payments** link on the NEHA-FDA RFFM webpage.

Unless otherwise requested, your first report will be the Interim Progress Report due halfway through the project period.

Recipient FDA Notice
As a reminder, recipients of funding through this program are required to assure that project activities achieve greater conformance with the FDA Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards). For additional information regarding the Retail Program Standards, please visit the FDA's official webpage at: https://www.fda.gov/food/retail-food-protection/voluntary-national-retail-food-regulatory-program-standards.

Allowable and Non-allowable Costs
For information on allowable and non-allowable costs, please refer to the **NEHA-FDA RFFM Grant Guidance** link on the NEHA-FDA RFFM webpage.

Base Grant Requirement
Once awards under the NEHA-FDA RFFM Grant Program have been made, all grantees must complete their Base activities (specified either in their Development Base Grant or Maintenance and Advancement Base Grant) to remain eligible for Optional Add-Ons and Grants (Training funds, Mentee funds, Mentor grants). During the performance period of open awards, if Base activities are not substantially completed, Add-On funding may also be in jeopardy of cancellation.

Travel Costs
Travel costs should adhere to the general guidelines found in the **NEHA-FDA RFFM Grant Guidance**. Contact the NEHA-FDA RFFM Grant Program Support Team with specific travel-related questions not covered in the guidance.

Financial Conflict of Interest
This award is subject to the Financial Conflict of Interest (FCOI) regulation at 42 CFR Part 50 Subpart F.

Contact us for Support
If you have questions about this award, please contact the NEHA-FDA RFFM Grant Program Support Team. Additionally, the FDA Retail Food Safety Specialist assigned to your geographic area is an integral part of your jurisdiction's successful completion of Retail Program Standards activities and is available to assist with your funded project.

NEHA-FDA RFFM Grant Program Support Team
retailgrants@neha.org
1-833-575-2404

FDA Retail Food Safety Specialist Contact Information
https://www.fda.gov/food/voluntary-national-retail-food-regulatory-program-standards/directory-fda-retail-food-specialists

We appreciate your ongoing commitment to achieving greater conformance with the Voluntary National Retail Food Regulatory Program Standards.

Sincerely,

David T. Dyjack, DrPH, CIH

NEHA Executive Director

MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2025-291

MEETING:	July 15, 2025
TO:	The Board of Supervisors
FROM:	Kristina Keheley, Health and Human Services Agency Director
RE:	Approve the Annual Plan Update with the California Department of Health Care Services in Order to be in Compliance with the Mariposa County Mental Health Services Act

RECOMMENDATION AND JUSTIFICATION

Approve the Annual Plan Update with the California Department of Health Care Services in Order to be in Compliance with the Mariposa County Mental Health Services Act.

The Prevention and Early Intervention (PEI) Annual Program Evaluation presents summaries and analysis. PEI is designed to engage individuals and prevent mental illnesses from becoming severe and disabling. PEI projects are also intended to increase the timely access to services for underserved populations. The goal is to reduce adverse outcomes that may be a result of an untreated mental health illness.

Innovation (INN) projects are designed to find new approaches to improve mental health services, delivery of services, quality of services, or improve outcomes by promoting interagency collaboration. Innovation projects must do one of the following: Introduce a mental health practice or approach that is new to the overall mental health system, including but not limited to, prevention and early intervention; make a change to an existing practice in the field of mental health, including but not limited to, application to a different population; or apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings

BACKGROUND AND HISTORY OF BOARD ACTIONS

The Board approved the previous Report on June 18, 2024 through Resolution #2023-346.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

The Annual Update Report of the MHSA plan is required in order to continue to receive MHSA funding. If this Annual Update Report is not approved by the Board, Mariposa County Behavioral Health will lose a primary revenue source. This would result in the discontinuance of successful MHSA programs.

FINANCIAL IMPACT

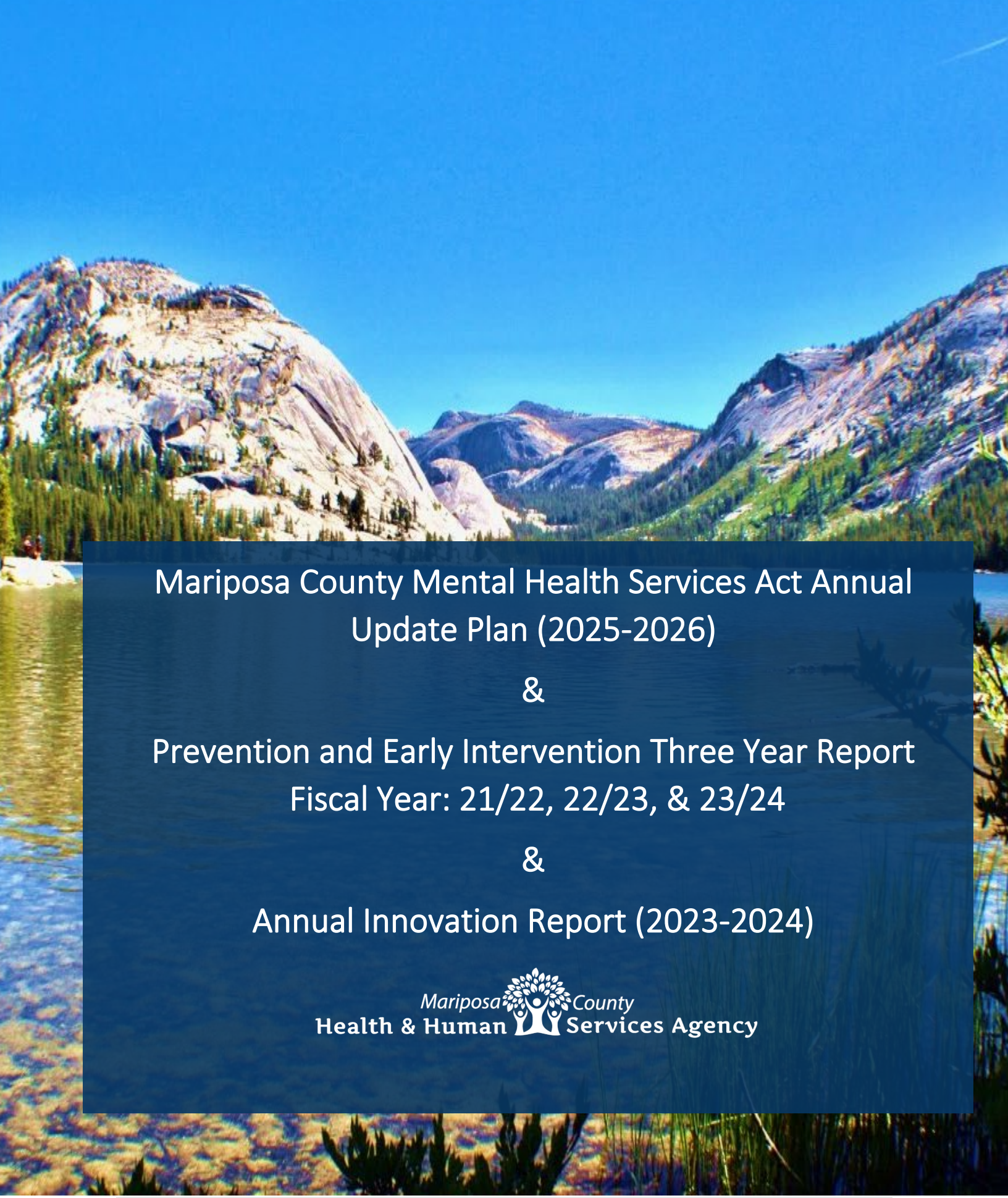
None.

ATTACHMENTS

1. MHSA DRAFT Annual Update Report 2026 - 3YR PEI Report

VOTE RESULT

RESULT:	**Adopted (UNANIMOUS)**
MOVER:	District II Supervisor Shannon Poe
SECONDER:	District IV Supervisor Jenni Kiser
AYES:	District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District V Supervisor Miles Menetrey, District I Supervisor Rosemarie Smallcombe



Mariposa County Mental Health Services Act Annual Update Plan (2025-2026)

&

Prevention and Early Intervention Three Year Report Fiscal Year: 21/22, 22/23, & 23/24

&

Annual Innovation Report (2023-2024)

Mariposa County
Health & Human Services Agency

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Mariposa County Mental Health Services Act Annual Update Expenditure Plan 2025-2026

Executive Summary

This document serves as a blueprint and description of the programs proposed and funded by the Mental Health Services Act for the years 2023 through 2026.

Community Services and Supports (CSS):

- Full-Service Partnerships (FSP): Mariposa County Behavioral Health and Recovery Services (MCBHRS) plans to continue providing mental health services to serious mental illness/serious emotional disturbance populations.
- General System Development (GSD): The one Peer Support position assigned to the Wellness Center will continue as well as the operation of the Wellness Center.

Prevention and Early Intervention (PEI):

- Mental Health First Aid- Outreach for increasing recognition on early signs of mental illness.
- Mariposa Minds Matter Task Force- A task force to reduce Stigma and Discrimination around mental illness.
- Friendly Visitor Program – A prevention program to serve isolated elderly adults.
- Family Resource Center- An early intervention program for children, families, or caregivers to connect with parent-to-parent support, coaching, mentoring, referrals to services, and emotional peer support.
- Yosemite National Park- A prevention program to provide health interventions and education to increase emotional wellness for the Yosemite National Park employees and their families or caregivers.
- Aramark- A prevention program to provide health interventions and education to increase emotional wellness for Aramark employees and their families or caregivers.
- Central Valley Suicide Prevention Hotline- A prevention hotline to reduce mental illness related suicides and provide timely access to services.

Workforce Education and Training (WET):

- Regional Loan Repayment Program- A regional collaborative loan repayment program with the Central Valley Regional group.

Innovation (INN):

- Psychiatric Advanced Directive (PADS)- A multi-county collaborative project to create a standardized template and accessible technology.
- MCBHRS is in the development of a virtual reality Innovation project.

NOTE: All changes / updates from this point on are indicated in red throughout the document.

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Mariposa

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Stacey Lynch	Name: Luis Mercado
Telephone Number: (209)617-7065	Telephone Number: (209)966-1310
E-mail: slynch@mariposacounty.org	E-mail: lmercado@mariposacounty.org

Local Mental Health Mailing Address:

Mariposa County Health and Human Services Agency
5362 Lemee Lane
Mariposa, CA 95338

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Stacey Lynch
Local Mental Health Director (PRINT)

Stacey Lynch 6/16/25
Signature Date

I hereby certify that for the fiscal year ended June 30, _____, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30,_____. I further certify that for the fiscal year ended June 30,_____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

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

6/16/25
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

What is the purpose of this document?

This document serves as a blueprint and description of the programs purposed and funded by the Mental Health Services Act.

What is the Mental Health Services Act?

The Mental Health Services Act (MHSA), also known as Prop 63, was passed by California voters in 2004. The Act imposes a 1% tax on personal income in excess of one million dollars. This funding is then divided between the counties and used to address mental health across the state. Local County Mental Health Programs receive this money to operate an MHSA program.

MHSA Programs are intended to increase access and services for underserved and unserved populations.

MHSA includes five main components: Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation (INN); Workforce, Education and Training (WET); Capital Facilities & Technological Needs (CFTN).

Community Services and Supports (CSS) overarching purpose is to ensure that seriously mentally ill individuals have access to all necessary mental health services. This is provided through outreach and direct services for children, transitional aged youth, adults, and older adults with a serious mental illness.

Prevention and Early intervention (PEI) programs are partially intended to prevent a serious mental illness by promoting strategies that reduce risk factors. Additionally, PEI programs are to be designed to improve timely access to services and a better understanding of recognizing early signs of mental illness.

Innovation (INN) projects are to be designed to find new approaches to improve mental health services, delivery of services, quality of services, or improve outcomes by promoting interagency collaboration.

Workforce, Education and Training (WET) is the component of MHSA that aims to reduce the workforce shortages of qualified staff in the mental health field, by supporting, building, retaining and training.

Capital Facilities & Technological Needs (CFTN) is designed to address the infrastructure needs to support the implementation of technological needs in order to improve mental health services.

MHSA incorporates standard principles that are to be integrated throughout the mental health programs, services and supports.

What are the MHSA Standard Principles?

Community Collaboration – A process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill shared visions and goals.

Cultural Competence – Working to achieve the desired goals, while incorporating the community's diverse beliefs, racial/ethnic, cultural, and linguistic systems into Mariposa County's policies, program planning, and service delivery.

Client and Family Driven – Adult clients and families of children have the primary decision-making role in identifying his or her needs, preferences, and strengths. A shared decision-making role in determining services enhances the supports that are most effective for him or her.

Wellness, Recovery, and Resilience Focused – A health system that is focused on promoting wellness, recovery and resilience by people participating fully in their community.

Integrated Service Experiences for Clients and their Families – The client, and/or family accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive and coordinated manner. Mariposa County continues to promote all the standard principles that are fundamental to each of the MHSA programs.

Three-Year Plans and Annual Updates

What is a Three-Year Plan and an Annual Update

MHSA regulation requires that counties prepare a three-year plan outlining programs and services that will be funded for the next three years. Counties are also required to provide subsequent annual updates to the three-year plan during that timeframe to address each of the components listed above, and any changes in programs. A three-year plan or an annual update requires community stakeholders to participate in a community planning process that allows stakeholders an opportunity to provide feedback on the programs and services counties offer through the MHSA funding.

MHSA Plan Timeline 2023-2026

2023	Three-Year Plan (2023 - 2026)
2024	Annual Update (2024 - 2025)
2025	Annual Update (2025 - 2026)
2026	BHSA Three-Year Plan (2026 - 2029)
2027	BHSA Annual Update (2027 - 2028)

Mariposa County Demographics

Mariposa County is a small, rural county in California with a population of approximately 17,569. This rural county is nestled in the Central Sierra Nevada Mountain range, west of Yosemite National Park, with a total of 1448.82 square miles. With about 11.8 residents per square mile, Mariposa is one of the smallest counties in the state. Mariposa County borders Yosemite National Park, which hosts up to 4 million visitors annually.

Mariposa County has no incorporated cities; and no permanent stoplights. There are eight census-designated areas: Mariposa, Midpines, Cathey's Valley, Coulterville, La Grange, Greeley Hill, El Portal, and Yosemite. Mariposa is the main population area of the county. With such a small population and a mountainous land mass, traversing Mariposa County can be difficult. It can take up to 90 minutes to reach from one end of the county to the other, and weather conditions may make roads dangerous and unusable. In addition, there is little to no public transportation in Mariposa County, which makes access to services difficult for geographically isolated people.

Age Population

Mariposa County's age demographics show that the Older Adult (65+) population is significantly higher at 28.9% compared to the statewide average of 14%. The average percentage of persons under 18 in California is 22.5%, higher than in Mariposa County, which is 20.3%. According to the 2020 US Census Bureau, in Mariposa County, approximately 4.2% of individuals are ages zero to five, 16.1% are between ages six to eighteen, and 50.8% are between nineteen and sixty-four.

Mariposa County Population 2020 Census	
Age Distribution	**Percentage**
0-5	4.2%
Under 18	16.1%
19-64	50.8%
65+	28.9%

Race/Ethnicity

Mariposa County has a predominantly white population. Census data from the U.S. census bureau website indicates that Mariposa County is approximately 79% White, 1.3% African American, Alaskan Native/American Indian 3.5%, Asian/Pacific Islander 1.6%, 12.1% Hispanic, and 2.5% of "other" groups. Although its racial/ethnic diversity is limited, the County has a Native American and Hispanic population. While not federally recognized, Mariposa County works closely with the local Mi-Wuk tribe to provide outreach and services.

Race/Ethnicity	Percentage
African American	1.3%
Alaskan Native/American Indian	3.5%
Asian/Pacific Islander	1.6%
White	79.0%
Hispanic	12.1%
Other	2.5%

Gender

According to the 2020 census data from the U.S. census bureau website, Mariposa County has 51% male and 49% female.

Gender	Percentage
Male	51%
Female	49%

Military Status

Mariposa County's adult population includes 1,522 veterans who make up 10.5% of the adult population and are mainly in the older age groups.

Language Spoken

The Census Reporter data from 2021 reports that Mariposa County residents' primary language is English at 91%. Spanish is 6%, and 3% is Indo-European, Asian & Pacific Island and other languages.

Language	Percentage
English	91%
Spanish	6%
Indo-European, Asian & Pacific Island, and Other	3%

Economic Landscape

Mariposa County has a wide variety of recreational opportunities available that makes the county one of California's most popular year-round vacation destinations, with Yosemite National Park annually drawing nearly four million tourists from all over the world. Yosemite National Park and its affiliates are amongst the area's largest employers. As such, tourism is this rural county's primary industry.

The per capita income is around $28,757 in comparison the statewide per capita income was $36,955 according to the American Community Survey 2019 data. The U.S Census Bureau data from 2019 reports the median household income at $48,820 which is significantly lower than the California median household income of $80,440.

The 2020 Census Bureau estimates 15.2% of the population lives at or below the poverty line. This number is higher than the national average of 12.3%. The Kids Count Data Center reports that children living in poverty in 2016 for Mariposa County was 19.3%.

As of December 2020, the unemployment rate for Mariposa sits at 10.3%. The state unemployment rate is 9.1% and the national unemployment rate is 6.7%. The lack of available jobs leads to higher unemployment, lower median household incomes, and a higher proportion of the population living below poverty, as compared to the state overall.

Geographic Isolation

The County spans approximately 1448.82 square miles. Residences tend to be spread out and relatively isolated from large urban centers. All county services are provided in the unincorporated township of Mariposa, with some agencies, including Health and Human Services Agency, providing limited services to those communities geographically removed from the town of Mariposa. The sparse population of the County, to its geographic size, coupled with a lack of public transportation and infrastructure, results in considerable social isolation.

Combined with a lack of opportunity, the isolation of the County's residents creates an environment ripe for depression, anxiety, and other mental and behavioral health disorders. Also, it provides an environment conducive to illegal activities and substance abuse. Additionally, those in need of services face multiple barriers to accessing them.

Housing

The 2019 Mariposa County Needs Assessment estimated that 33.5% of homeowners in Mariposa County are “housing burdened” in that they spend 35% or more of household income on housing costs, while renters spend 38.5%. Furthermore, fair market rent prices have steadily increased for all rental-housing sizes over the years. Additionally, the population struggles with housing, food security, access to healthcare, and transportation –without basic needs, individuals and families can easily fall into cyclical poverty.

What is a Stakeholder?

A stakeholder is defined by Title 9 as "An individual or entity with an interest in mental health services in the state of California, including but not limited to: an individual with serious mental illness and/or emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families."

Three-Year Planning Process:

Planning/Development Stage (September - October)	•Begin developing a robust list of stakeholders •Develop extensive stakeholder survey •Begin planning for stakeholder meetings
Stakeholder Input/Feedback (October - January)	•Conduct stakeholder meetings •Receive feedback •Begin gathering data
Draft Three-Year Plan (January - March)	•Continue to receive stakeholder feedback •Evaluate all stakeholder feedback •Plan and execute draft MHSA plan
Public Review (March - April)	•Take draft MHSA plan to Behavioral Health Board for review •Post draft MHSA plan for 30 days •Continue to receive feedback / input
Public Hearing (May)	•Behavioral Health Board hosts public hearing •Stakeholders provide final feedback •Make edits / additions etc. to draft MHSA plan
Approval (May – June 1st)	•Submit MHSA 3yr plan to Board of Supervisors for approval •Submit approved MHSA 3yr plan to DHCS within 30 days •Submit approved MHSA 3yr plan to MHSOAC

FY 24-25 Planning Process:

Planning/Development Stage (September - January)	•Begin developing a robust list of stakeholders •Develop extensive stakeholder survey •Begin planning for stakeholder meetings
Stakeholder Input/Feedback (January - February)	•Conduct stakeholder meeting •Receive feedback •Begin gathering data
Draft Three-Year Plan (February - March)	•Continue to receive stakeholder feedback •Evaluate all stakeholder feedback •Plan and execute draft MHSA plan
Public Review (March - April)	•Take draft MHSA plan to Behavioral Health Board for review •Post draft MHSA plan for 30 days •Continue to receive feedback / input
Public Hearing (May)	•Behavioral Health Board hosts public hearing •Stakeholders provide final feedback •Make edits / additions etc. to draft MHSA plan
Approval (May – June 1st)	•Submit MHSA 3yr plan to Board of Supervisors for approval •Submit approved MHSA 3yr plan to DHCS within 30 days •Submit approved MHSA 3yr plan to MHSOAC

FY 25-26 Planning Process:

Planning/Development Stage (September - October)	•Begin developing a robust list of stakeholders •Develop extensive stakeholder survey •Begin planning for stakeholder meetings
Stakeholder Input/Feedback (October - March)	•Conduct stakeholder meeting •Receive feedback •Begin gathering data
Draft Three-Year Plan (March - April)	•Continue to receive stakeholder feedback •Evaluate all stakeholder feedback •Plan and execute draft MHSA plan
Public Review (April)	•Take draft MHSA plan to Behavioral Health Board for review •Post draft MHSA plan for 30 days •Continue to receive feedback / input
Public Hearing (May)	•Behavioral Health Board hosts public hearing •Stakeholders provide final feedback •Make edits / additions etc. to draft MHSA plan
Approval (May – June)	•Submit MHSA 3yr plan to Board of Supervisors for approval •Submit approved MHSA 3yr plan to DHCS within 30 days •Submit approved MHSA 3yr plan to MHSOAC

Stakeholder Input/Feedback:

Stakeholder feedback was gathered beginning in September 2022 and continued through December 2022. Mariposa County Behavioral Health and Recovery Services (MCBHRS) attended eighteen different stakeholder groups to provide education and garner feedback. A total of 139 surveys were completed over the four-month period. The surveys were also posted on our Facebook page, and available in all Behavioral Health lobbies.

Mariposa County Behavioral Health and Recovery Services collected stakeholder feedback from January 2024 to March 2024. MCBHRS organized an in-person stakeholder meeting to educate and obtain feedback. The stakeholder flyer was posted on the Health and Human Services Agency internal website, Facebook, and the Mariposa County website. The flyer was also displayed in the Health and Human Service Agency lobbies, where staff offered the survey to stakeholders. A total of 54 surveys were completed over the stakeholder input period.

Mariposa County Behavioral Health and Recovery Services (MCBHRS) collected stakeholder feedback from February 26, 2025 to March 24, 2025. A stakeholder meeting was held on March 12, 2025, to provide education and gather input. The stakeholder flyer was posted on the Health and Human Services Agency internal website, the Mariposa County website, and Facebook. Additionally, the MHSA flyer and survey link were distributed to 30 diverse community stakeholders to ensure broad demographic representation. Flyers were also displayed in the Health and Human Services Agency lobbies, and BHRS staff offered surveys to clients daily. A total of 55 surveys were completed during the stakeholder input period.

30 Day Public Comment:

The draft MHSA 3-Year Program and Expenditure Plan for Fiscal Year 2023-2026 was posted for a 30-day public review and comment period from April 25, 2023, through May 25, 2023.

The Draft MHSA Annual Update for Fiscal Year 2024/2025 was posted for a 30-day public comment period from 05/03/2024 to 06/03/2024.

The Draft MHSA Annual Update for Fiscal Year 2025/2026 was posted for a 30-day public comment period from 5/2/25 to 6/2/2025.

Circulation Methods:

The DRAFT MHSA 3-Year Plan was made available to the community for 30 days. It was posted on the Mariposa County Behavioral Health website and the Mariposa County Health & Human Services Facebook page on May 25, 2023.

The draft of the MHSA Annual Plan was posted on our county website, Facebook page, and in all Health and Human Services lobbies from 05/03/2024 to 06/03/2024.

The draft of the MHSA Annual Plan was posted on our county website page from 5/2/2025 to 6/2/2025.

Public Hearing:

After the 30-day public review and comment period, a Public Hearing was held by the Behavioral Health Board on 5/30/2023. A notification of a Public Hearing was incorporated in this Draft MHSA 3-Year Plan, as well as being posted in the local newspaper and on our county website during the 30-day public review and comment period.

At the close of the 30-day public comment period, MCBHRS in collaboration with the Behavioral Health Board hosted a public hearing on 06/05/2024. The public hearing notice was added to the Draft MHSA Annual Plan as well as being posted in the local newspaper and on our county website.

At the close of the 30-day public comment period, MCBHRS in collaboration with the Behavioral Health Board hosted a public hearing on June 4, 2025. The public hearing notice was added to the Draft MHSA Annual Plan as well as being posted in the local newspaper and on our county website.

Board of Supervisors Approval:

The draft MHSA 3-Year Plan and Expenditure Plan for Fiscal Year 23/24 through Fiscal Year 25/26 was presented to the Board of Supervisors for approval on (enter date here). Board of Supervisors Approved Plan on (enter date here).

The final draft of the Fiscal Year 2024-2025 Annual Update and Expenditure Plan was presented to the Board of Supervisors for approval on 06/18/2024. The Board of Supervisors approved the Plan on 06/18/2024.

The final draft of the Fiscal Year 2025-2026 Annual Update and Expenditure Plan was presented to the Board of Supervisors for approval on [Enter Date Here]. The Board of Supervisors approved the Plan on [Enter Date Here].

Notice of Public Hearing

NOTICE IS HEREBY GIVEN that the County of Mariposa will conduct a Public Hearing at the Meeting of the Mariposa County Behavioral Health Board on May 30, 2023 at 10:00 a.m. or as soon thereafter as the item can be heard. The Draft "Mariposa County Mental Health Services Act (MHSA) Three-Year Expenditure Plan (2023–2026)" and "Prevention and Early Intervention Report (2021-2022)" and "Annual Innovation Report (2021-2022)" will be reviewed during this meeting. The meeting will be held in person at the Health & Human Services Mariposa Conference Room, 5362 Lemee Lane, Mariposa, CA, and via teleconference. Please join the meeting in-person or by calling the number below.

You can dial in using your phone: 1-669-900-6833
Meeting ID 985-9834-5239, Participant ID #, Password 123456

Mariposa County Behavioral Health and Recovery Services (MCBHRS) invites all interested persons to attend in person or via teleconference to review the proposed Draft "Mariposa County Mental Health Services Act (MHSA) Three-Year Expenditure Plan (2023–2026)" and "Prevention and Early Intervention Report (2021-2022)" and "Annual Innovation Report (2021-2022)" and to make comments or suggestions.

A copy of the Draft "Mariposa County Mental Health Services Act (MHSA) Three-Year Expenditure Plan (2023–2026)" and "Prevention and Early Intervention Report (2021-2022)" and "Annual Innovation Report (2021-2022)" Mariposa County Mental Health Services Act (MHSA) Plan (2023–2026) was made available as of May 25, 2023.

An electronic copy is available for viewing and printing on the Mariposa County website at www.mariposacounty.org under Government - Divisions - Behavioral Health & Recovery Services - Mental Health Services Act Information. An electronic copy can be sent via email upon request. Please email Jinger Feuerstein at jfeuerstein@mariposacounty.org to request a copy.

We welcome your full participation in the public review process. We encourage interested persons to review and comment upon the proposed plan.

If you have any questions, please phone Donya Evans or Jinger Feuerstein at (209) 966-2000.

The purpose of the Public Hearing is to provide citizens an opportunity to comment on the proposed activities. If you are unable to attend the Public Hearing, you may direct written comments to Mariposa County Behavioral Health and Recovery Services, P.O. Box 99, Mariposa, CA 95338, or you may telephone (209) 966-2000.

If you plan to attend the Public Hearing via teleconference and need a special accommodation because of a sensory or mobility impairment/disability, or have a need for an interpreter, please contact Donya Evans at (209) 966-2000 to arrange for those accommodations.

The County makes all programs available to all persons regardless of age, race, color, religion, sex, national origin, sexual preference, marital status, or disability.

Notice of Public Hearing

NOTICE IS HEREBY GIVEN that the County of Mariposa will conduct a Public Hearing at the Meeting of the Mariposa County Behavioral Health Board on June 5, 2024, at 12:30 p.m. or as soon thereafter as the item can be heard. The Draft "Mariposa County Mental Health Services Act (MHSA) Annual Update Plan (2024–2025)" and "Prevention and Early Intervention Report (2022-2023)" and "Annual Innovation Report (2022-2023)" will be reviewed during this meeting. The meeting will be held in person at the Health & Human Services Mariposa Conference Room, 5362 Lemee Lane, Mariposa, CA, and via teleconference. Please join the meeting in-person or by calling the number below.

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A copy of the Draft "Mariposa County Mental Health Services Act (MHSA) Annual Update Plan (2024–2025)" and "Prevention and Early Intervention Report (2022-2023)" and "Annual Innovation Report (2022-2023)" Mariposa County Mental Health Services Act (MHSA) Annual Update Plan (2024–2025) was made available as of May 03, 2024.

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We welcome your full participation in the public review process. We encourage interested persons to review and comment upon the proposed plan.

If you have any questions, please phone Adrianne Beas or Jinger Feuerstein at (209) 966-2000.

The purpose of the Public Hearing is to provide citizens an opportunity to comment on the proposed activities. If you are unable to attend the Public Hearing, you may direct written comments to Mariposa County Behavioral Health and Recovery Services, P.O. Box 99, Mariposa, CA 95338, or you may telephone (209) 966-2000 or 1-800-266-3609.

If you plan to attend the Public Hearing via teleconference and need a special accommodation because of a sensory or mobility impairment/disability, or have a need for an interpreter, please contact Adrianne Beas at (209) 966-2000 or 1-800-266-3609 to arrange for those accommodations.

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Notice of Public Hearing 2025/2026

Notice of Public Hearing

NOTICE IS HEREBY GIVEN that the County of Mariposa will conduct a Public Hearing at the Meeting of the Mariposa County Behavioral Health Board on June 4, 2025, at 12:30 p.m. or as soon thereafter as the item can be heard. The Draft "Mariposa County Mental Health Services Act (MHSA) Annual Update Plan (2025–2026)" and "Prevention and Early Intervention Report (2021-2024)" and "Annual Innovation Report (2023-2024)" will be reviewed during this meeting. The meeting will be held in person at the Health & Human Services Mariposa Conference Room, 5362 Lemee Lane, Mariposa, CA, and via teleconference. Please join the meeting in-person or by calling the number below.

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Meeting ID 985-9834-5239, Participant ID #, Password 123456

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A copy of the Draft 'Mariposa County Mental Health Services Act (MHSA) Annual Update Plan (2025–2026),' the 'Prevention and Early Intervention Report (2021–2024),' and the 'Annual Innovation Report (2023–2024)' was made available as of May 2, 2025."

An electronic copy is available for viewing and printing on the Mariposa County website at www.mariposacounty.org under Government - Health and Human Services – Health Services Division - Behavioral Health & Recovery Services - Mental Health Services Act Information. An electronic copy can be sent via email upon request. Please email Jinger Feuerstein at jfeuerstein@mariposacounty.org to request a copy.

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Stakeholder Input and Feedback

Local Stakeholder Process:

Mariposa County Behavioral Health and Recovery Services (MCBHRS) engaged in a robust stakeholder process, providing education and receiving input and feedback from stakeholders on the next three years of MHSA. MCBHRS Deputy Director, Social Worker Supervisors of the adults, children's, Triage Response and Access to Care (crisis team), and substance use disorder teams met for training on the informative presentation and implementation of stakeholder meetings (See Appendix K for sample of CPPP staff training material). A Social Worker Supervisor and Staff Analyst/MHSA coordinator (See Appendix G & H for sample for job descriptions) collaborated to review MHSA regulations around the CPPP process (See Appendix F for sample of P&P), scheduled stakeholder meetings and facilitated an informative MHSA presentation to stakeholders.

MCBHRS relies on stakeholders to inform and direct the MHSA programs. Participants were presented with an informative presentation regarding MHSA and were given an opportunity to provide feedback on perceived gaps in mental health services available in the county. Along with an open discussion, stakeholders were given a survey (See Appendix A for sample of the survey and survey responses) to fill out to provide their feedback. At the end of the presentation, stakeholders were given a copy of the informative material (See Appendix B for sample of informative material) and a flyer with access to the electronic MHSA survey (See Appendix C for sample of flyer). In the chart below, you will find a comprehensive list of stakeholders.

Stakeholder Group	Date	Number of Participants
Mariposa County Unified School District	10/03/22	1
Mariposa Safe Families	10/04/22	4
Behavioral Health All Staff	10/06/22	37
Child Welfare Services (CWS)	10/11/22	9
Wellness Center	10/18/22	5
American Association University Women (AAUW)	10/19/22	3
Alliance/Mountain Crisis, Heritage House Connections, CASA, Ethos	10/25/22	6
HHSA Public Assistance	10/27/22	7
Yosemite National Park Medical Clinic	11/01/22	8
Behavioral Health Board	11/02/22	6
Mercy Ambulance	11/08/22	5
Sheriff's Department	11/09/22	14
HHSA Public Health	11/08/2022	13
JCF Hospital	11/07/2022	1
District Attorney's Office	11/15/2022	3
Sierra Quest Human Services Foundation/Quest Community Counseling	11/17/2022	3
Aramark/Yosemite National Park	11/28/2022	4
Yosemite National Park Counselor	11/29/2022	1

To engage more individuals and to ensure that those who wanted an opportunity to voice and express their feedback, MHSA flyers with information on how to access the survey electronically (via SurveyMonkey) was posted at Health and Human Services Agency, Health and Human Services Agency Coulterville Office, Family Service Center, Health and Human Services Agency Community Health Center, Senior Center, Health and Human Services Agency Facebook (See Appendix D for sample of Facebook post), and Health and Human Services Agency Intranet (See Appendix E for sample of intranet post).

Mariposa County emailed the MHSA educational PowerPoint and MHSA flyer with information on how to access the MHSA survey to the following stakeholder groups: Manna House, Social Vocational Services, ICES, and First 5 (See Appendix I for sample of email).

MCBHRS had an opportunity to reach a new level of stakeholders, for the first time, MCBHRS set up an MHSA booth at Mariposa County's annual Labor Day fair and at our Veterans Ceremony that was held at our local Senior Center. The booth contained an informative poster board and MHSA flyer with information requesting community feedback and access to the survey, along with IPADS to link stakeholders to the MHSA survey directly.

Annual Update Stakeholder Process 2024 –

On February 5, 2024, at 11:00 am, MCBHRS held a stakeholder meeting. The meeting was advertised by sending invites to various community organizations. Participants had an opportunity to learn more about MHSA and the current programs and initiatives offered. Stakeholders were encouraged to provide feedback and input on the programs to be implemented for the next fiscal year (2024/2025).

Participants were presented with an informative presentation regarding the Mental Health Services Act and feedback was gathered on perceived gaps in mental health services available in the county.

To elicit more feedback and ensure that those who want to have a voice and opportunity to provide their feedback a flyer with a link/QR Code to the MHSA stakeholder survey was posted on the MCBHRS Facebook page, HHSA internal website, County website and all HHSA lobbies.

MCBHRS in coordination with the Behavioral Health Board (BHB) hosted a public hearing on 06/05/2024.

Annual Update Stakeholder Process 2025

On March 12, 2025, Mariposa County Behavioral Health and Recovery Services (MCBHRS) held a stakeholder meeting to present information about the Mental Health Services Act (MHSA) and current programs. Invitations were sent to 30 diverse community stakeholders to ensure representation across demographics to meet the needs of the county. Participants were encouraged to provide feedback on existing services and input on programs to be implemented in Fiscal Year 2025–2026.

An informative presentation was shared, and attendees provided input on perceived gaps in mental health services across the county. To broaden participation, a flyer with a survey link and QR code was posted on the MCBHRS Facebook page, the HHSA internal website, the County website, and in all HHSA lobbies. BHRS staff also distributed surveys to clients daily throughout the feedback period.

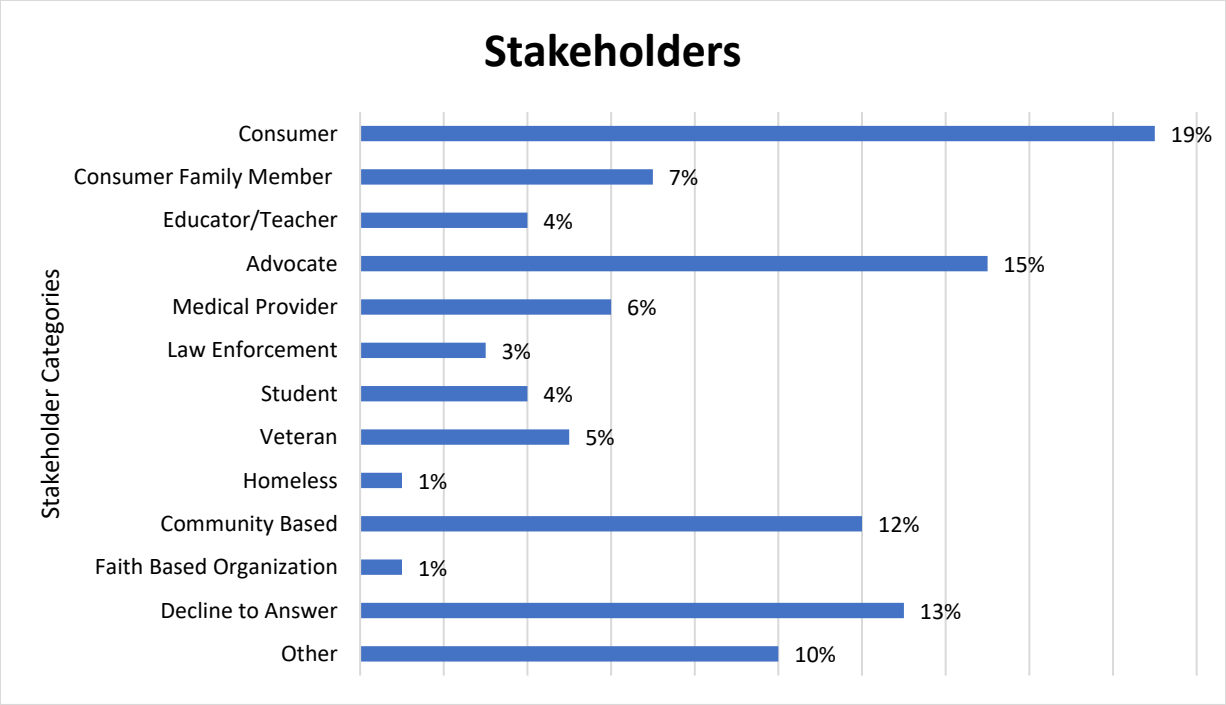
In coordination with the Behavioral Health Board (BHB), BHRS hosted a public hearing on June 4, 2025.

Stakeholder Description:

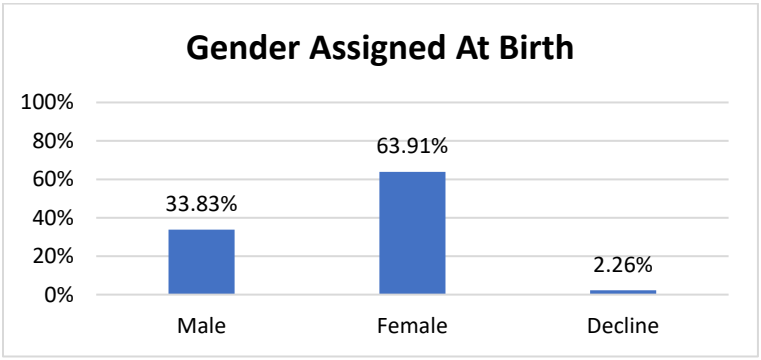
Mariposa County stakeholders are individuals with mental illness, including children, youth, adults, and seniors; family members of consumers with mental illness; service providers; educators; law enforcement officials; veterans; substance use treatment providers; health care providers; community-based organizations; and other community members with an interest in mental health.

There was a total of 139 respondents to the stakeholder survey. Below reflects some demographic information about the respondents.

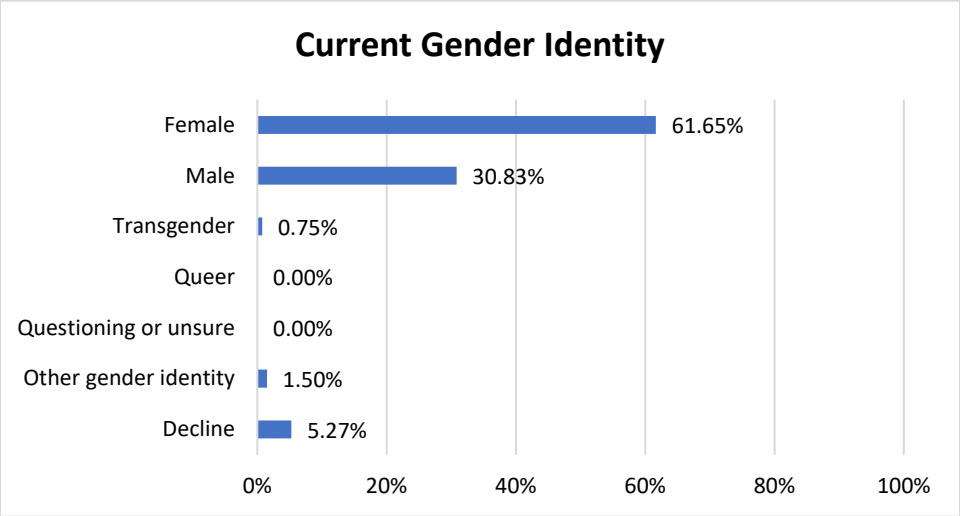
The highest percentage of respondents was consumers at 19%, advocates represented 15%, community-based represented 12%, and 13% declined to answer.



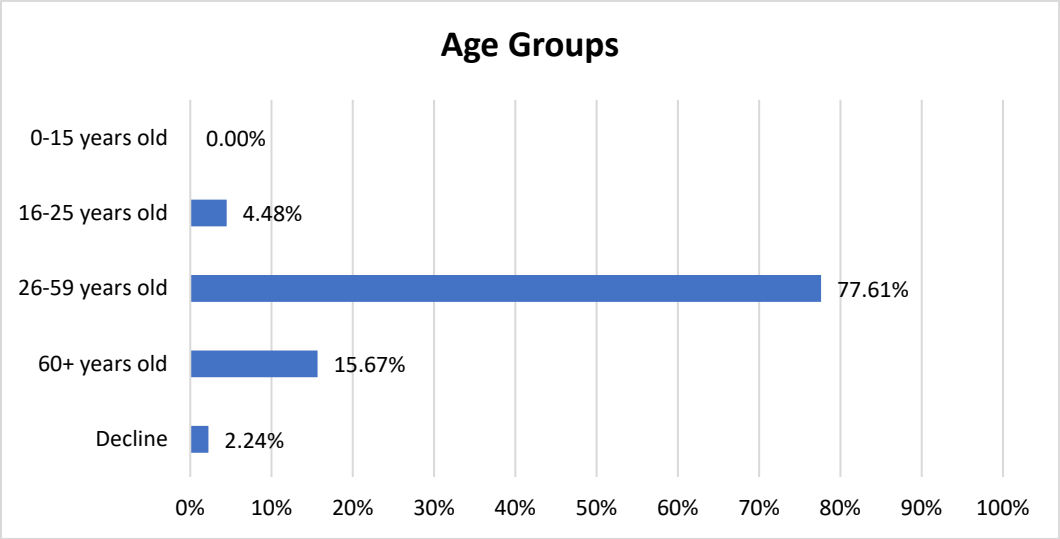
Out of 133 responses, 63.91% identified their gender assigned at birth as female, 33.83% identified as male, and 2.26% declined to answer.



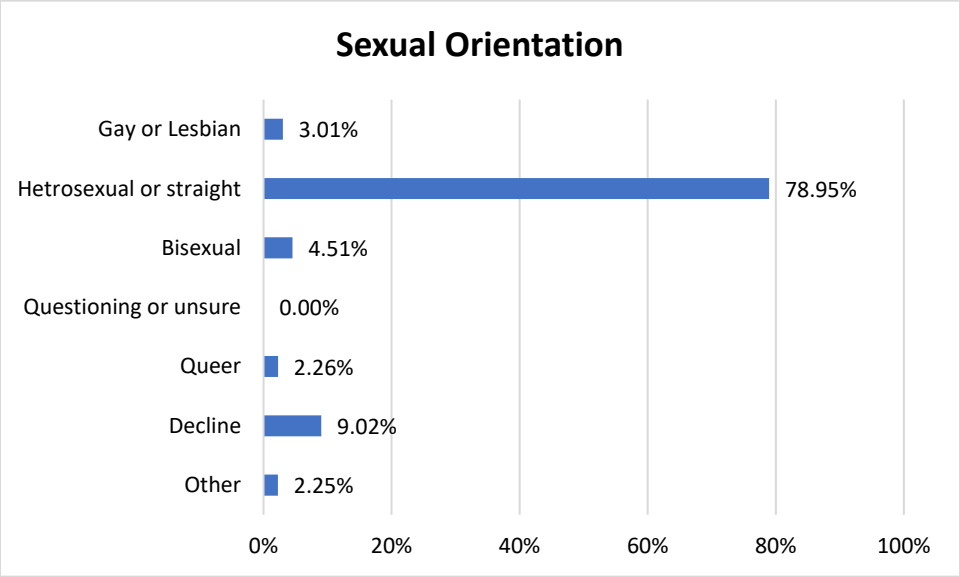
Out of 133 responses, 61.65% identified their current gender identity is female, 30.83% as male, 0.75% identify as transgender, 0% identified as queer, 0% questioning or unsure, 1.50% other gender identities, and 5.27% declined to answer the question.



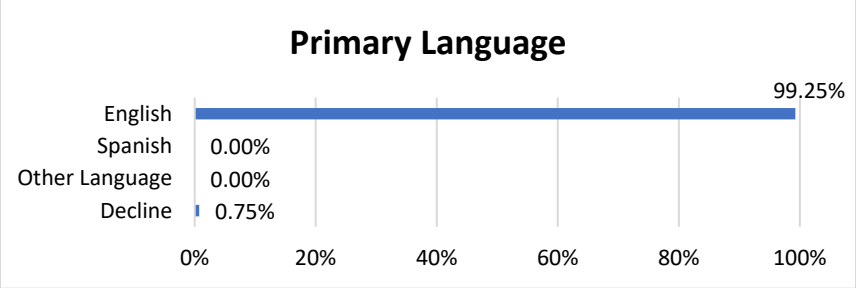
Most respondents were between the 26-59 age group. Four-point four eight percent of respondents were between the age 16 and 25, 77.61% were between the ages of 26-59, 15.67% were over the age of 60 and around 2.24% declined to answer the question.



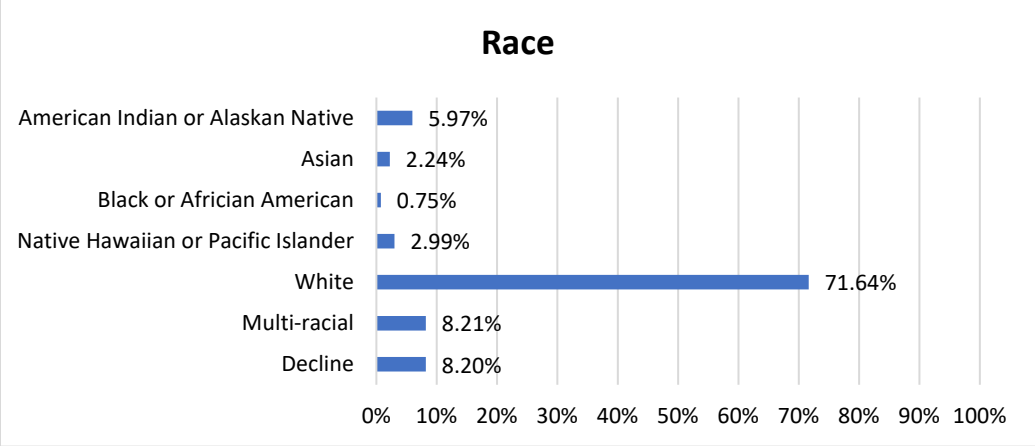
Respondents were asked what their sexual orientation is, and out of 133 responses, 3.01% identified as Gay or Lesbian, 78.95% Heterosexual or straight, 4.51% Bisexual, 0% Questioning or unsure, 2.26% Queer, 9.02% declined to answer, and 2.25% identified as other.



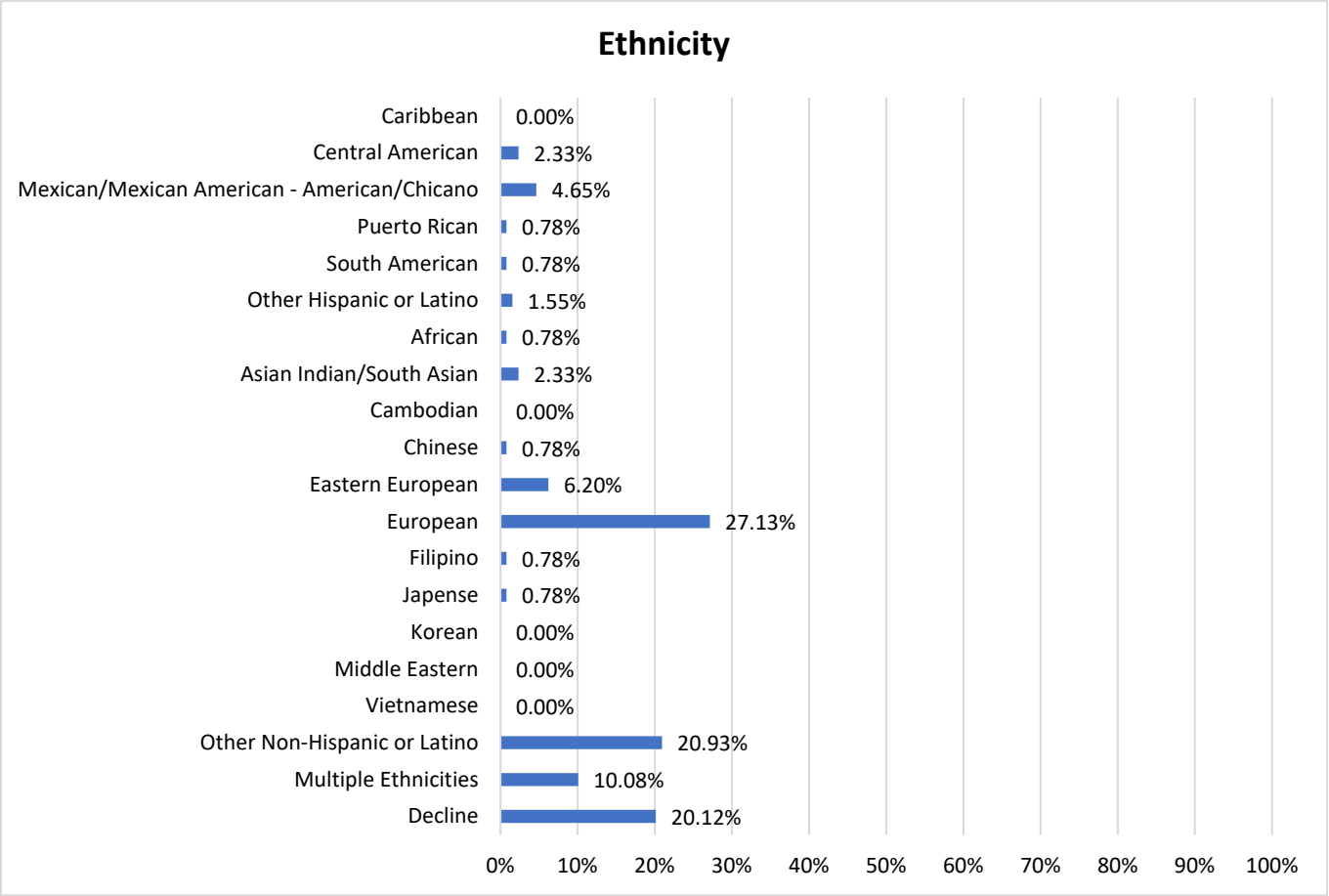
An overwhelming number of respondents identified their primary language as English at 99.25% of respondents, 0% Spanish and Other Language, and 0.75% declined to answer.



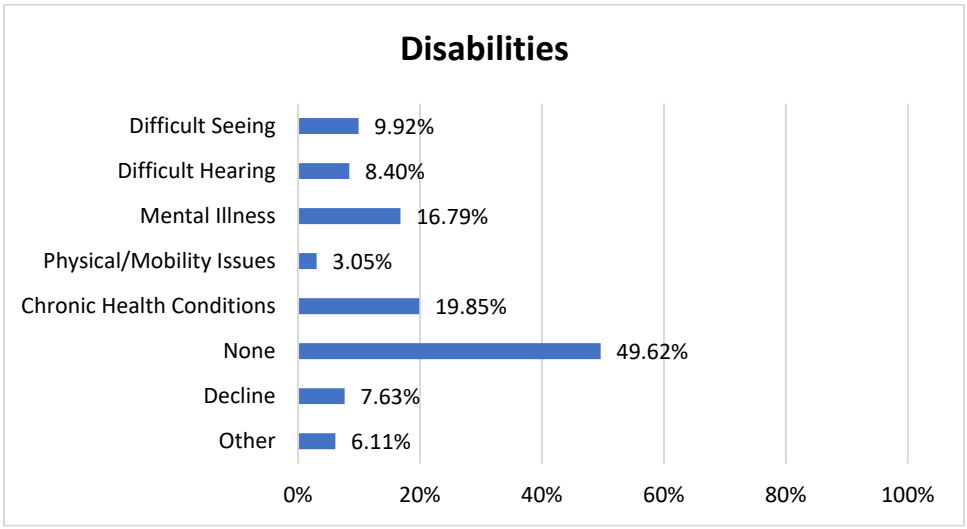
Participants were asked to identify their race; out of the 134 responses, 71.64% identified their race as White, mirroring the county demographics. 2.24% percent of respondents identified as Asian, 0.75% as Black or African American, 2.99% as Native Hawaiian or Pacific Islander, 8.21% as multi-racial, and 8.20% declined to answer.



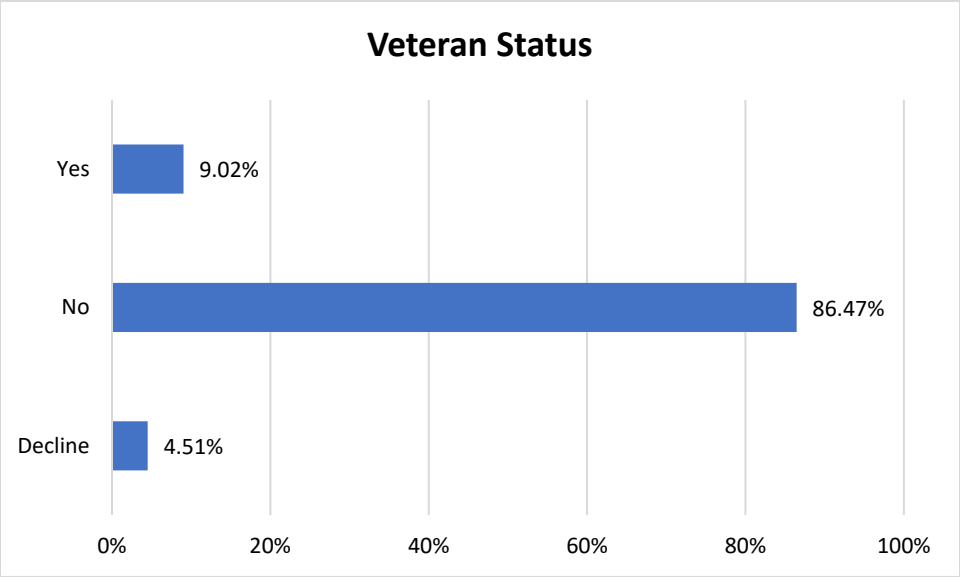
Out of 129 respondents, the most significant percentage is 27.13%, who identified as European, while 20% identified as Other Non-Hispanic or Latino, and 20% declined to answer.



Out of 131 respondents, 49.62% identified they had no disabilities, 9.92% difficult seeing, 8.40% difficult hearing, 16.79% identified as having a mental illness, 3.05% physical/mobility issues, 19.85% with chronic health conditions, 7.63% declined to answer, and 6.11% as Other.



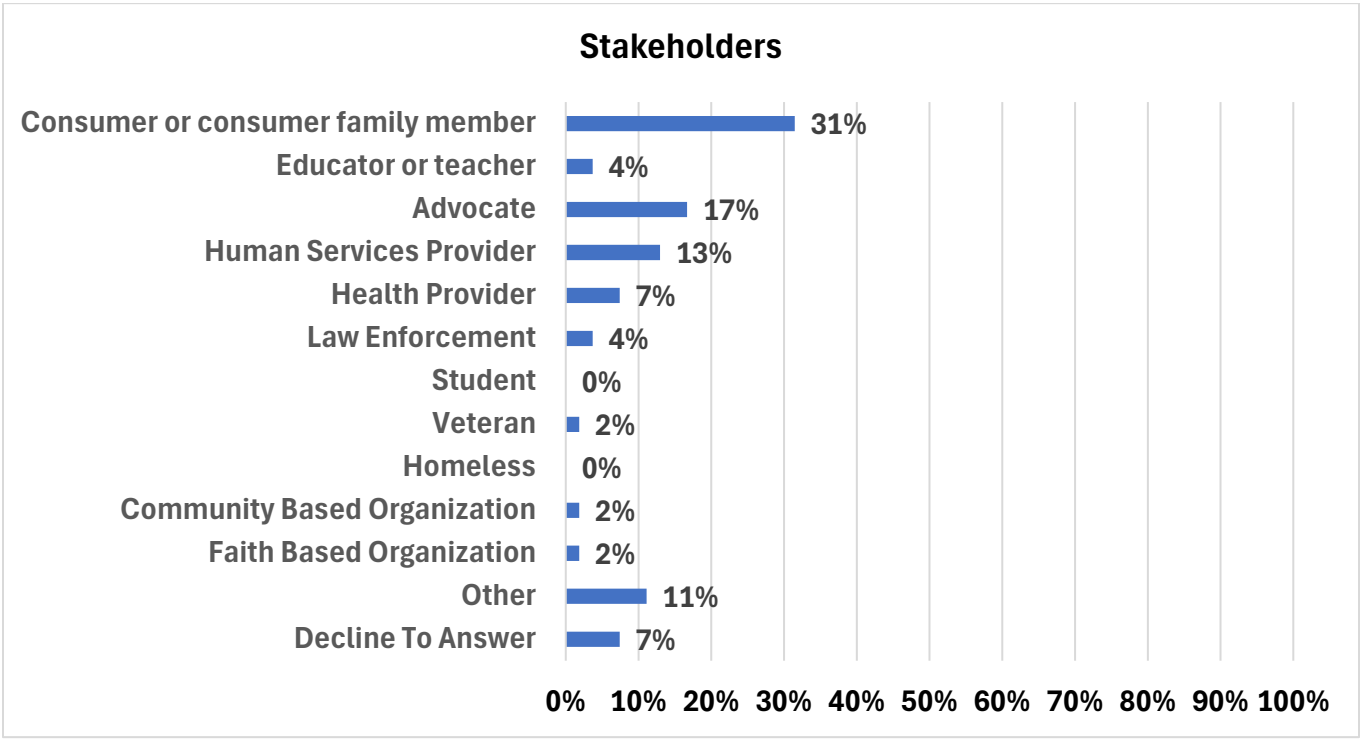
Participants were asked if they were a veteran, and out of 131 responses, 86.47% answered no, 9.02% answered yes, and 4.51% declined to answer.



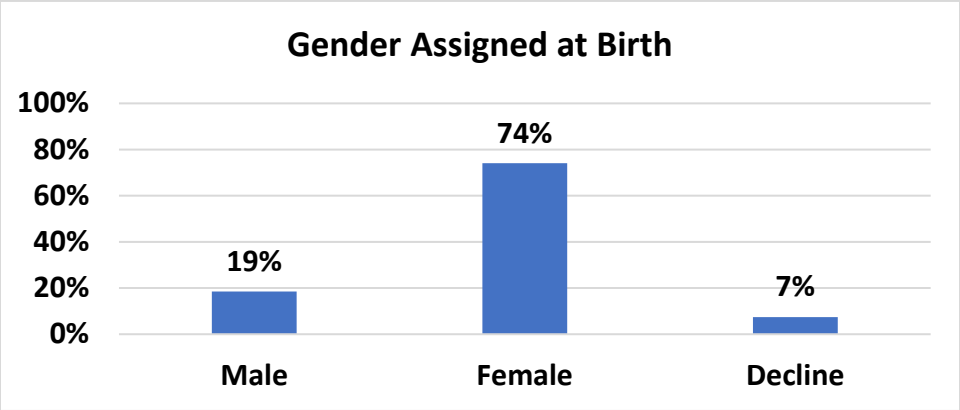
Annual Update Stakeholder Description FY 24-25

Fiscal year 24-25 MHSA Annual Update stakeholder survey had 54 respondents. Below is their demographic information.

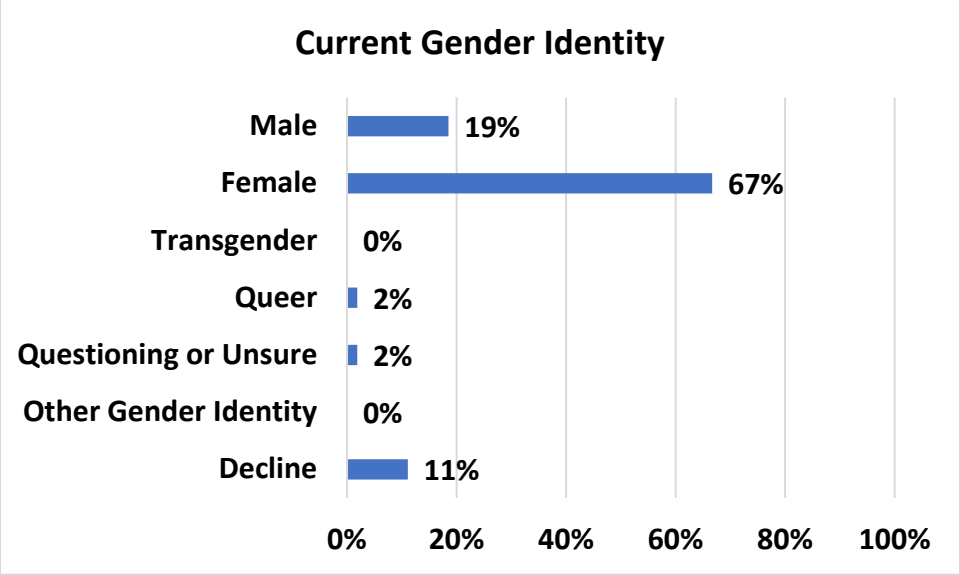
The highest percentage of respondents was consumers at 31%, Educator or teacher 4%, advocates represented 17%, Human Services Providers 13%, Health Providers 7%, Law Enforcement 4%, Students 0%, Veteran's 2%, Homeless 0%, Community-Based Organizations 2%, Faith-Based Organizations 2%, Other 11%, and 7% declined to answer.



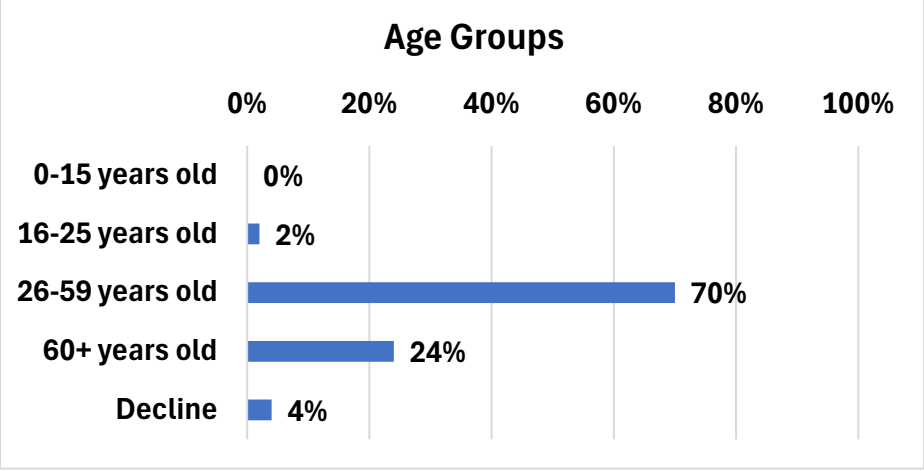
Out of 54 responses, 74% identified their gender assigned at birth as female, 19% identified as male, and 7% declined to answer.



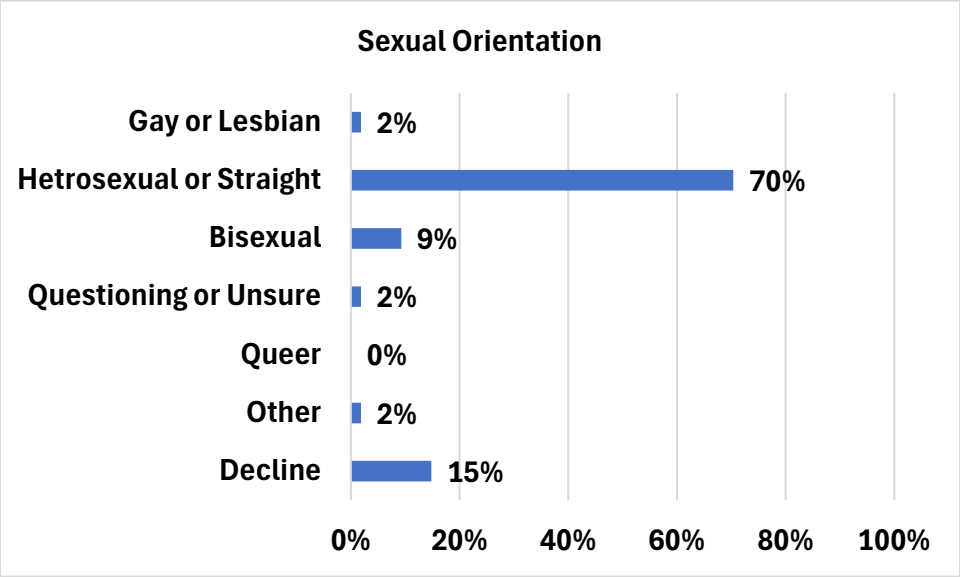
Out of 54 responses, 67% identified their current gender identity is female, 19% as male, 0% identify as transgender, 2% identified as queer, 2% questioning or unsure, 0% other gender identities, and 11% declined to answer the question.



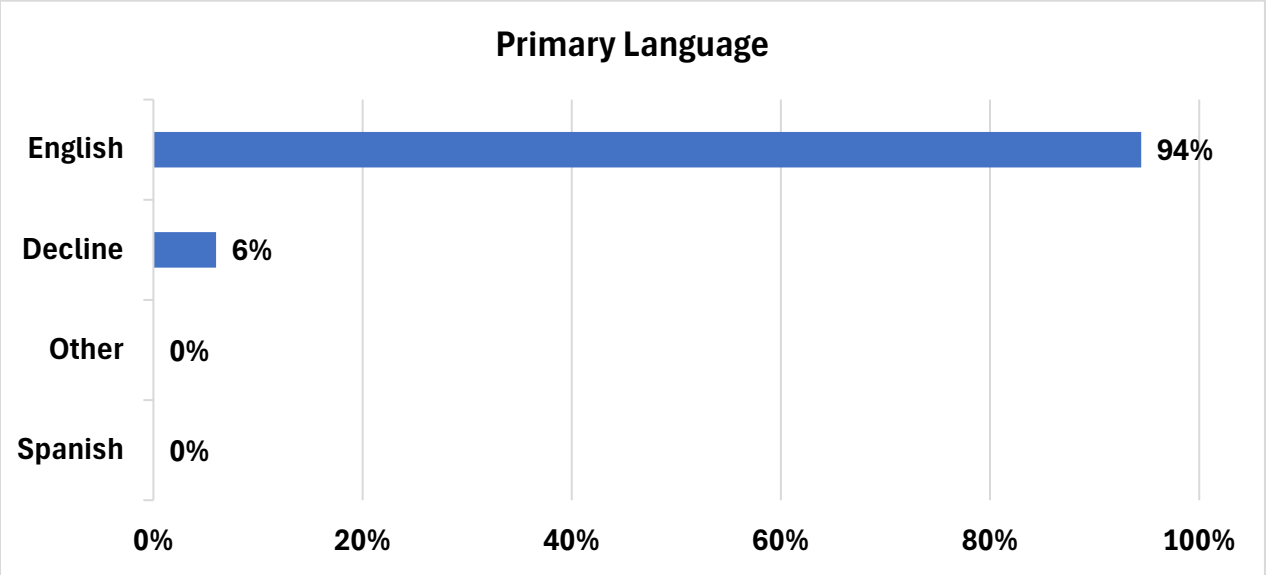
Seventy percent of respondents identified their age between 26 and 59, 0% between the ages of 0-15, 2% between the ages of 16 and 25, 24% sixty-plus, and 4% declining to answer.



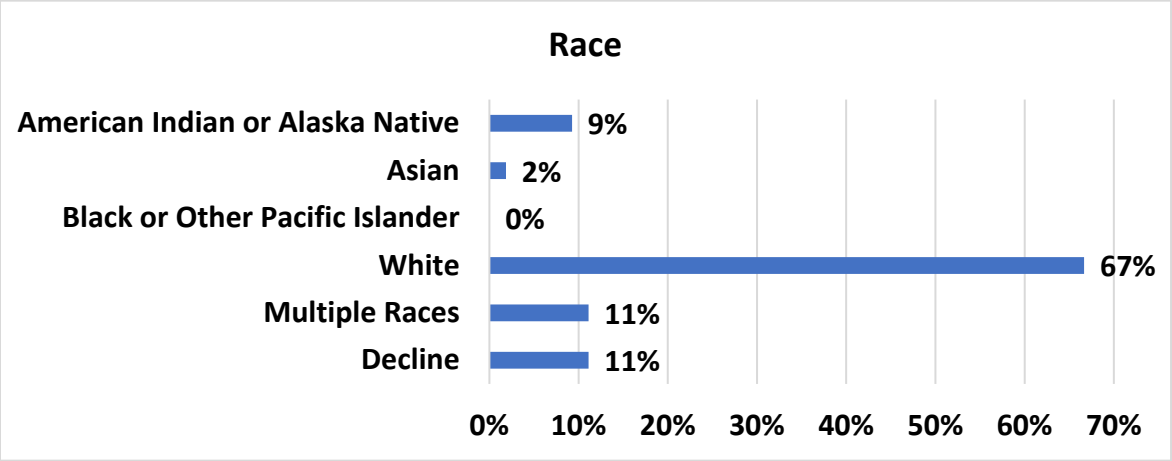
Of the survey respondents 70% identified as be Heterosexual or Straight, 2% Gay or Lesbian, 9% Bisexual, 2% Questioning or Unsure, 0% Queer, 2% Other, and 15% declined to answer the question.



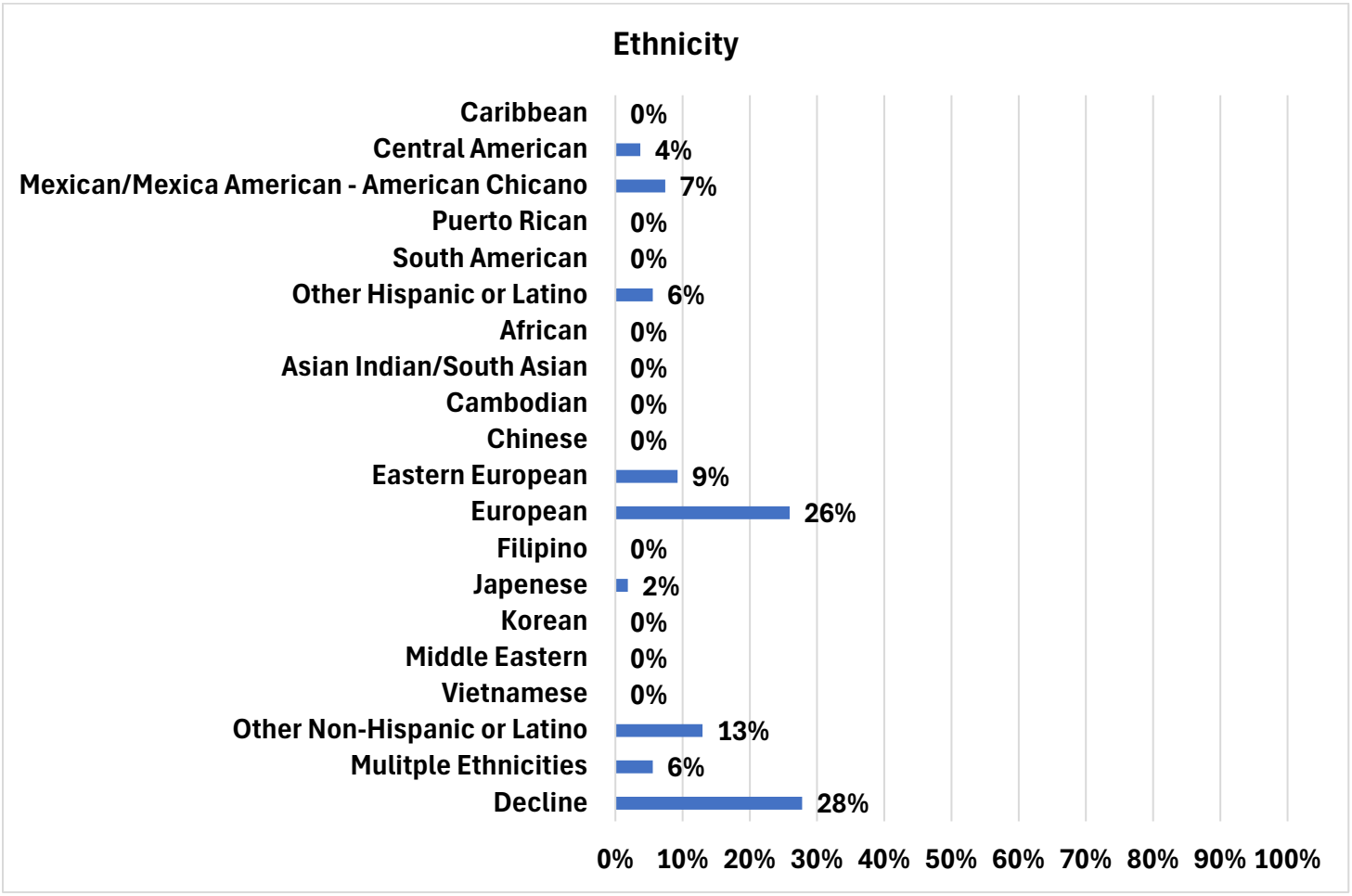
Respondents identified their primary language as English (94%) and 0% Spanish and Other Language. 6% declined to answer.



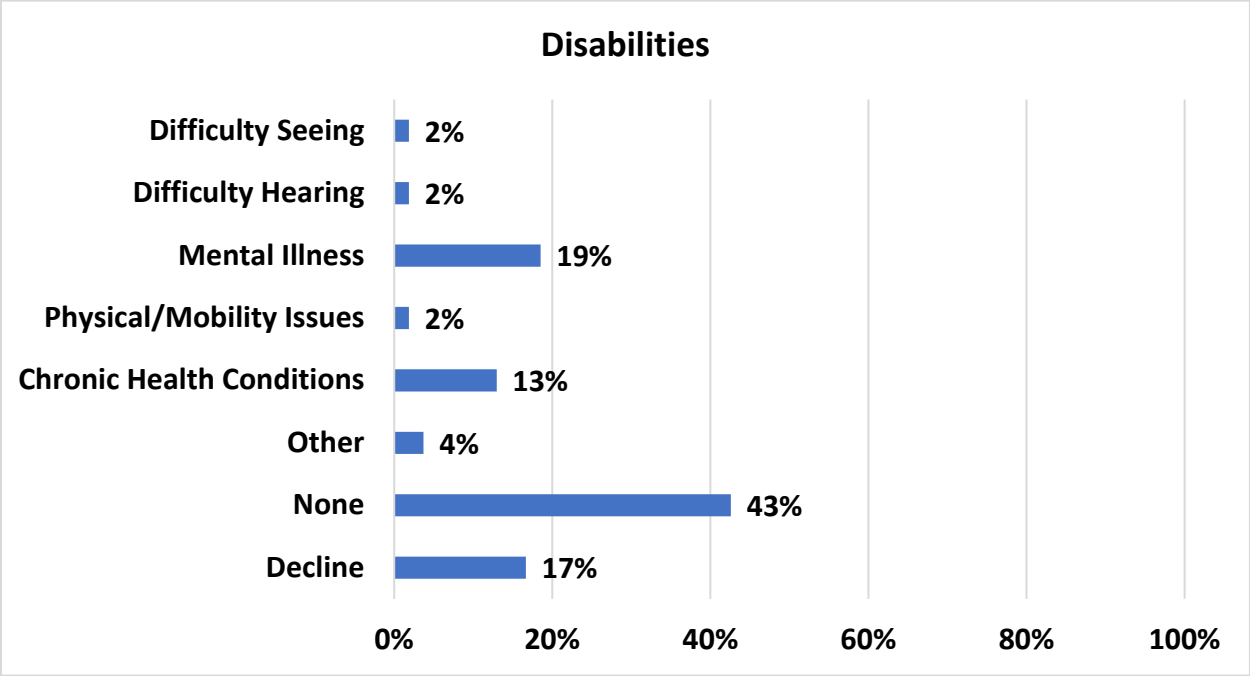
Participants were asked to identify their race; out of the 54 responses, 67% identified their race as White, 2% percent of respondents identified as Asian, 0% as Black or Other Pacific Islander, 11% as multi-racial, and 11% declined to answer.



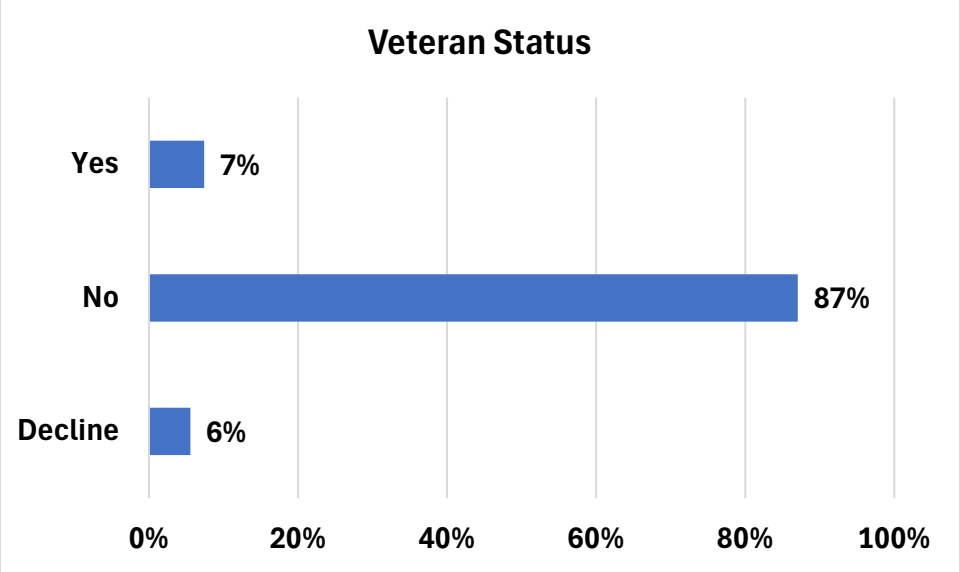
Participant's ethnicities in the 54 surveys are described as follows: 28% declined to answer, 6% Multiple Ethnicities, 13% Other Non-Hispanic or Latino, 26% European, 9% Eastern European, 6% Other Hispanic or Latino, 7% Mexican/Mexica American – American Chicano, 4% Central American. 0% for the following ethnicities: Caribbean, Puerto Rican, South American, African Asian, Indian/South Asian, Cambodian, Chinese, Filipino, Korean, Middle Eastern, and Vietnamese.



Survey respondents were asked to identify if they had any disabilities. 2% identified difficulty seeing, 2% difficulty hearing, 19% Mental Illness, 2% Physical/Mobility Issues, 13% Chronic Health Conditions, 4% Other, 43% None, and 17% declined to answer the question.



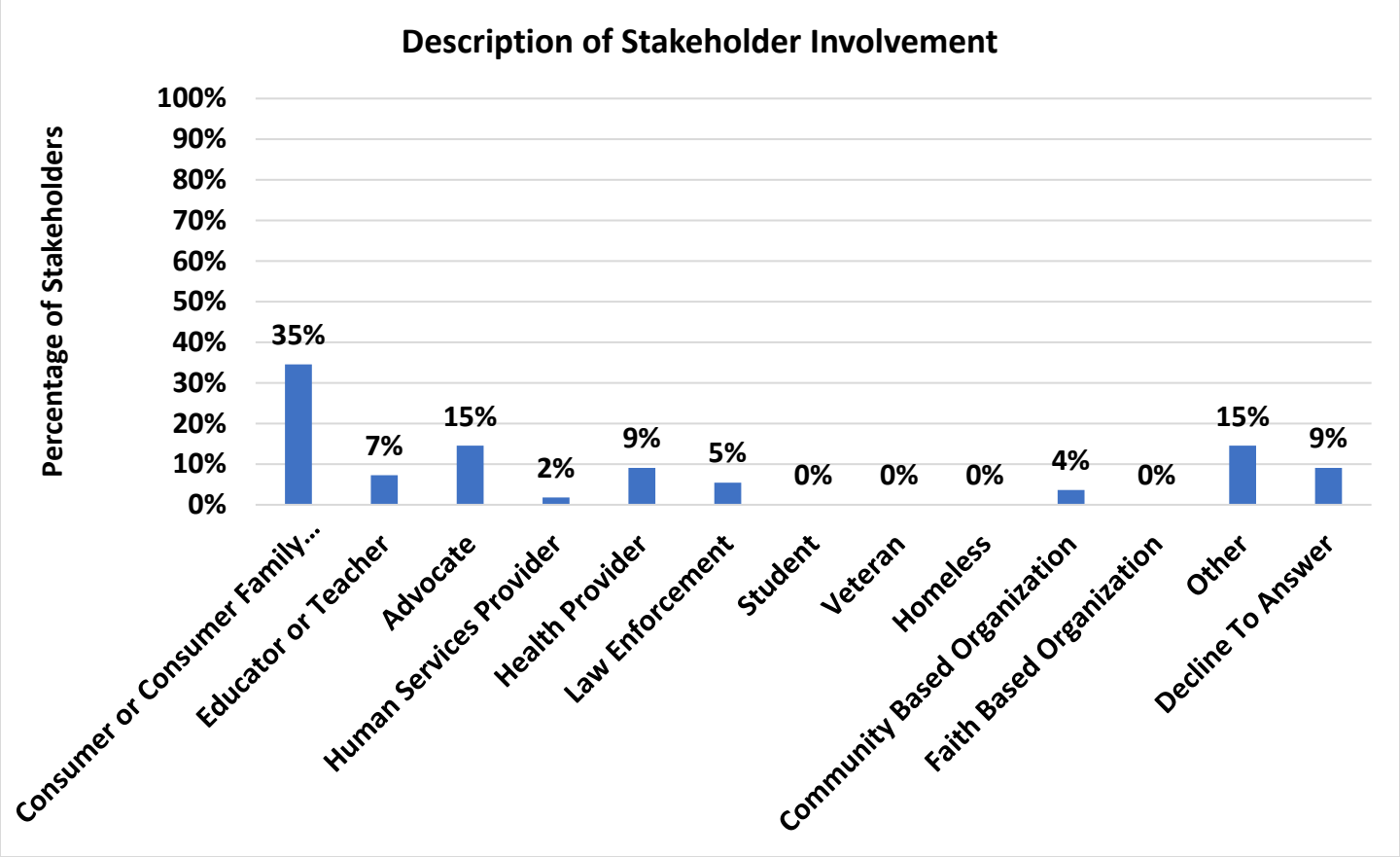
Participants were asked if they were veterans, and out of 54 responses, 87% answered no, 7% answered yes, and 6% declined to answer.



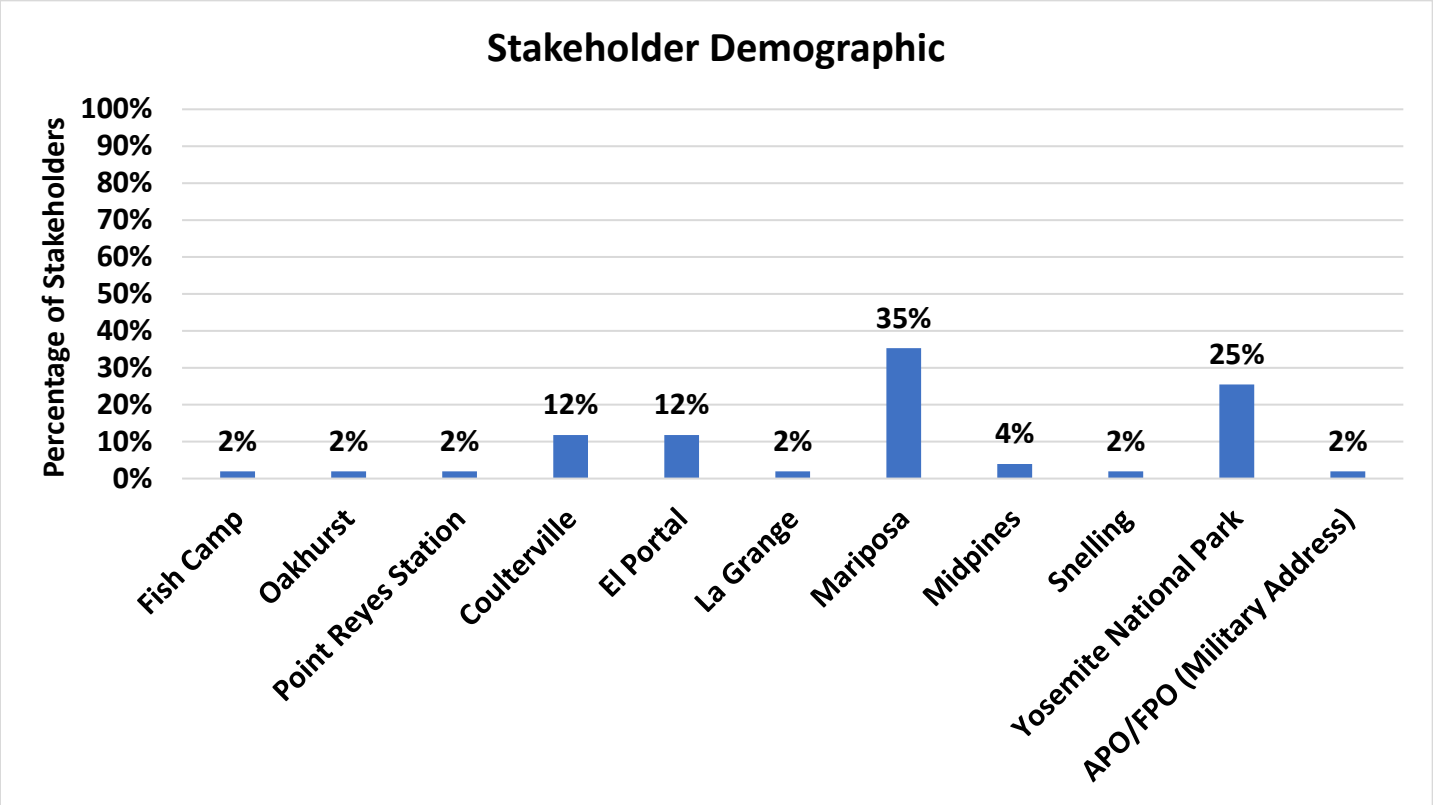
Annual Update Stakeholder Description FY 25-26

Fiscal year 25-26 MHSA Annual Update stakeholder survey had 55 respondents. Below is their demographic information.

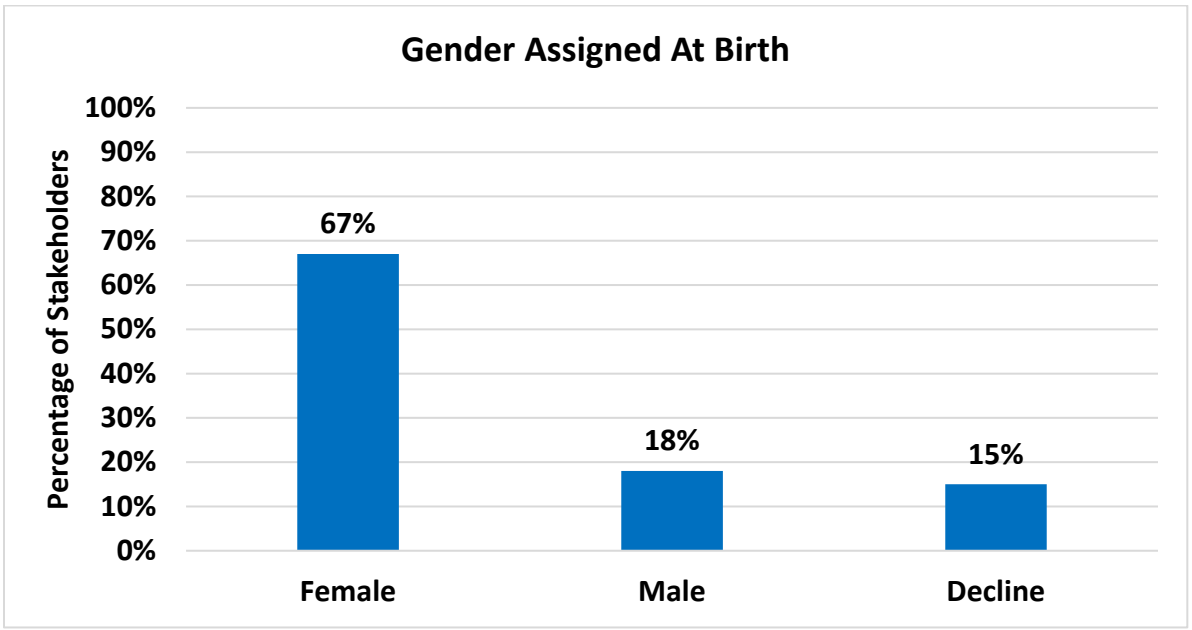
Consumers or family members of consumers made up the highest percentage of respondents at 35%. Educators or teachers accounted for 7%, advocates 15%, human services providers 2%, and health providers 9%. Law enforcement represented 5%, and community-based organizations 4%. Students, veterans, homeless individuals, and faith-based organizations each accounted for 0%. An additional 15% selected 'Other,' and 9% declined to answer.



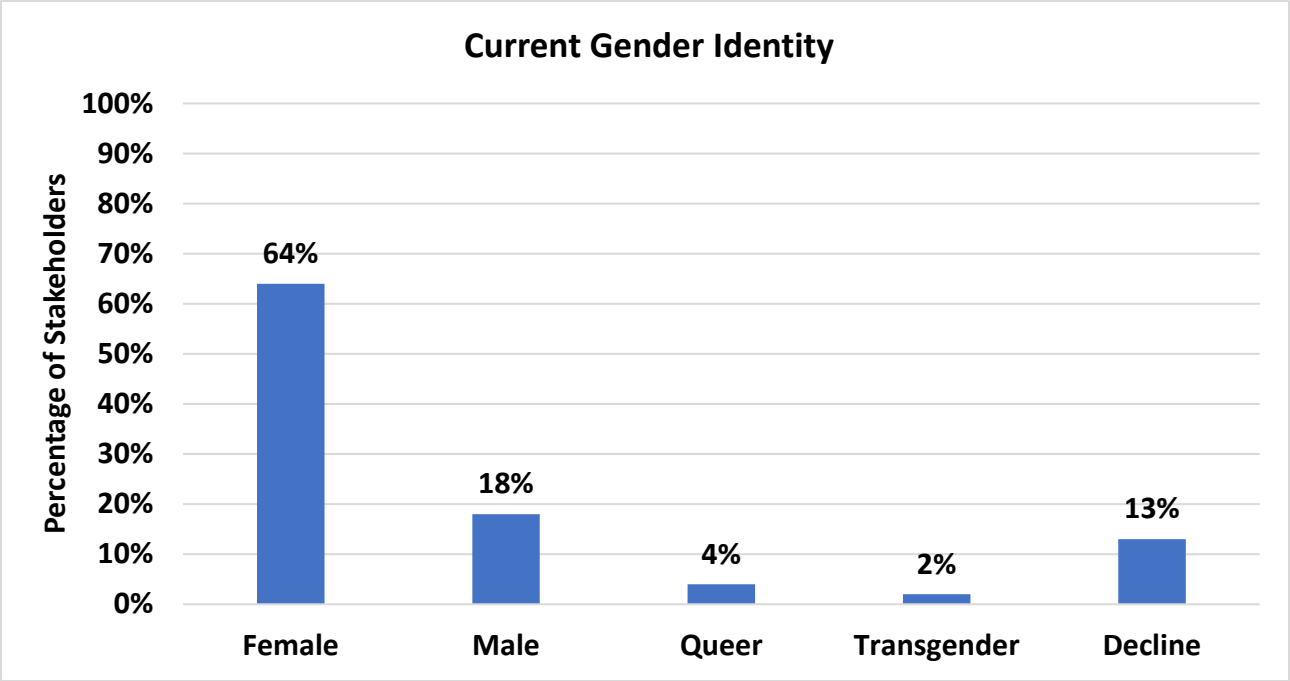
Two percent of respondents reported living in Fish Camp, 2% in Oakhurst, and 2% in Point Reyes Station. Twelve percent were from Coulterville, 12% from El Portal, and 2% from La Grange. Thirty-five percent reported living in Mariposa, 4% in Midpines, and 2% in Snelling. Twenty-five percent were from Yosemite National Park, and 2% reported an APO/FPO (Military Address).



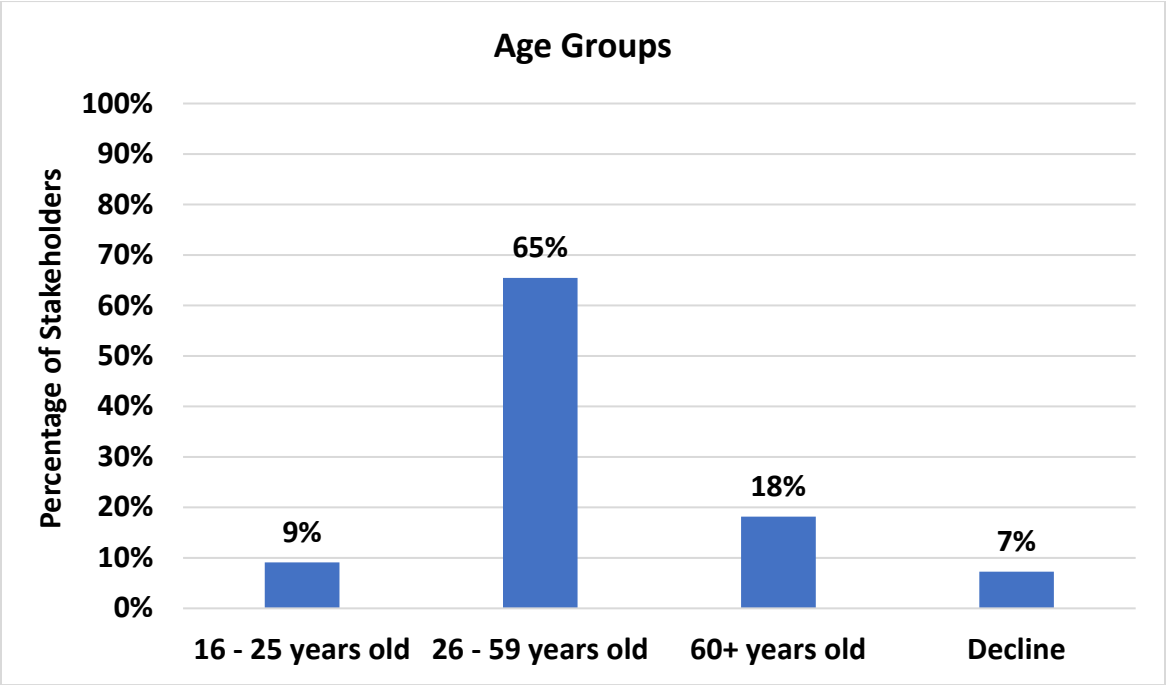
Sixty-seven percent of respondents identified their gender assigned at birth as female. Eighteen percent reported male, while 15% declined to answer.



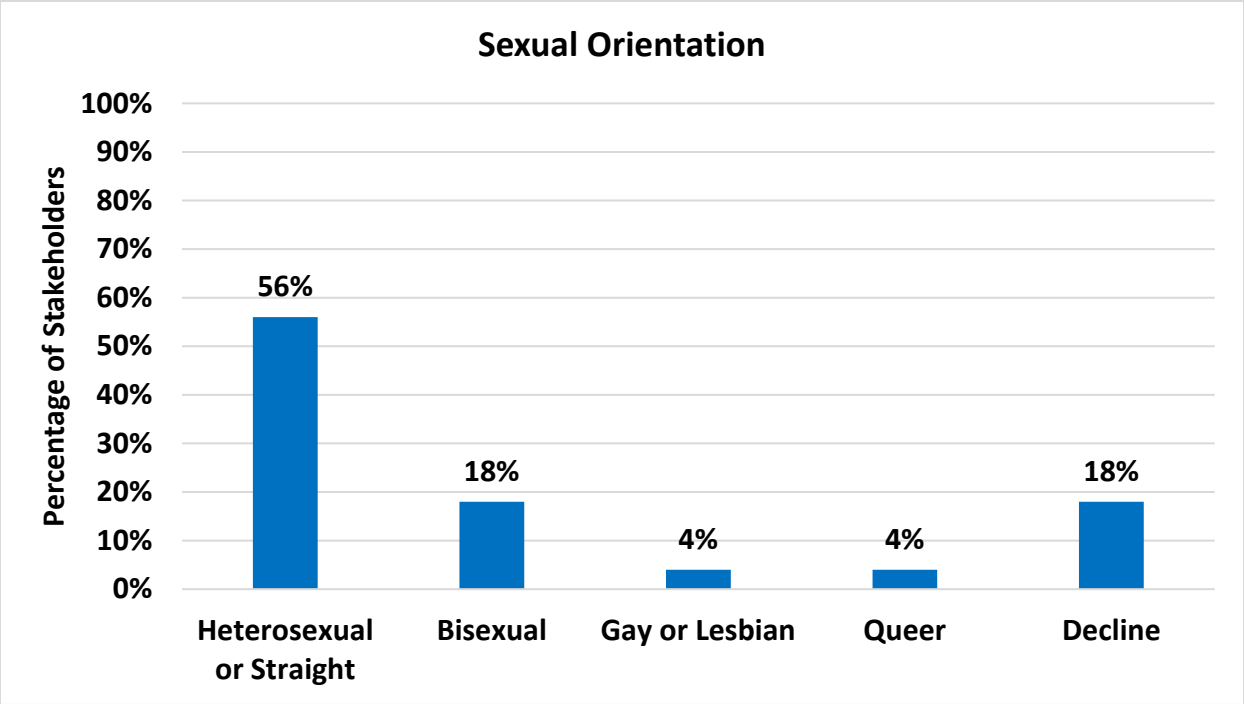
Sixty-four percent of respondents identified their current gender identity as female, 18% as male, 4% as queer, and 2% as transgender. Thirteen percent declined to answer.



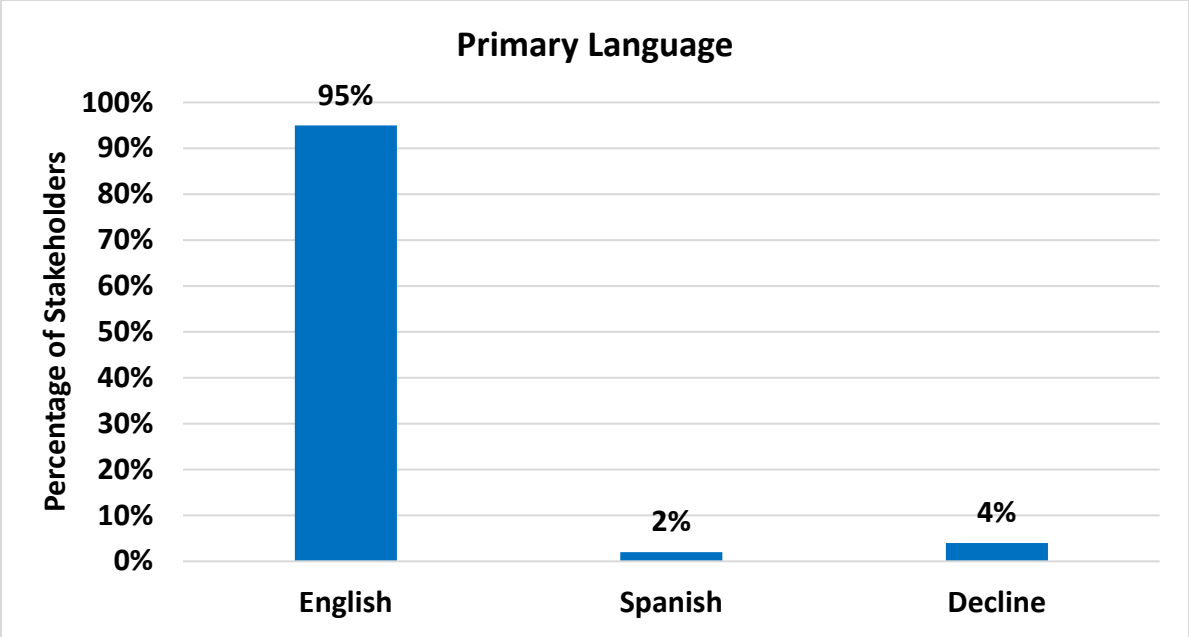
Nine percent of respondents were between the ages of 16 and 25, 65% were between 26 and 59, and 18% were 60 years or older. Seven percent declined to answer.



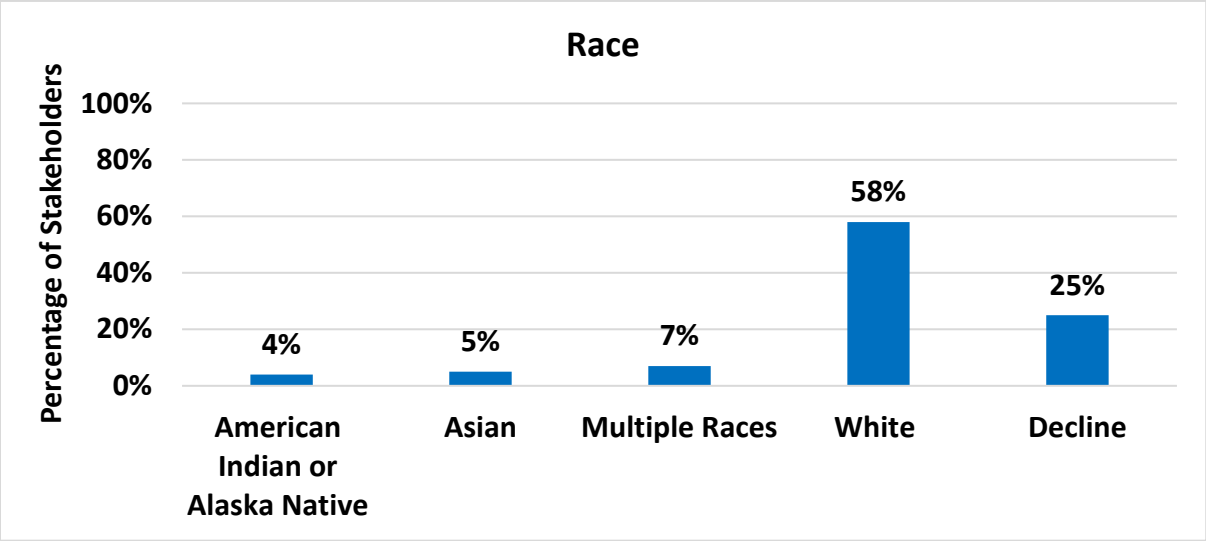
Fifty-six percent of respondents identified their sexual orientation as heterosexual or straight, 18% as bisexual, 4% as gay or lesbian, and 4% as queer. An additional 18% declined to answer.



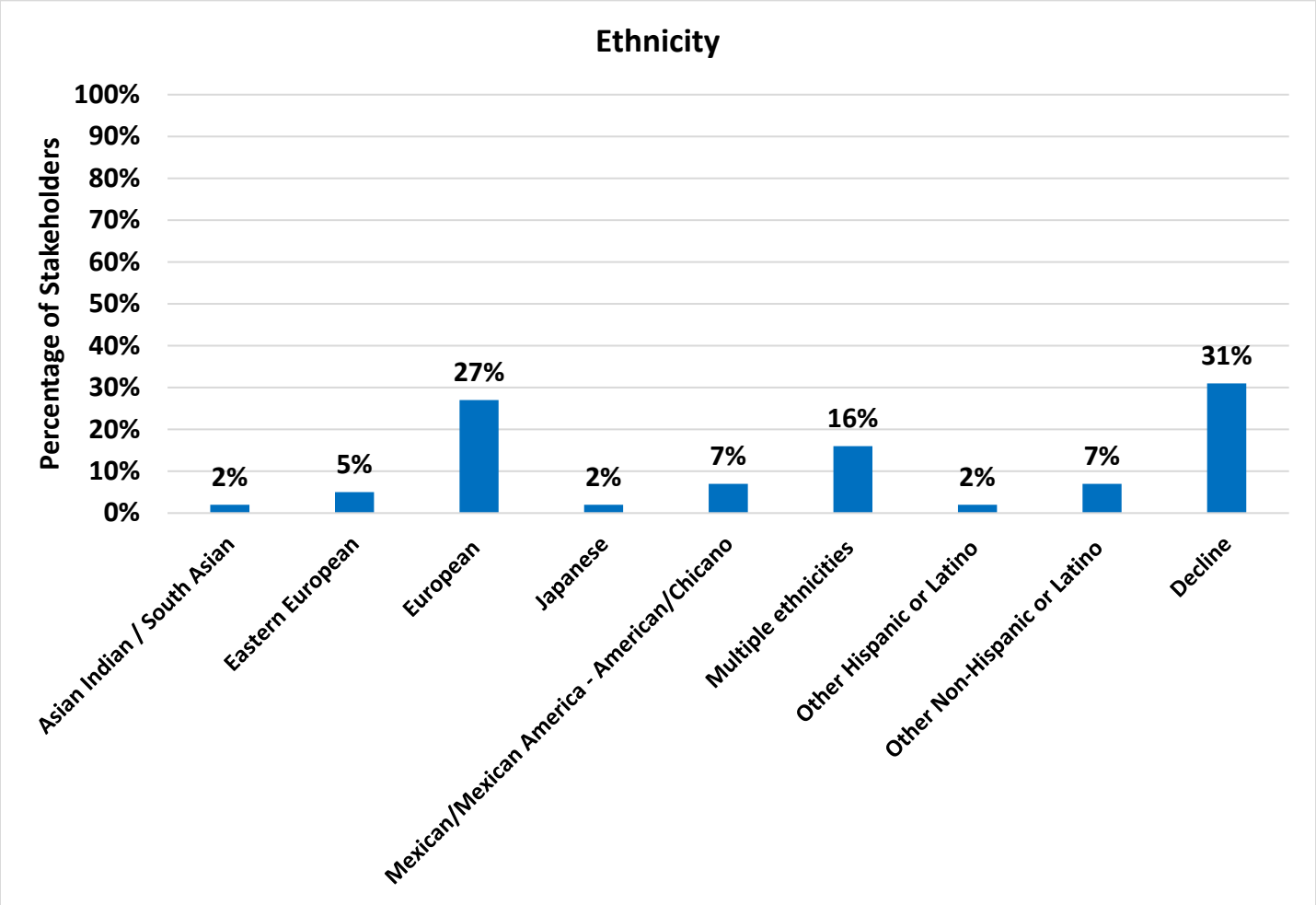
Ninety-five percent of respondents indicated English as their primary language, 2% identified Spanish, and 4% declined to answer.



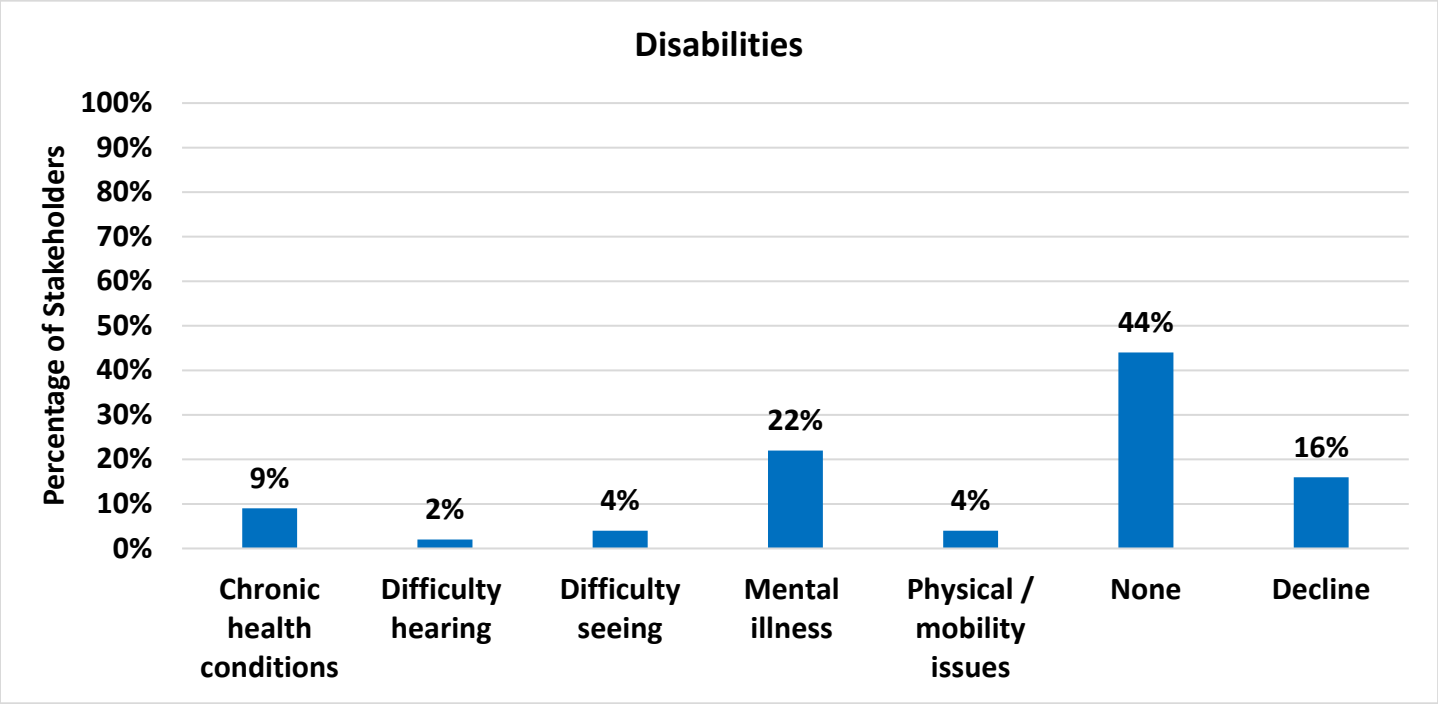
Four percent of respondents identified their race as American Indian or Alaska Native, 5% as Asian, 7% as multiple races, and 58% as White. An additional 25% declined to answer.



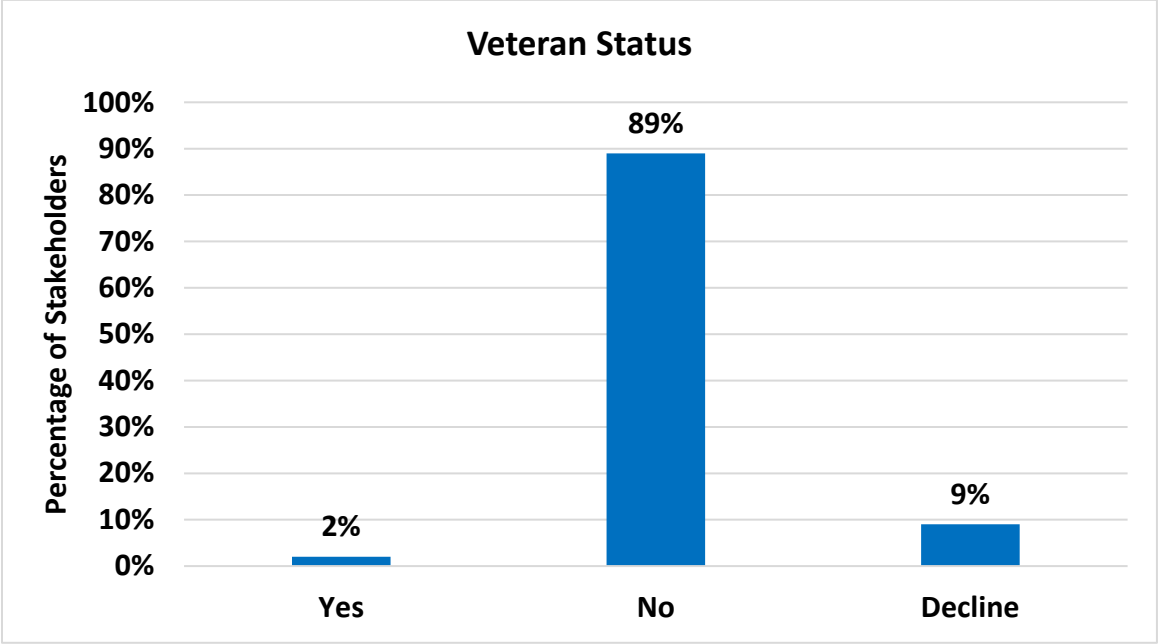
Two percent of respondents identified their ethnicity as Asian Indian or South Asian, 5% as Eastern European, 27% as European, and 2% as Japanese. Seven percent identified as Mexican/Mexican American/Chicano, 16% reported multiple ethnicities, 2% as other Hispanic or Latino, and 7% as other Non-Hispanic or Latino. Thirty-one percent of respondents declined to answer.



Nine percent of respondents reported having chronic health conditions, 2% reported difficulty hearing, 4% reported difficulty seeing, 22% identified having a mental illness, and 4% reported physical or mobility issues. Forty-four percent reported having no disabilities, and 16% declined to answer.

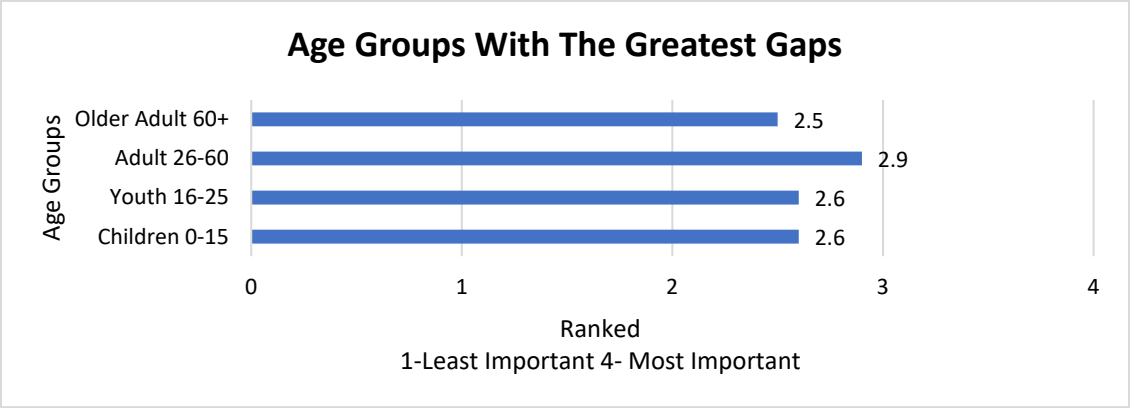


Two percent of respondents identified as veterans, 89% reported they were not veterans, and 9% declined to answer.



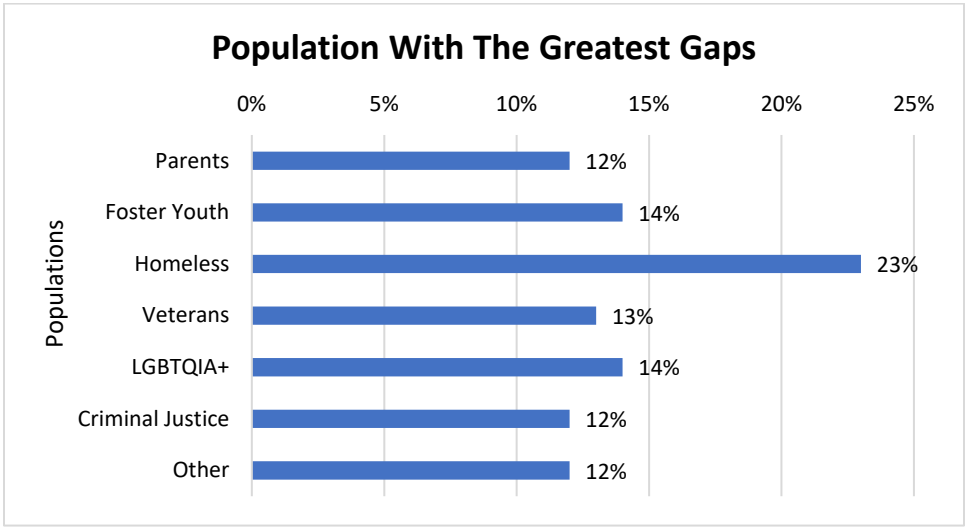
Stakeholder Results:

Stakeholders were asked out of children (0-15), youth (16-25), adults (26-59), and older adults (60+) who have the greatest needs or gaps in mental health services. They were asked to identify the age group with the most gaps on a scale of 1-being least important to 4- Most important. Respondents rated adults (26-60) on average as 2.9 with having the greatest needs or gaps in mental health services, Children (0-15) and youth (16-25) on average as a 2.6, and older adults (60+) on average as a 2.5.



Stakeholders were asked out of the following groups: parents, foster youth, homeless, veterans, LGBTQIA+, criminal justice involvement, or others who have the greatest needs or gaps in mental health services. Twenty-three percent of respondents identified the homeless population with the greatest gaps in mental health services, 14% Foster Youth and LGBTQIA+, 13% Veterans, 12% Parents, Criminal Justice, and "other."

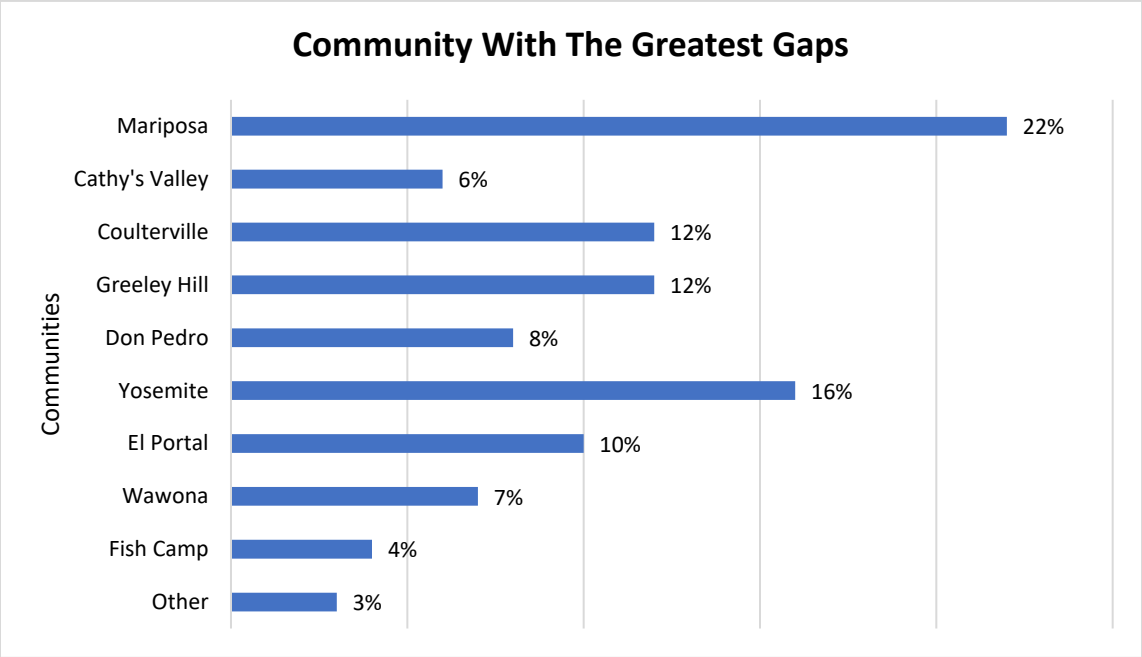
In addition to the categories listed in the figure below, participants who indicated “other” identified First responders, workers in isolated and rural areas such as Yosemite National Park, and the elderly population as groups having needs or gaps in mental health services.



Stakeholders were asked out of the following communities Mariposa, Cathy's Valley, Coulterville, Greeley Hill, Don Pedro, Yosemite, El Portal, Wawona, Fish Camp, or others which have the greatest needs or gaps in mental health.

Thirty-seven percent of respondents identified Yosemite (Yosemite, El Portal, Wawona, and Fish Camp) as the highest community with the greatest gaps for mental health services. Stakeholders identify these communities as more rural and isolated areas.

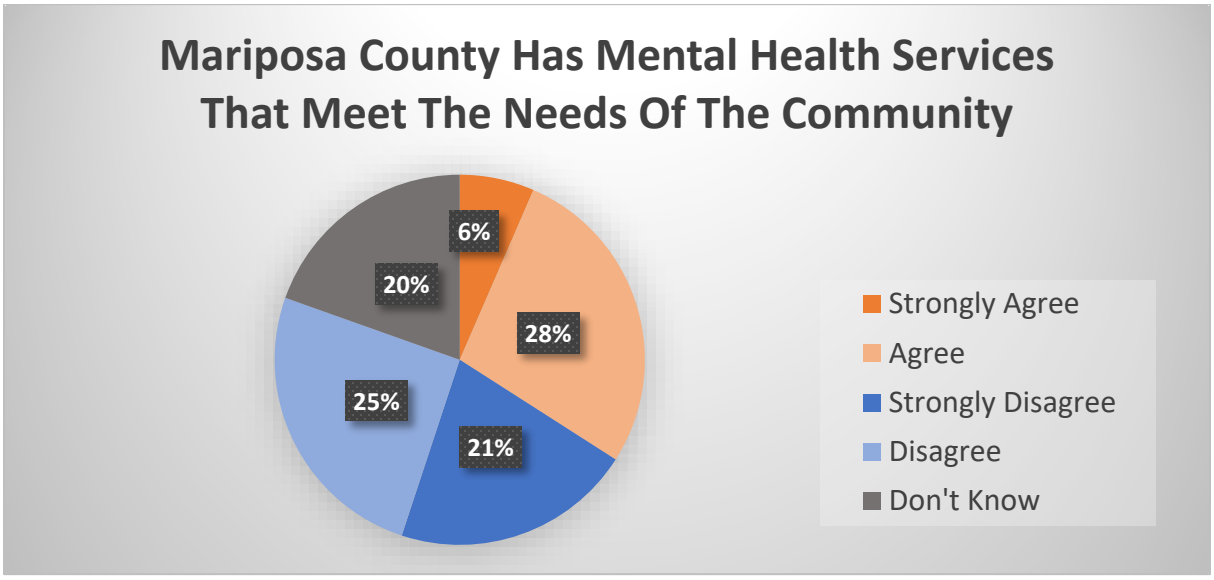
Thirty-two percent of respondents identified North County (Coulterville, Greeley Hill, and Don Pedro) as the second-highest community with the greatest gaps , and 28% for Mariposa and Cathy's valley.



Stakeholders were asked how much they agreed with a series of the following statements about the overall mental health system in Mariposa County.

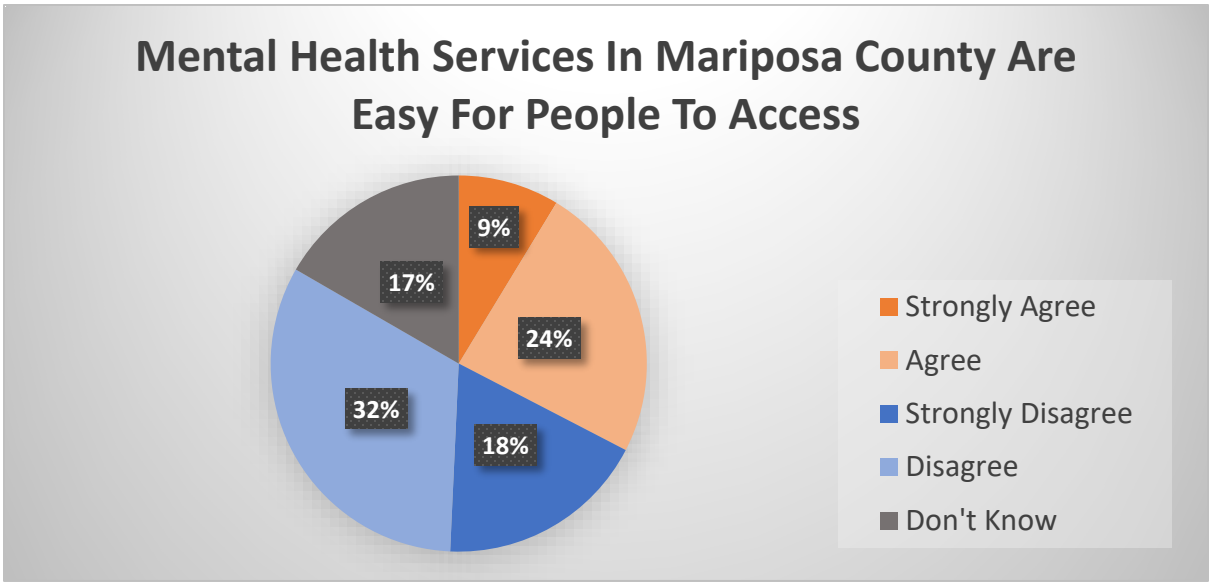
The first statement was, "Mariposa County has mental health services that meet the needs of the community."

Thirty-four percent of respondents agreed that Mariposa County has mental health services that meet the community's needs, 46% disagreed, and 20% of respondents didn't know if mental health services were meeting the community's needs.



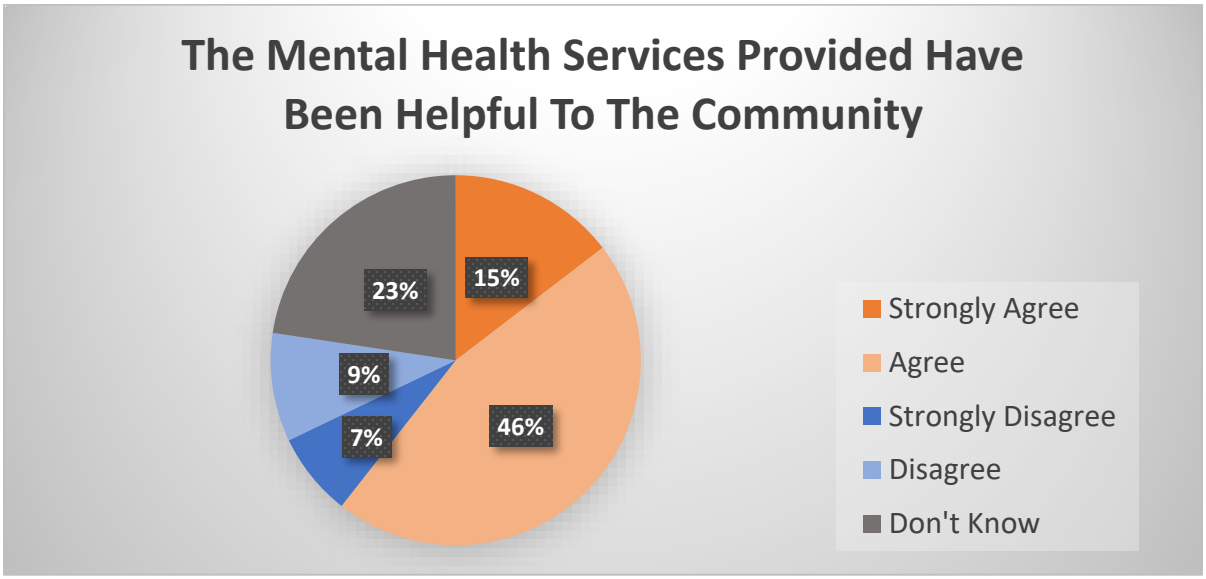
The second statement was, “Mental health services in Mariposa County easy to access."

Thirty-three percent of respondents agree that mental health services are easy for people to access, 50% of respondents disagree, and 17% of respondents didn’t know if mental health services were easy to access.



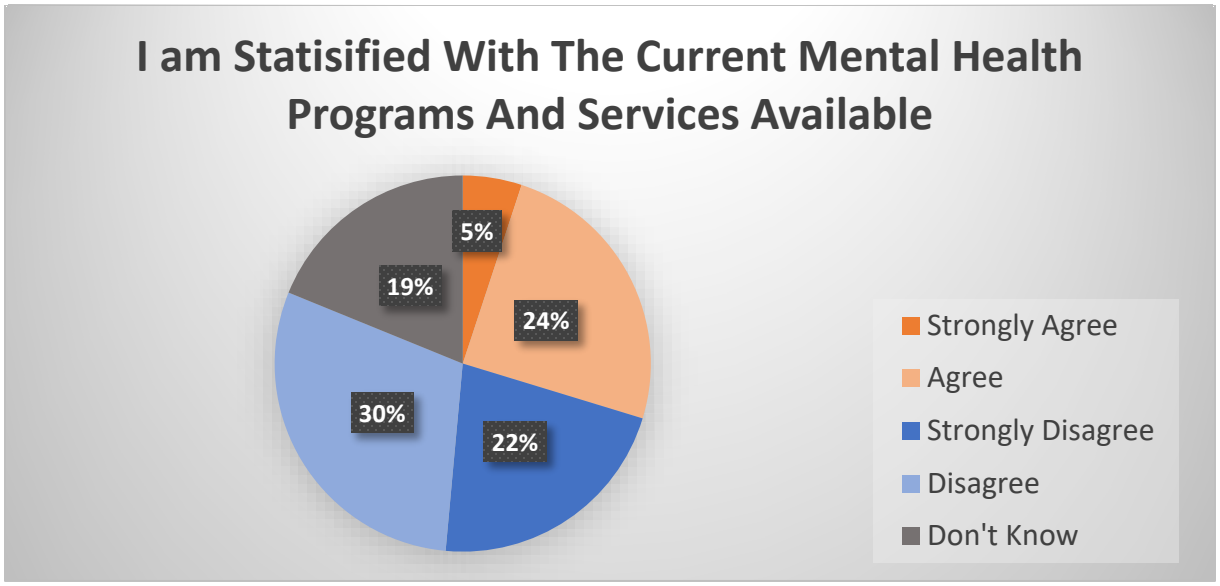
The third statement was, "Have the mental health services provided been helpful to the community."

Sixty-one percent of respondents agreed that mental health services provided have been helpful to the community, 16% disagreed, and 23% didn't know if mental health services provided have been helpful to the community.



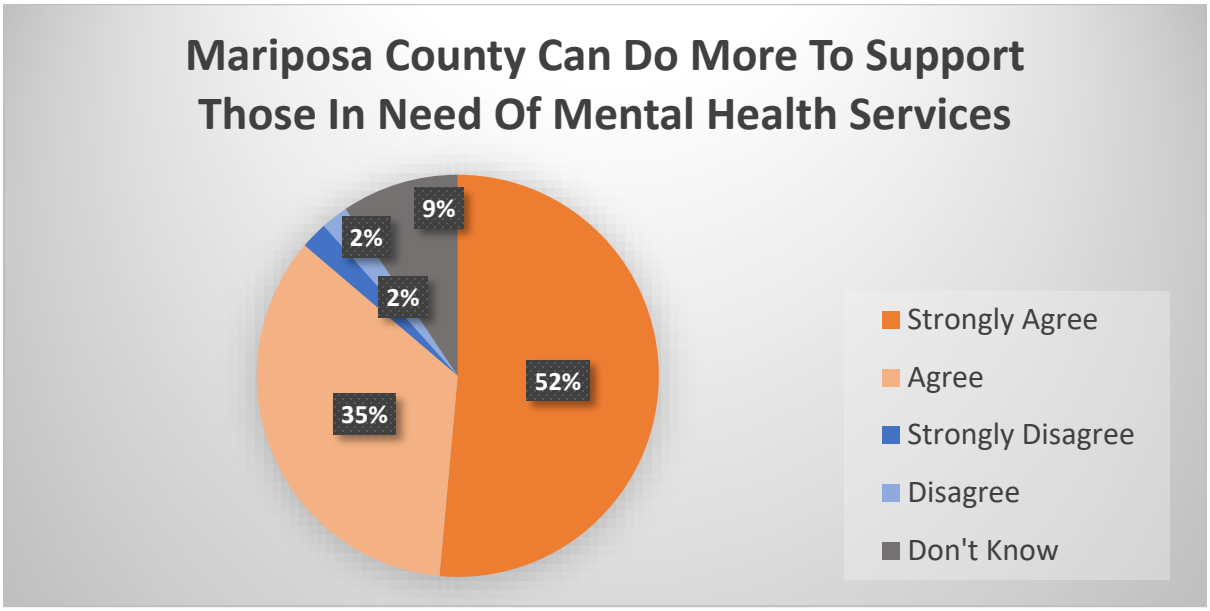
The fourth statement was, " I am satisfied with the current mental health programs and services available."

Twenty-nine percent of respondents agreed they were satisfied with the current mental health services available in Mariposa County, 52% were unsatisfied, and 19% didn't know if they were satisfied with the current mental health programs and services available.



The last statement was, "Can Mariposa County do more to support those in need of mental health services."

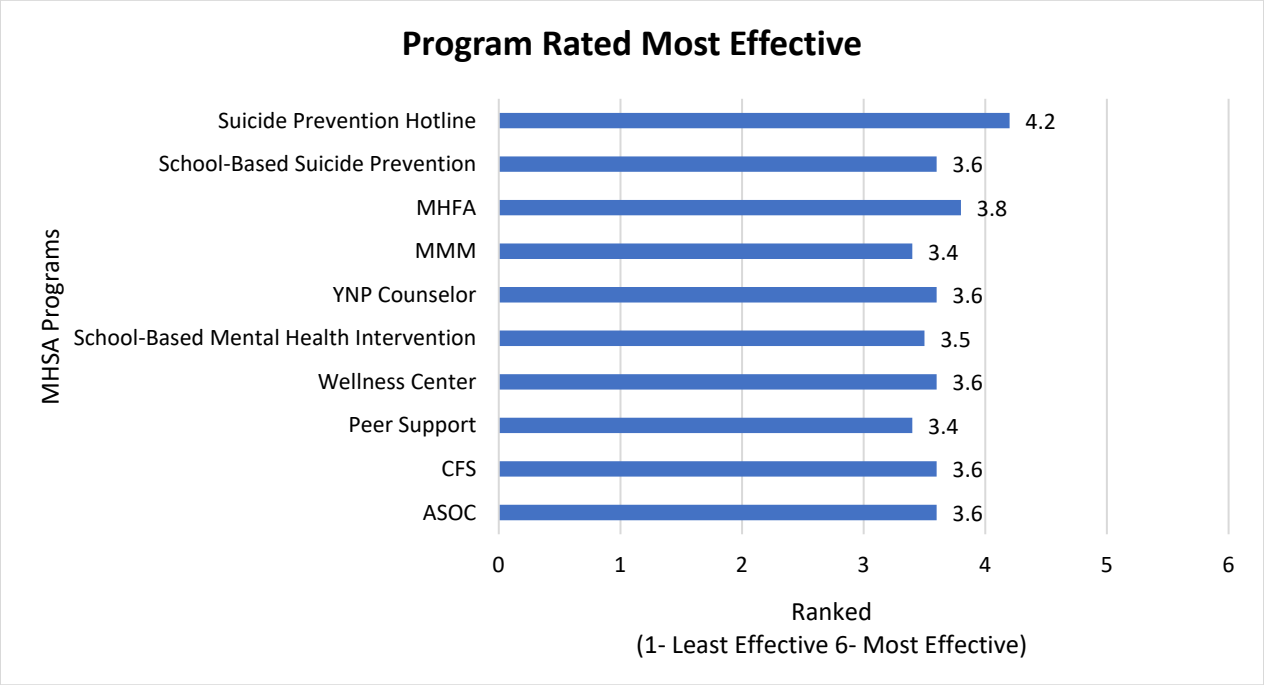
Eighty-seven percent of respondents agreed that Mariposa County could do more to support those needing mental health services, 4% disagree, and 9% didn't know if Mariposa County could do more to support those needing mental health services.



Stakeholders were asked to rank the most effective programs with 1-Least effective to 4-Most effective.

- Suicide Prevention Hotline
- School-Based Suicide Prevention
- Mental Health First Aid (MHFA)
- Mariposa Minds Matter Task Force (MMM)
- Yosemite National Park Counselor
- School-Based Mental Health Intervention
- Wellness Center
- Peer Support
- Children and Family Services (CFS)
- Adult System of Care (ASOC)

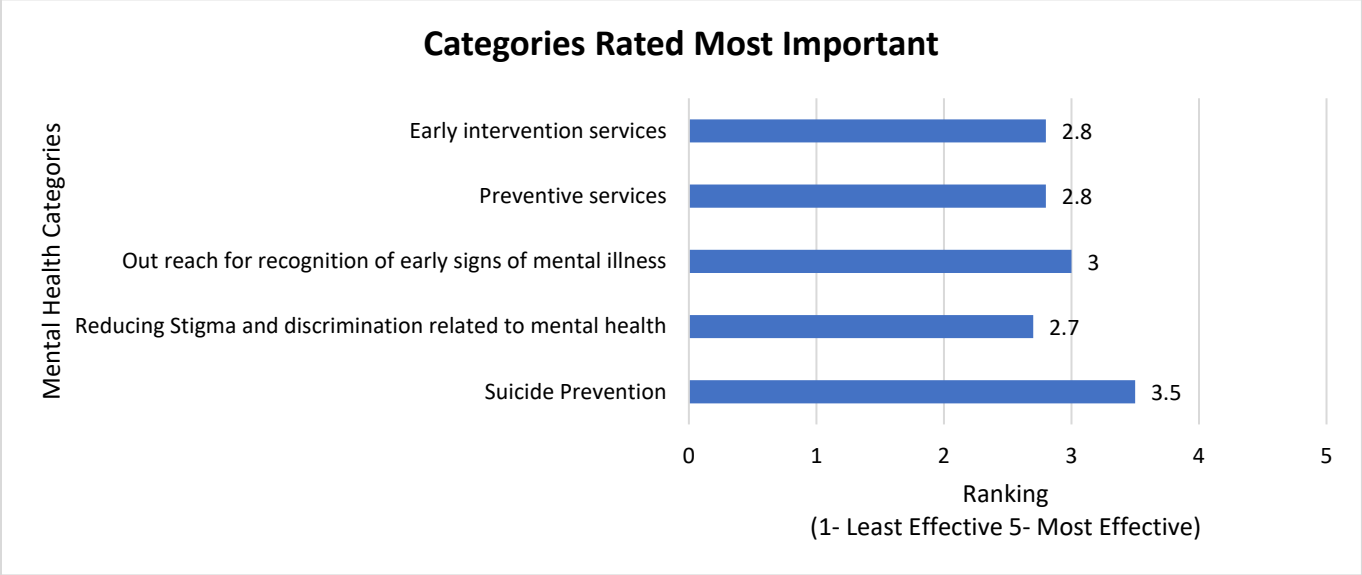
In the figure below respondents identified the Suicide Prevention Hotline as the most effective program. The Suicide Prevention Hotline reported that quarters one and two of FY 22/23 resulted in a total of 38 calls with 25% of them suicidal content.



Stakeholders were asked to rank the following mental health categories in order of importance, with 1-Least important to 4- Most important.

- Suicide Prevention
- Reducing Stigma and Reduction Related to Mental Illness
- Outreach for Recognition of Early Signs of Mental Illness
- Preventative Services
- Early Intervention Services

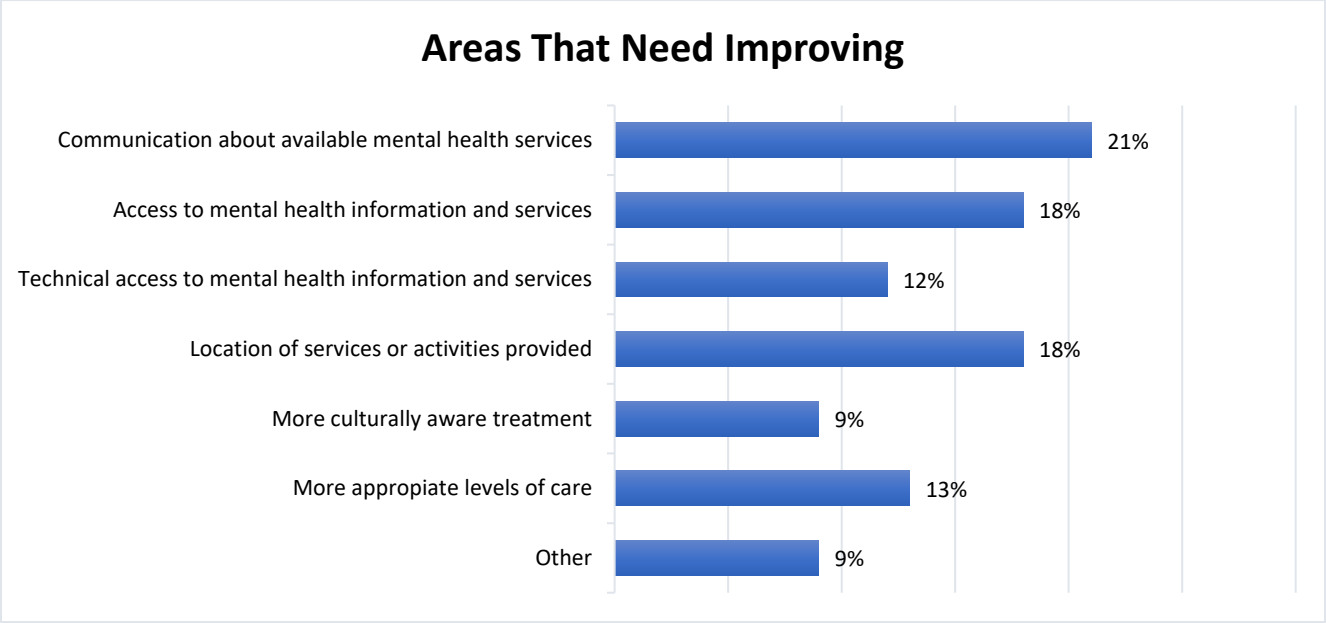
In the figure below, the average of the rankings was calculated and presented with respondents identifying Suicide Prevention as the most important.



Respondents were asked to identify which of the following areas need improvement.

- Communication About Available Mental Health Services
- Access to Mental Health Information and Services
- Technical Access to Mental Health Information and Services
- Location of Services or Activities Provided
- More Culturally Aware Treatment
- More Appropriate Levels of Care
- Other

A common response was praise for the overall services throughout the stakeholder process. However, there was a lack of awareness of the programs indicating we could do a better job marketing programs. 21% of respondents identified that communication about available mental health services is the most needed improvement. 18% of respondents identified access to mental health information and services needed improvement, 12% technical access, 18% location of services and activities provided, 9% culturally aware of treatment, 13% more appropriate levels of care, and 9% marked other. In the "other" category, respondents identified Yosemite National Park as needing more mental health counselors, technology access, group-specific programs, social awareness of treatment, outreach, and transportation.



Through MHSA stakeholder meetings and surveys, stakeholders were asked to provide additional comments on the community's needs or gaps in mental health services. Stakeholder feedback indicated the following additional community needs or gaps.

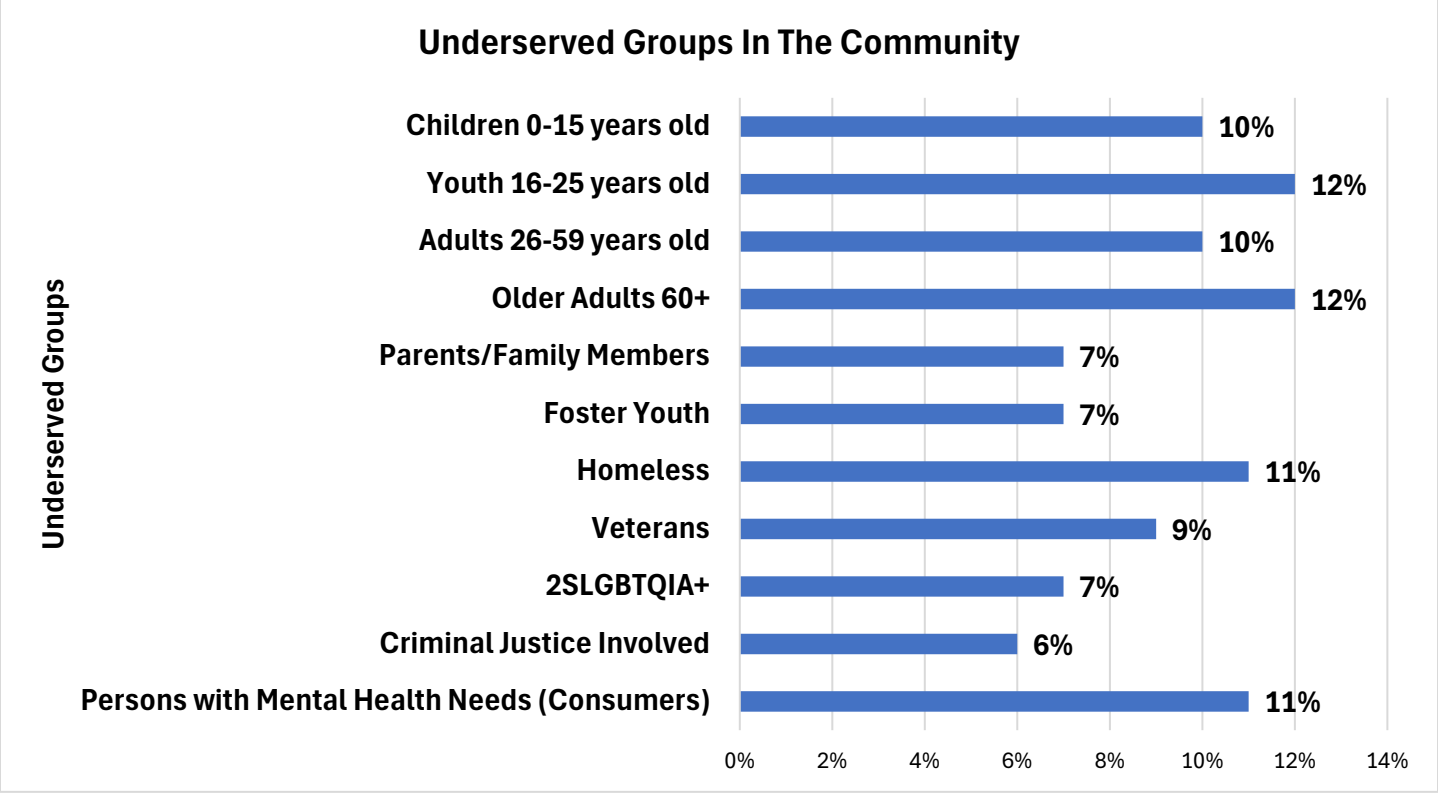
- More Advertisement/Awareness/Communication of mental health resources and services.
- Easily accessible services
- Access to technology/telehealth options
- Suicide Prevention
- Outreach to bring those in need into existing services and additional services surrounding community inclusion and socialization to reduce isolation across ages, and families, especially the homeless and elderly.
- More services and support for outlying communities of Mariposa County
- More collaboration with community-based organizations
- Mental Health First Aid to be offered in outlying communities of Mariposa County
- Housing
- To have Board and Care and institutions in Mariposa.
- To have a Wellness Center serving outlying communities and have it as a drop-in center.
- Transportation options to help with access to services.
- Diversity training for clinicians/counselors
- Too much change with clinicians
- Increase the number of providers.

Annual Update Stakeholder Results FY 24-25

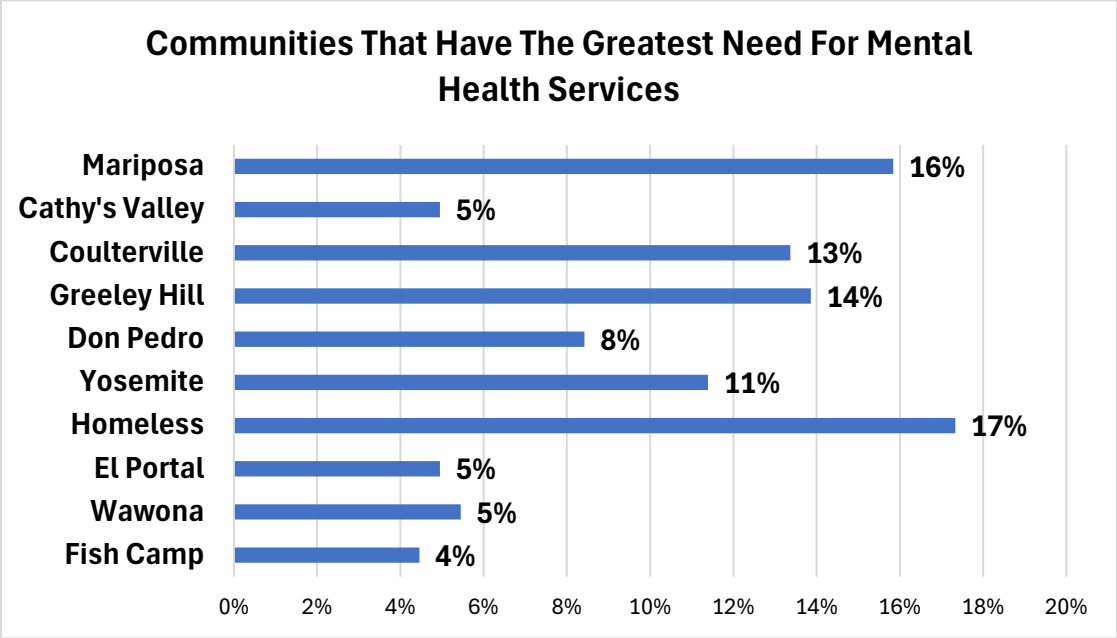
Stakeholders identified the most underserved groups in the community, with 12% of participants identifying youth 16-25 years and 12% for Older Adults (60+), reflecting concerns about mental health support.

11% of participants identified homeless individuals and people with mental health needs as underserved groups in the community.

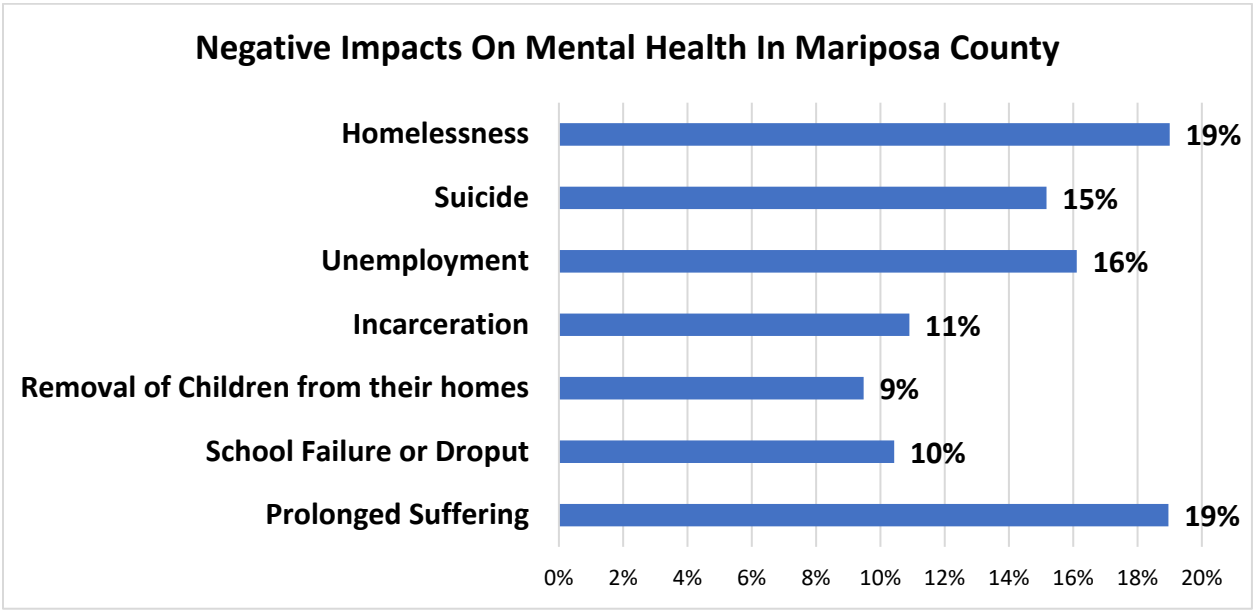
Overall, the data underscores the complexity and diversity of challenges in providing equitable mental health services across various demographics and highlights the importance of tailored approaches to address the unique needs of different groups.



Stakeholders were asked to identify what communities have the greatest need for mental health services. The data suggests that stakeholders perceive the Homeless community as having the greatest need for mental health services, followed by Mariposa, Greeley Hill, Coulterville, and Yosemite, each with notable percentages indicating significant needs for mental health support.



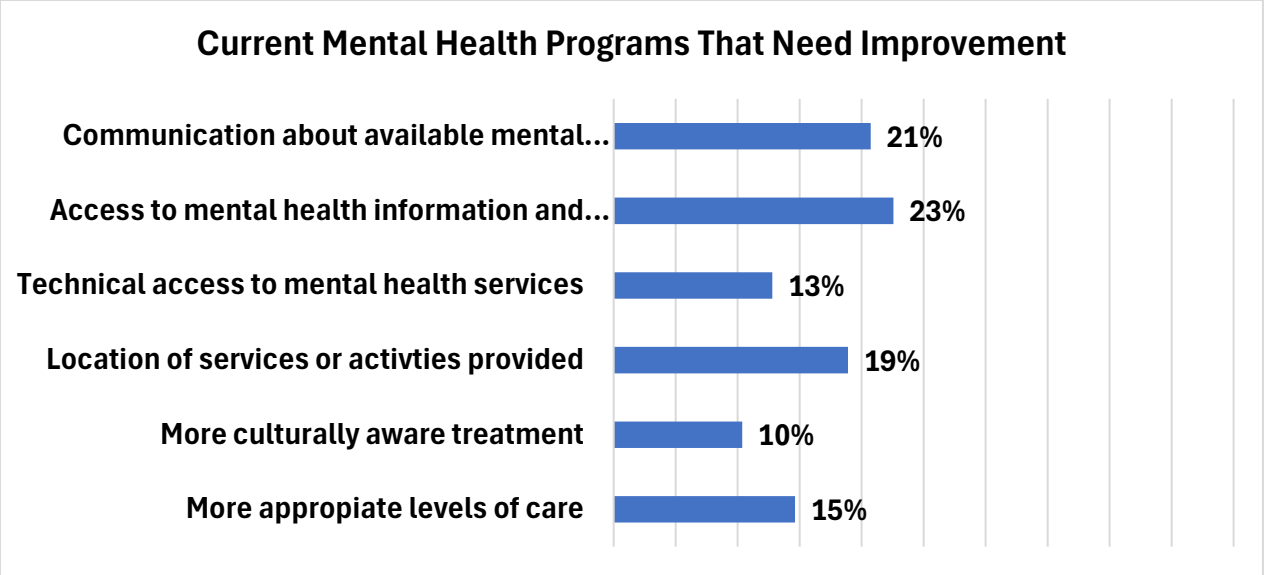
These percentages reflect the diverse challenges and factors that stakeholders perceive as negatively impacting mental health services in Mariposa County, ranging from socioeconomic issues like homelessness and unemployment to mental health-specific concerns such as suicide and prolonged suffering.



Respondents were asked to identify which of the following areas need improvement.

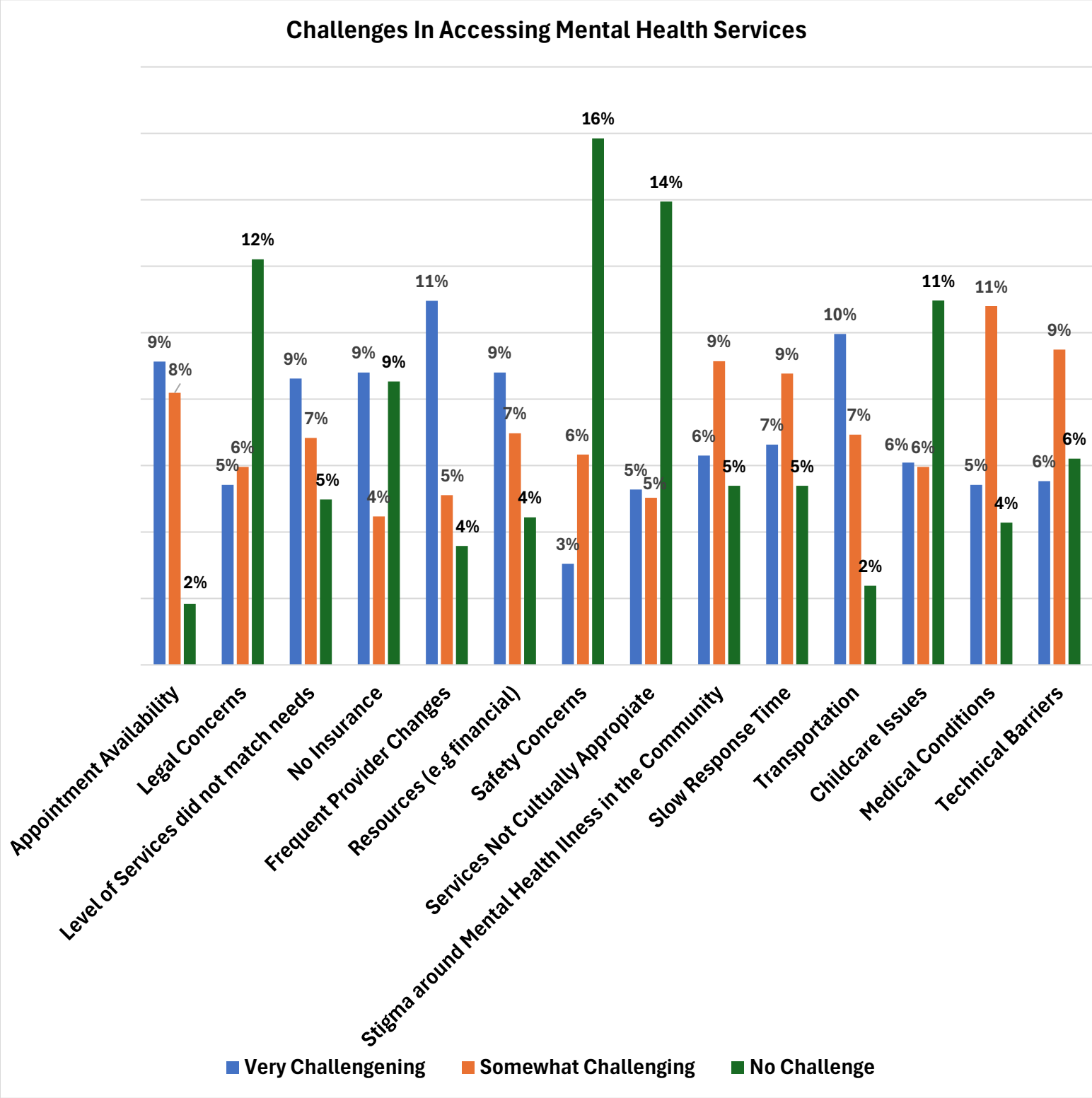
- Communication about available mental health services
- Access to mental health information and services
- Technical access to mental health information and services
- Location of services or activities provided
- More culturally aware treatment
- More appropriate levels of care

This data indicates key priority areas for improvement, as perceived by respondents. These areas include enhancing access to information and services, improving communication about available services, addressing location-related concerns, ensuring appropriate levels of care, enhancing technical access, and promoting culturally aware treatment.



Stakeholders were asked to identify the following barriers that create challenges in accessing mental health services and mark whether they are challenging, somewhat challenging, or not challenge at all.

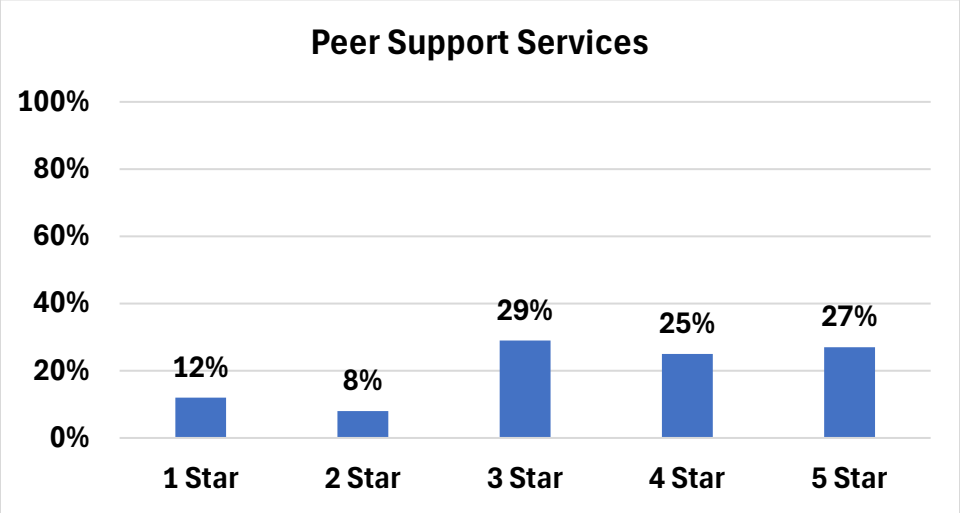
The survey results revealed that the most significant barriers to accessing mental health services were frequent provider changes, transportation, appointment availability, service level did not meet needs, lack of insurance, and limited resources.



Stakeholders were asked to rank the current Mental Health Services Act programs by indicating a 1–5-star rating. One star is the least, and five stars are the highest.

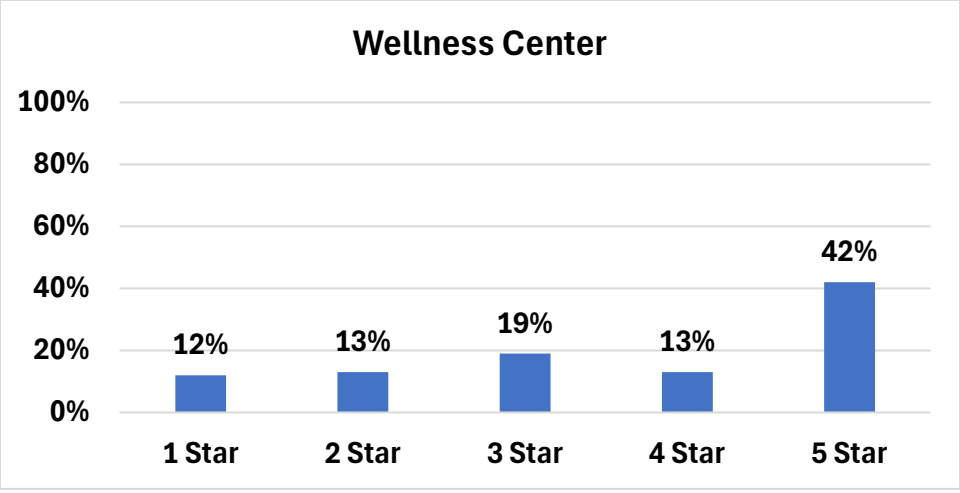
Peer Support Services- An individual that runs the Wellness Center who has lived experience with mental health illness.

This ranking system allowed stakeholders to evaluate the Peer Support Services program based on their perception of its effectiveness and impact within the Mental Health Services Act framework.



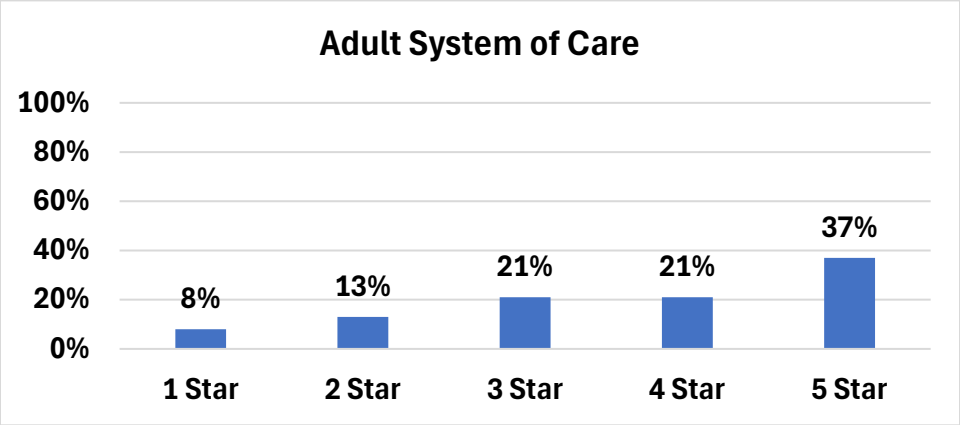
Wellness Center - Peer ran activities that help build meaningful relationships and focused on mental health wellness.

The ranking system provided stakeholders with a valuable tool to assess the Wellness Center's effectiveness in its peer-run activities. These activities are centered around nurturing meaningful relationships and promoting mental health and wellness.



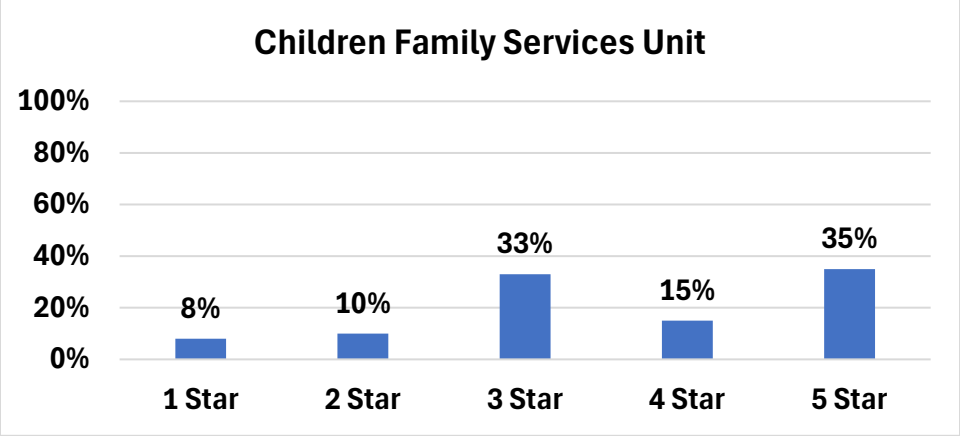
Adult System of Care- Intensive mental health services and supports for the adults and older adults in the community with serious mental illness.

This ranking system gave stakeholders a way to evaluate the Adult System of Care program's effectiveness in providing intensive mental health services and supports for adults and older adults with serious mental illness, based on their perceptions and experiences.



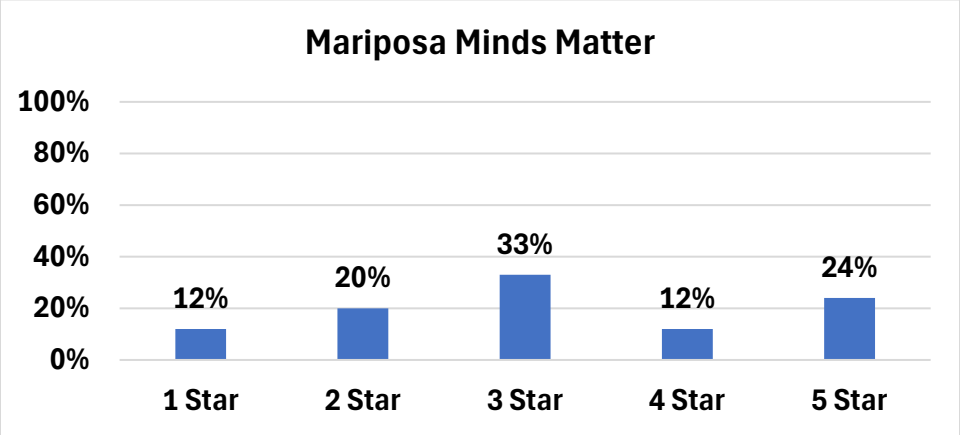
Children's Family Service Unit- Intensive mental health services and support for the children and families in the community with serious emotional disturbances.

This ranking system gave stakeholders a way to evaluate the Children's Family Service Unit program's effectiveness in providing intensive mental health services and support for children and families dealing with serious emotional disturbances based on their perceptions and experiences.



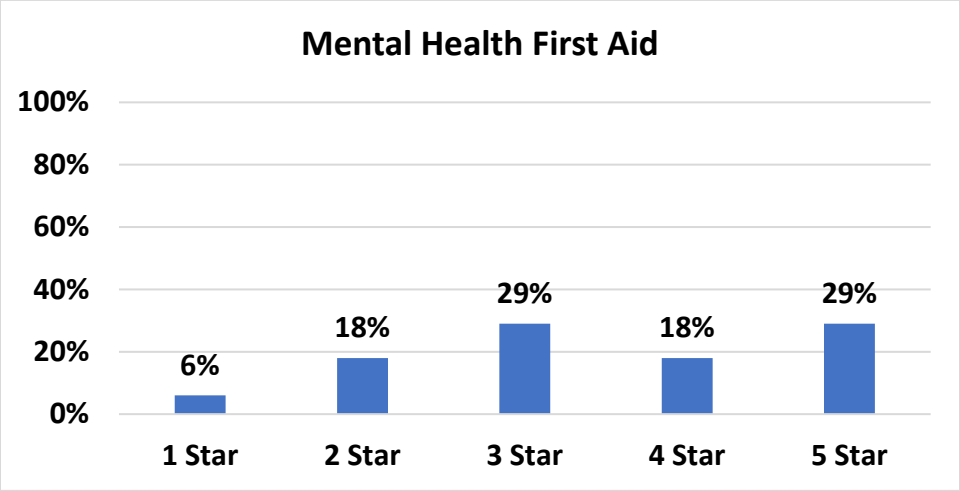
Mariposa Minds Matter Task Force- A committee that targets stigma reduction and discrimination related to mental health and wellness activities.

This ranking system gave stakeholders a way to evaluate the effectiveness of the Mariposa Minds Matter Task Force in achieving its goals of stigma reduction, discrimination prevention, and promoting wellness activities related to mental health within the community.



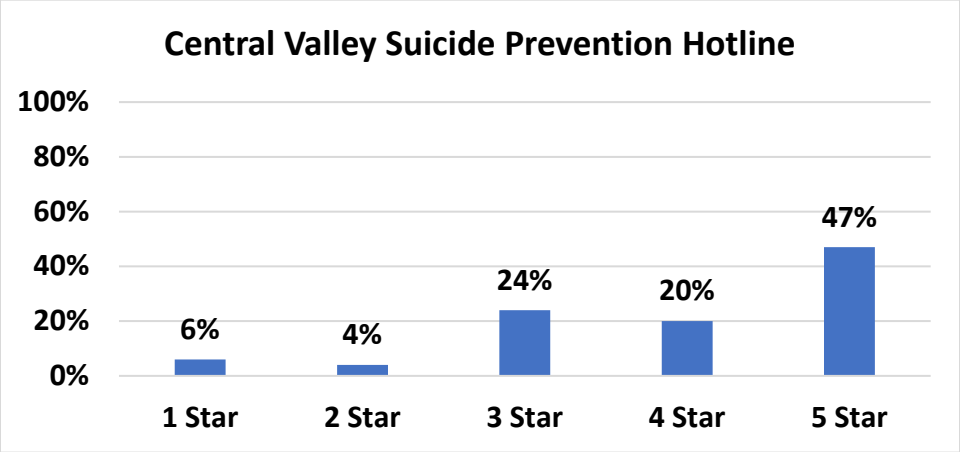
Mental Health First Aid- Training provided to the community to increase recognition of early signs of mental illness.

This ranking system allowed stakeholders to evaluate, based on their experiences and observations, the effectiveness of the Mental Health First Aid program in providing training to the community and increasing recognition of early signs of mental illness.



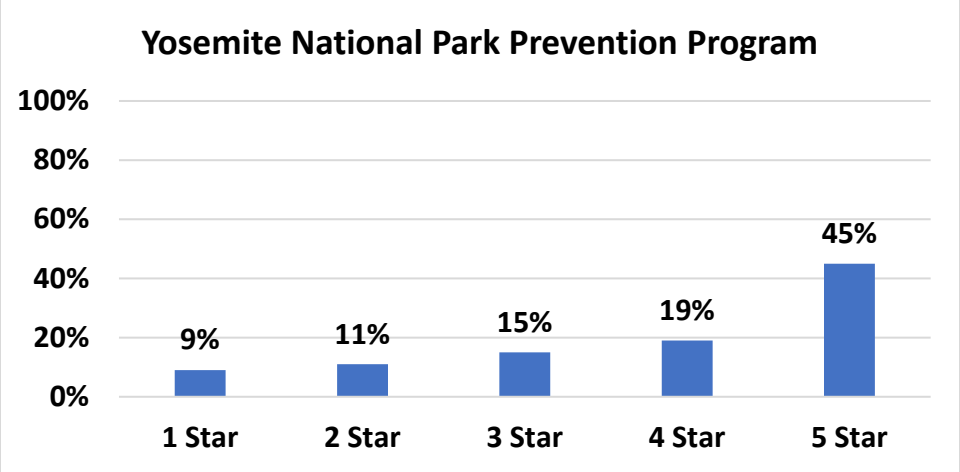
Suicide Prevention Hotline- A suicide prevention hotline that operates 24hrs per day, seven days a week, and 365 days per year. 1-800-506-5991

This ranking system allowed stakeholders to assess the effectiveness of the Suicide Prevention Hotline in providing life-saving support to individuals in crisis and the community's overall perception of its impact and accessibility.



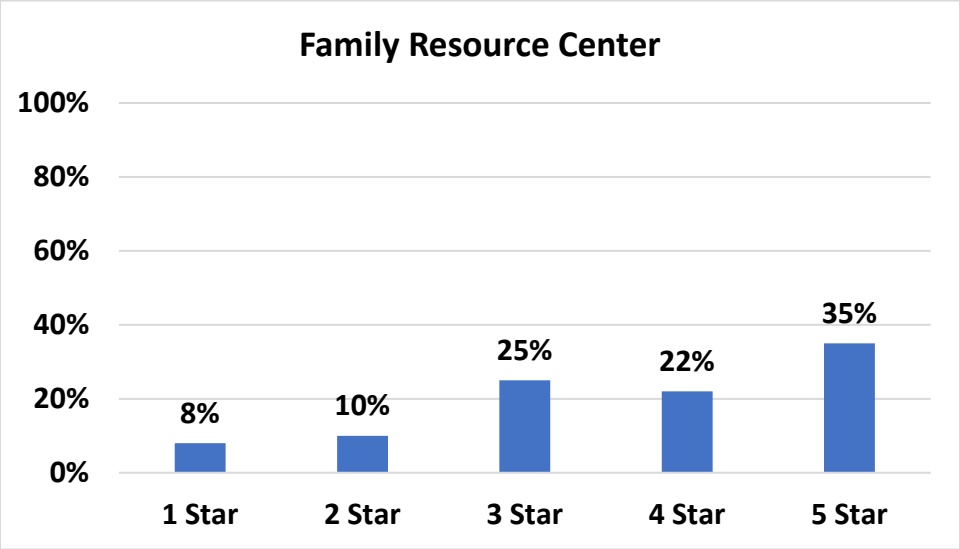
Yosemite National Park Prevention Program- A counselor that provides mental health prevention services to address and promote recovery. Services provided: group therapy, therapeutic interventions, crisis response, emotional support/wellness groups, educational series, and psycho-education to those working or living in Yosemite national Park.

This ranking system allowed stakeholders to assess the effectiveness of the Yosemite National Park Prevention Program in providing mental health prevention services and promoting recovery among individuals living or working in Yosemite National Park based on their experiences and observations.



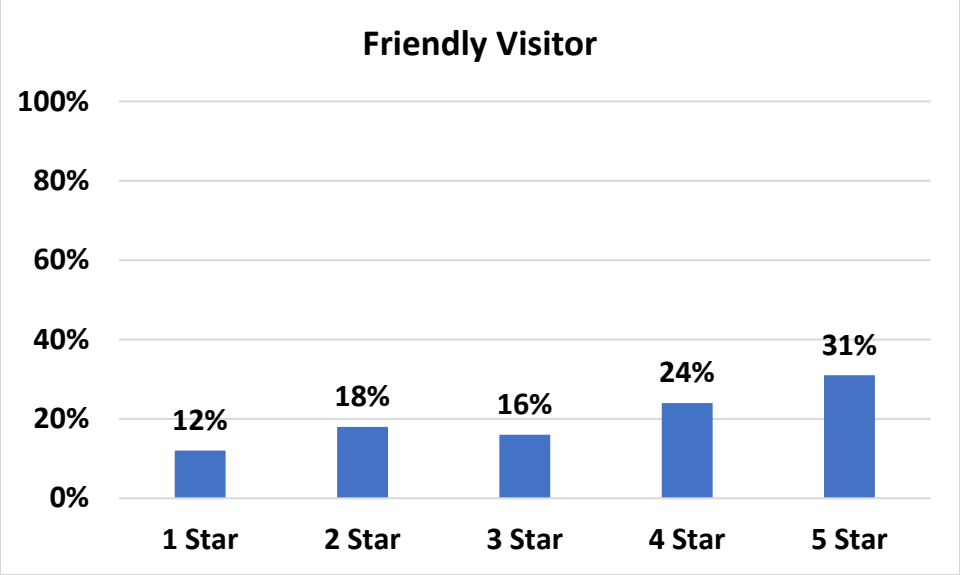
Family Resource Center- offers an early intervention program that promotes recovery and related outcomes for mental illness in its early stages. This program is designed to assist children, families, and caregivers with parent-to-parent support, coaching, mentoring, referrals to services, and emotional support. Services provided include case management, parenting support, family activities, and support groups.

This ranking system allowed stakeholders to assess the effectiveness of the Family Resource Center's early intervention program in promoting recovery and related outcomes for mental illness in its early stages, based on their experiences and observations.

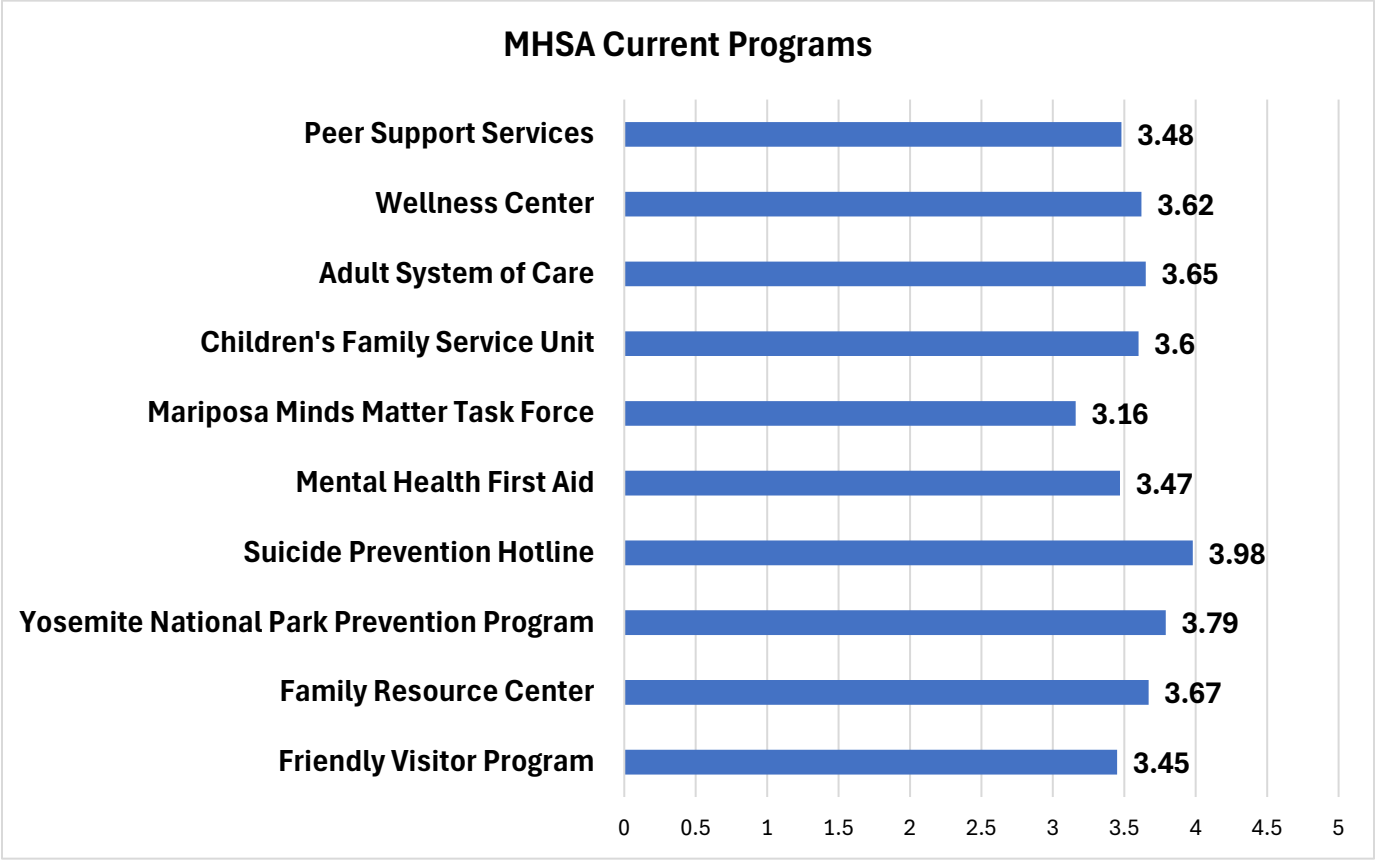


Friendly Visitor- A prevention program that aims to prevent mental health challenges of isolated elderly adults.

This ranking system allowed stakeholders to assess the effectiveness of the Friendly Visitor program in preventing mental health challenges among isolated elderly adults, based on their experiences and observations.



These averages summarize stakeholders' overall perceptions and ratings for each program, with higher averages indicating more positive evaluations and effectiveness in meeting the respective goals and objectives.



Stakeholders were also asked to provide additional comments on the community's needs or gaps in mental health services. Stakeholder feedback indicated the following additional community needs or gaps.

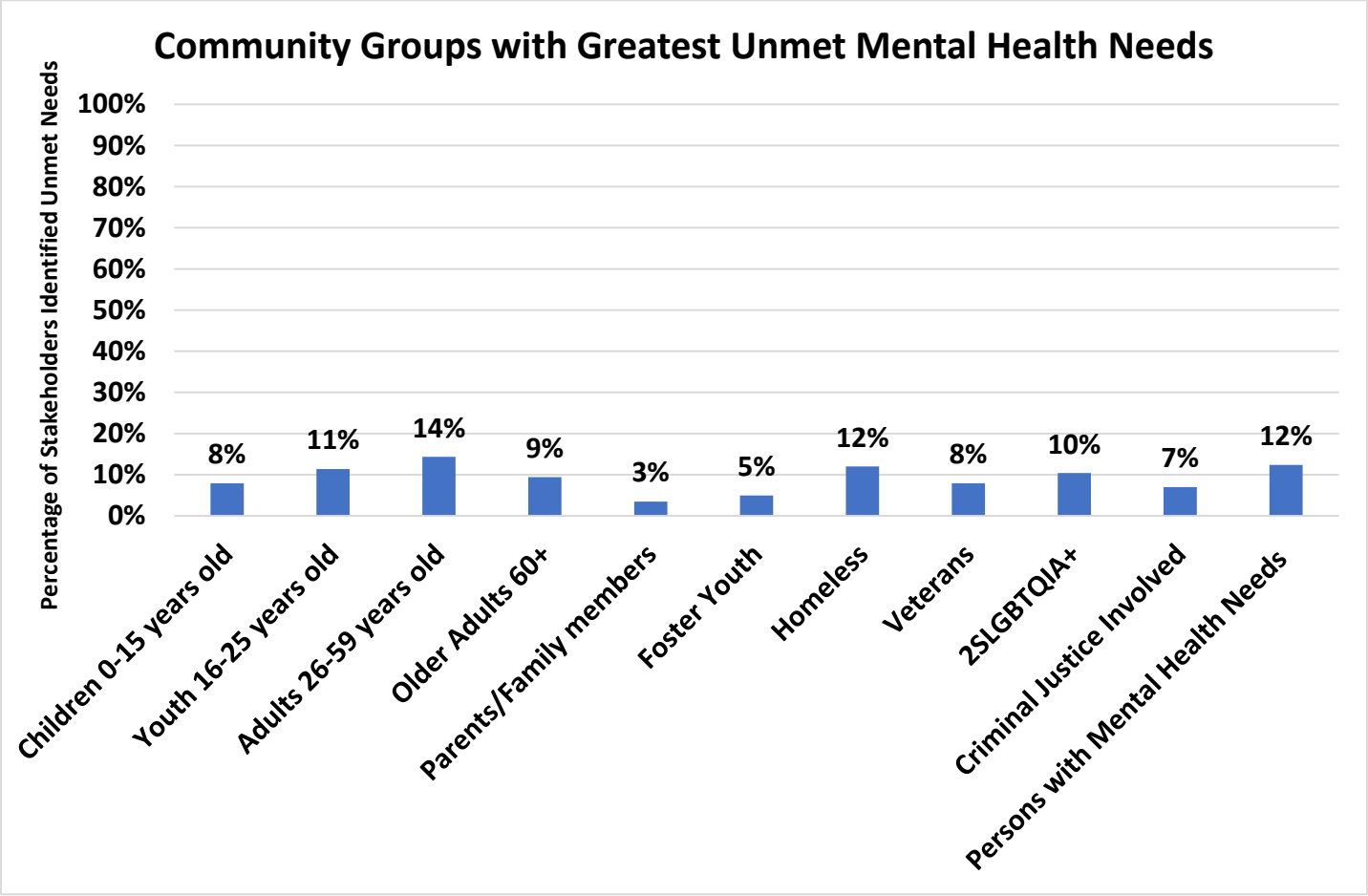
- **Increased Provider Availability:** More providers and staffing are needed, particularly for after-hours emergency services and emergency room settings.
- **Culturally Sensitive Programs:** There's a demand for mental health programs that are culturally sensitive and tailored to diverse communities.
- **Enhanced Outreach Efforts:** More outreach is needed to raise awareness about available mental health resources in the community.
- **Technology Resources for Vulnerable Groups:** Providing technology resources to vulnerable populations like the homeless and elderly to improve access to mental health support.
- **Services for Clients with Private Insurance:** Additional services are needed for clients with private insurance coverage.
- **Confidentiality Concerns:** Addressing concerns about confidentiality, particularly in Native American mental health services.
- **Support for Youth of Addicted or Incarcerated Parents:** Specific services are required for youth whose parents have an addiction or are incarcerated.
- **Consistent Clinician Throughout Treatment:** Maintaining the same clinician for the duration of treatment to foster continuity and trust.

- **Trauma-Focused Therapy:** Providing specialized therapy for individuals dealing with trauma.
- **Accessibility to Mild to Moderate Care:** Ensuring accessibility to mental health services for individuals with mild to moderate mental health concerns.
- **Extended Wellness Center Hours:** Extending operating hours for wellness centers to accommodate more individuals.
- **Informative Skill-Building Series:** Offering informative series focusing on essential skill-building areas like nutrition, cooking, computer skills, art, craft, dance, meditation, and movement.
- **Mental Health Services in Yosemite:** Providing free counseling sessions and mental health wellness activities within Yosemite National Park.
- **School-Based Suicide Prevention and DU Awareness:** Implementing suicide prevention and drug use awareness programs in schools.
- **Accessibility for Deaf/Hard of Hearing Community:** Improving accessibility and support for the deaf and hard of hearing community to access mental health services.

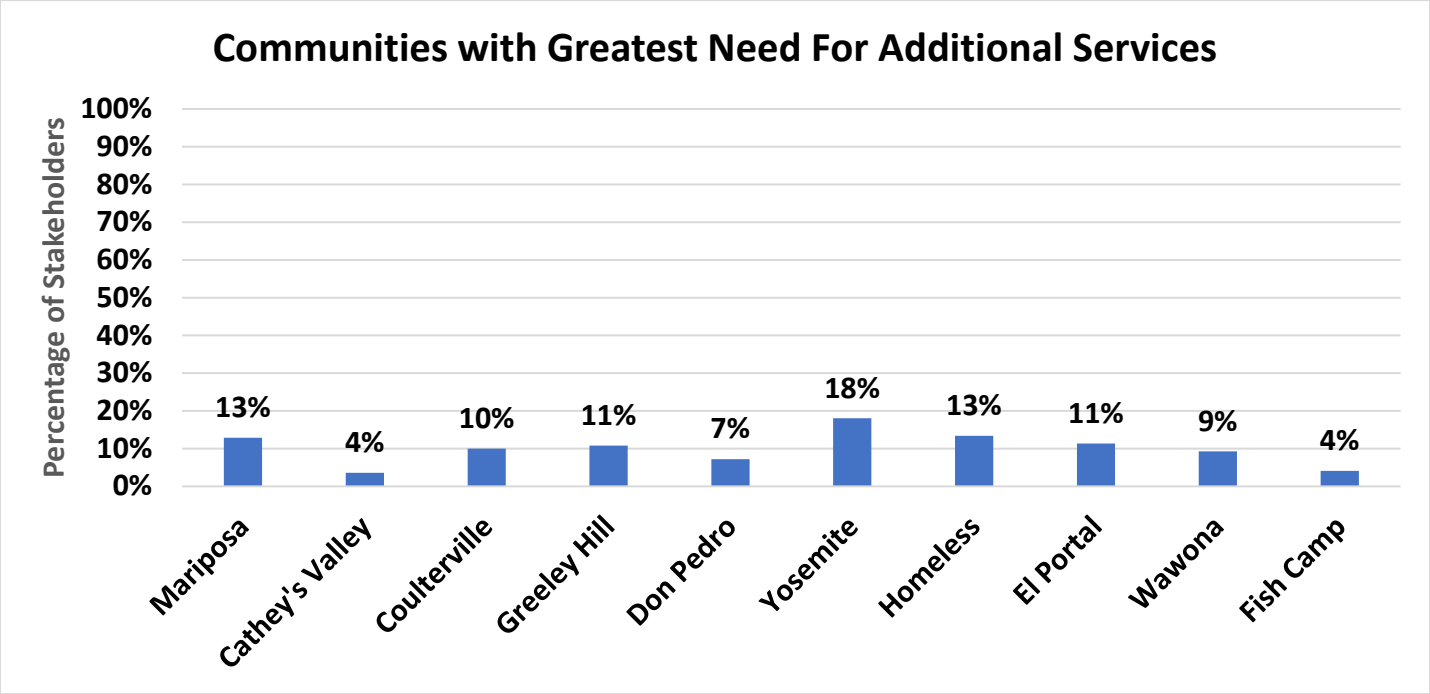
These comments highlight the community's diverse and specific needs, emphasizing the importance of tailored, accessible, and culturally sensitive mental health services to address these gaps effectively.

Annual Update Stakeholder Results FY 25-26

Stakeholders were asked which groups in the community they believe have the greatest unmet mental health needs. Eight percent identified children ages 0–15, 11% identified youth ages 16–25, and 14% identified adults ages 26–59. Nine percent of respondents selected older adults aged 60 and over. Three percent identified parents or family members, and 5% selected foster youth. Twelve percent identified individuals experiencing homelessness, and 8% identified veterans. Ten percent of respondents selected 2SLGBTQIA+ individuals, while 7% identified those involved in the criminal justice system. Lastly, 12% selected people with mental health needs as having the greatest unmet needs.



Stakeholders were asked which communities in Mariposa County have the greatest need for additional services. Thirteen percent identified Mariposa, 4% selected Cathey's Valley, 10% chose Coulterville, and 11% identified Greeley Hill. Seven percent selected Don Pedro, and 18% identified Yosemite. Thirteen percent felt the homeless population had the greatest need, followed by 11% for El Portal, 9% for Wawona, and 4% for Fish Camp.



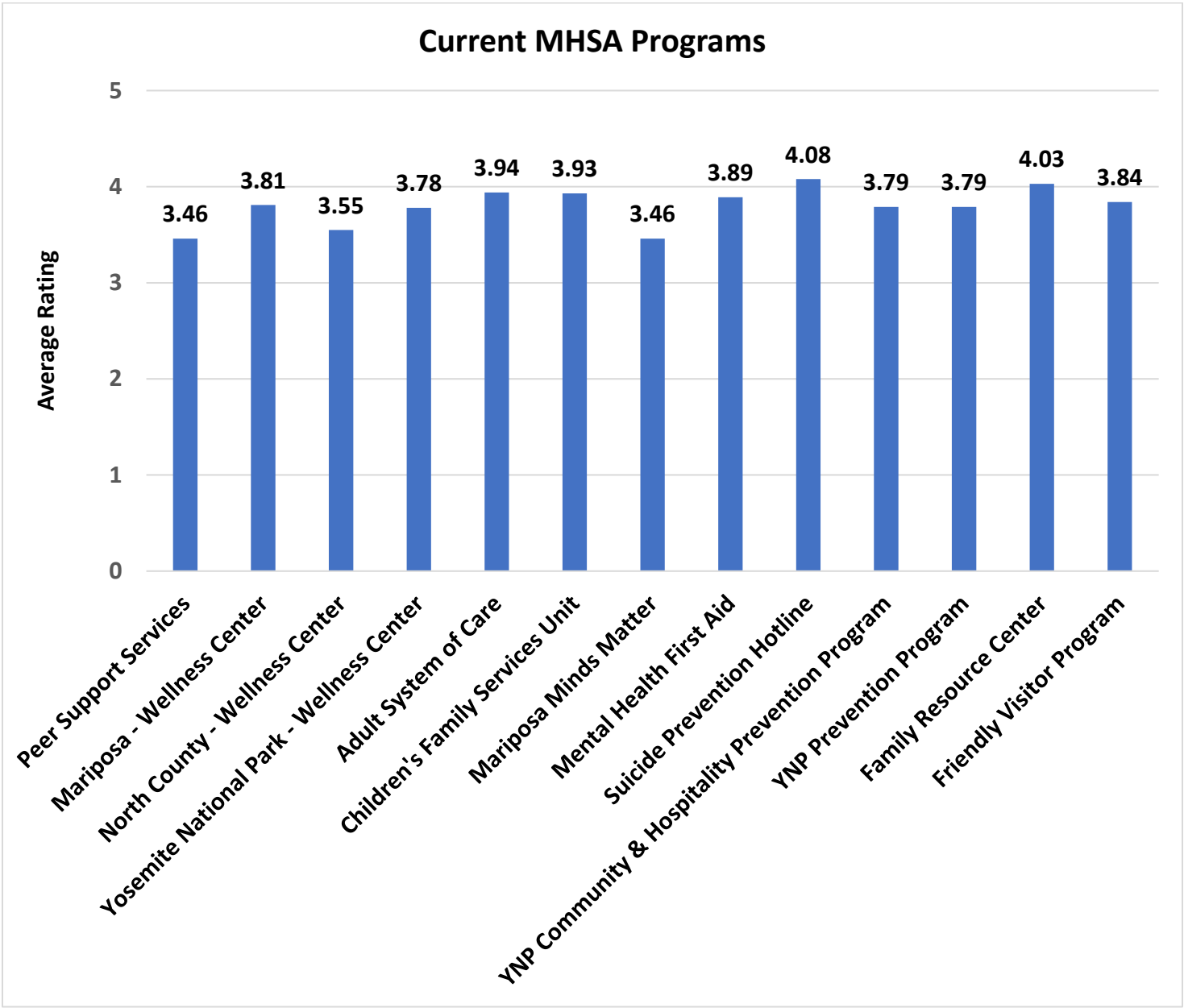
Stakeholders were asked to describe why they chose the communities and to explain the unmet mental health needs in those areas. They identified several regions across Mariposa County as having significant unmet needs due to a combination of geographic isolation, limited services, and barriers to access.

In Greeley Hill, Coulterville, Don Pedro, and among the homeless population, challenges include a lack of local mental health providers, transportation barriers, and the need to travel to other counties for care especially for youth. Homeless individuals often struggle with co-occurring conditions, paperwork, and system navigation. Community members and school staff report ongoing unmet needs, with low outreach and awareness contributing to service gaps. Stakeholders emphasized the need for rehabilitation-focused approaches over detention for youth and greater investment in prevention within the juvenile justice system.

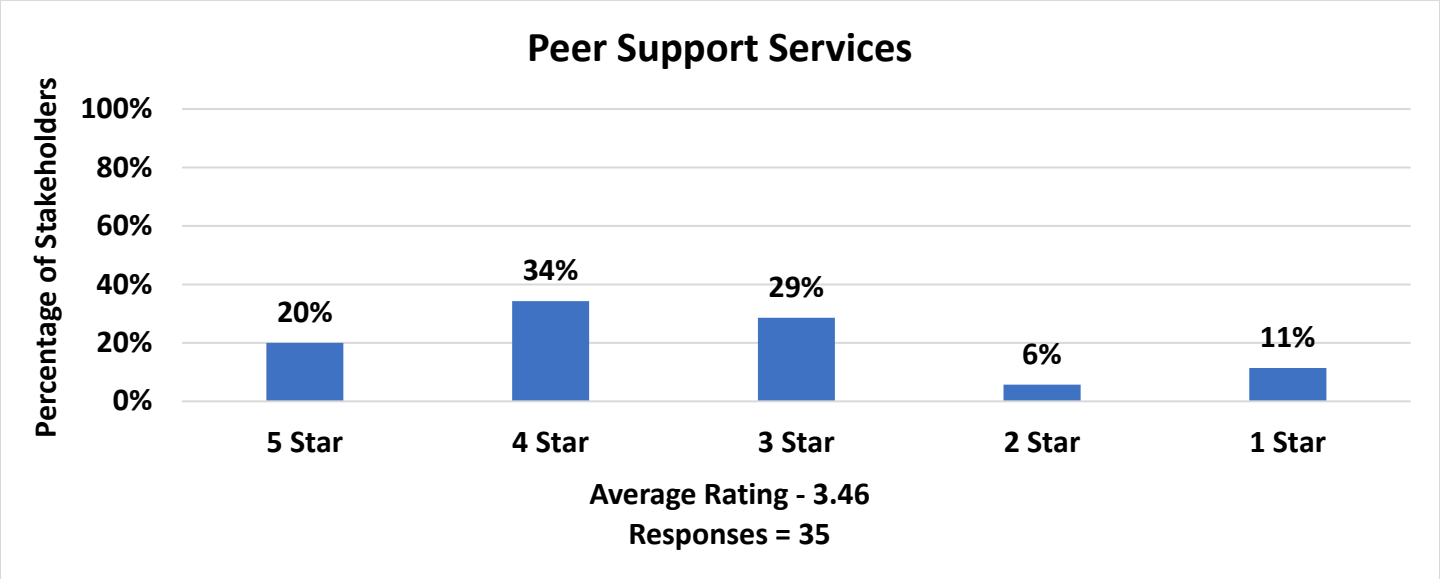
In Yosemite, El Portal, Wawona, and Fish Camp, residents particularly park employees face limited access to care, unreliable transportation, and mental health stressors linked to job instability. Seasonal and federal workers were identified as especially vulnerable to issues like psychosis, suicidality, substance use, and depression. Youth and older adults in these areas face a lack of age-appropriate or specialized services.

Even central and more connected areas like the township of Mariposa and Cathey's Valley face access issues due to overwhelmed providers and the distance required to reach services. Stakeholders recognized that all communities in the region experience some level of unmet need. Outreach and awareness efforts remain insufficient, with many residents unaware of available resources or how to initiate care.

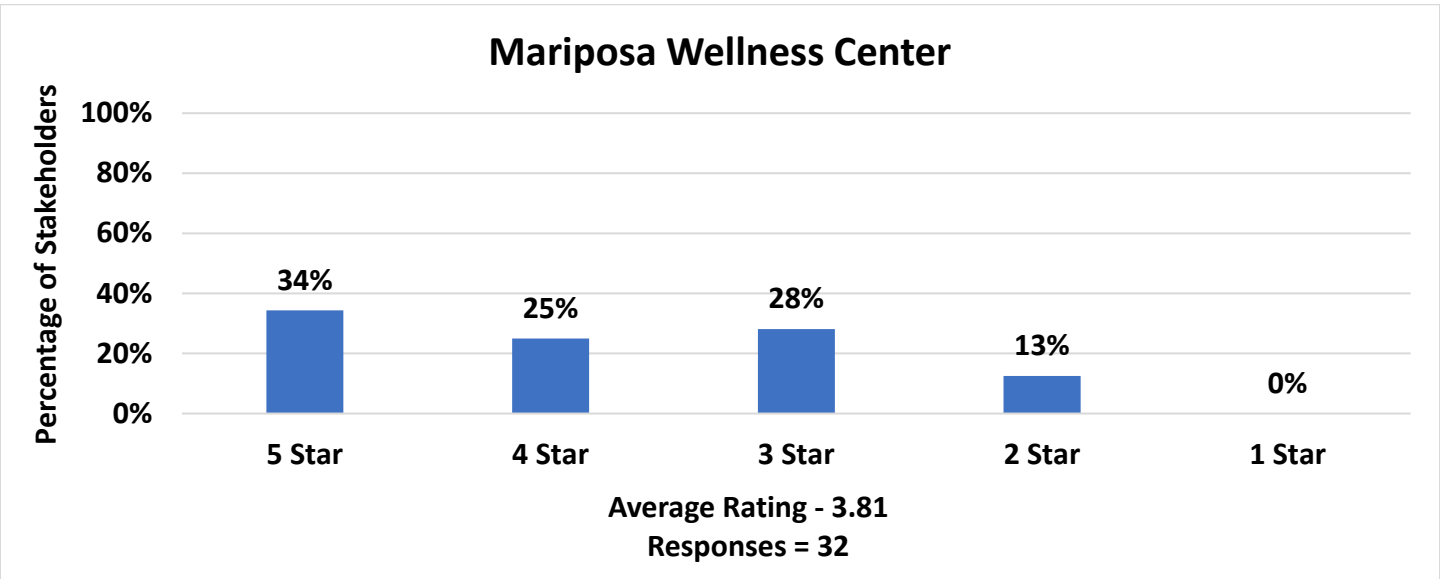
Stakeholders were asked to rank current Mental Health Services Act (MHSA) programs on a scale of 1 to 5, with 5 being the highest. Among the programs, the Suicide Prevention Hotline received the highest average rating of 4.08, followed closely by the YNP Prevention Program (4.03) and the Friendly Visitor Program (3.84). The Adult System of Care (3.94) and Children's Family Services Unit (3.93) also received strong ratings. Lower-rated programs included Peer Support Services (3.46) and the Mariposa Wellness Center (3.46), suggesting areas for potential improvement. All programs received average ratings above 3.4, indicating overall stakeholder satisfaction across services.



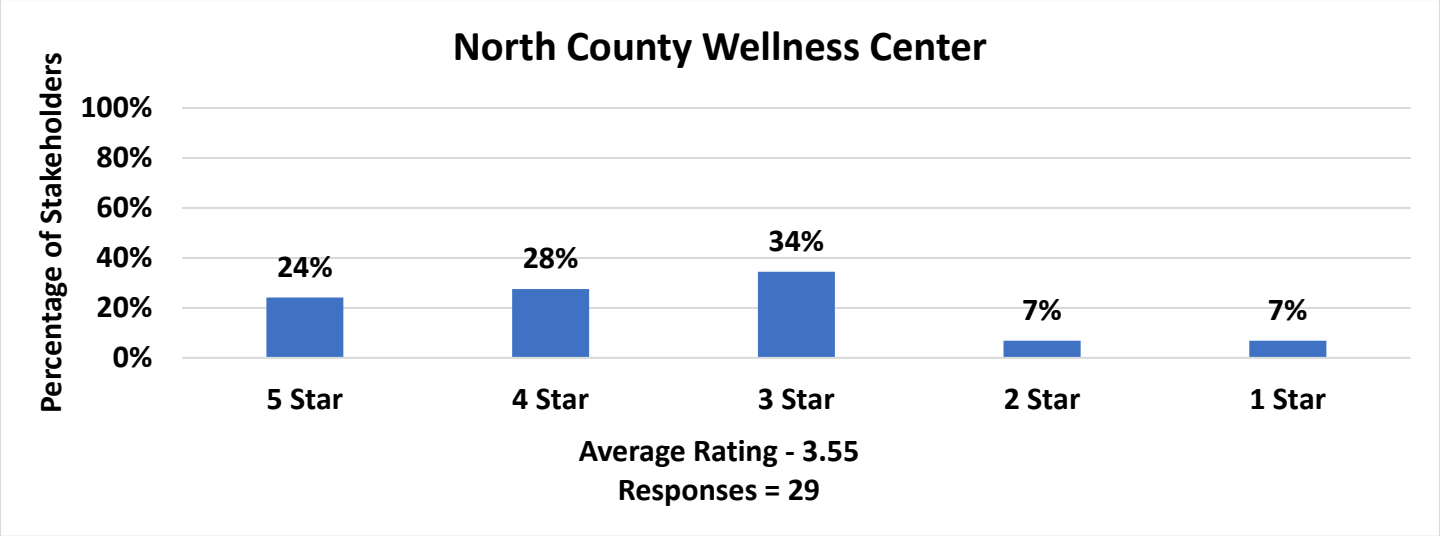
Peer Support Services involves an individual with lived experience of mental illness who runs the Wellness Center and provides support to others facing similar challenges. Of the 35 respondents, 20% gave Peer Support Services 5 stars, 34% gave it 4 stars, 29% gave it 3 stars, 6% gave it 2 stars, and 11% gave it 1 star. The program received an average rating of 3.46, indicating overall moderate satisfaction, with room for improvement in service delivery or outreach.



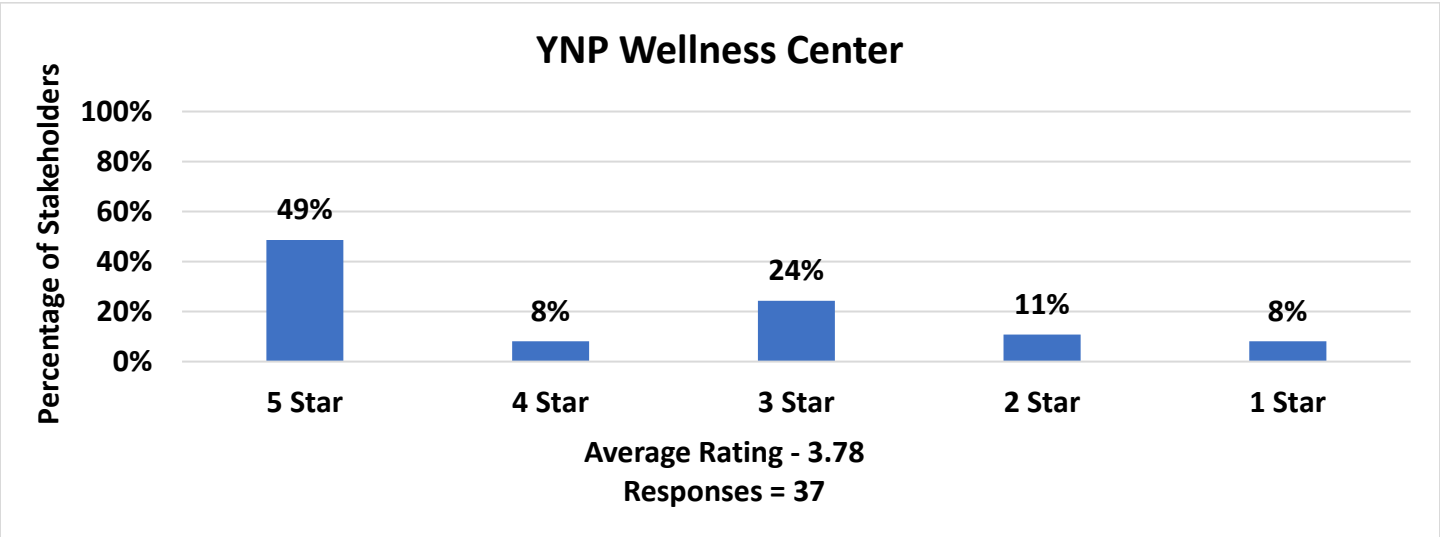
The Mariposa Wellness Center provides peer-run activities that help build meaningful relationships and focus on mental health wellness. Of the 32 respondents, 34% gave the program 5 stars, 25% gave it 4 stars, and 28% gave it 3 stars. Thirteen percent rated it 2 stars, and no respondents gave it a 1-star rating. The program received an average rating of 3.81, reflecting generally positive stakeholder feedback and satisfaction with its peer-led approach and focus on wellness.



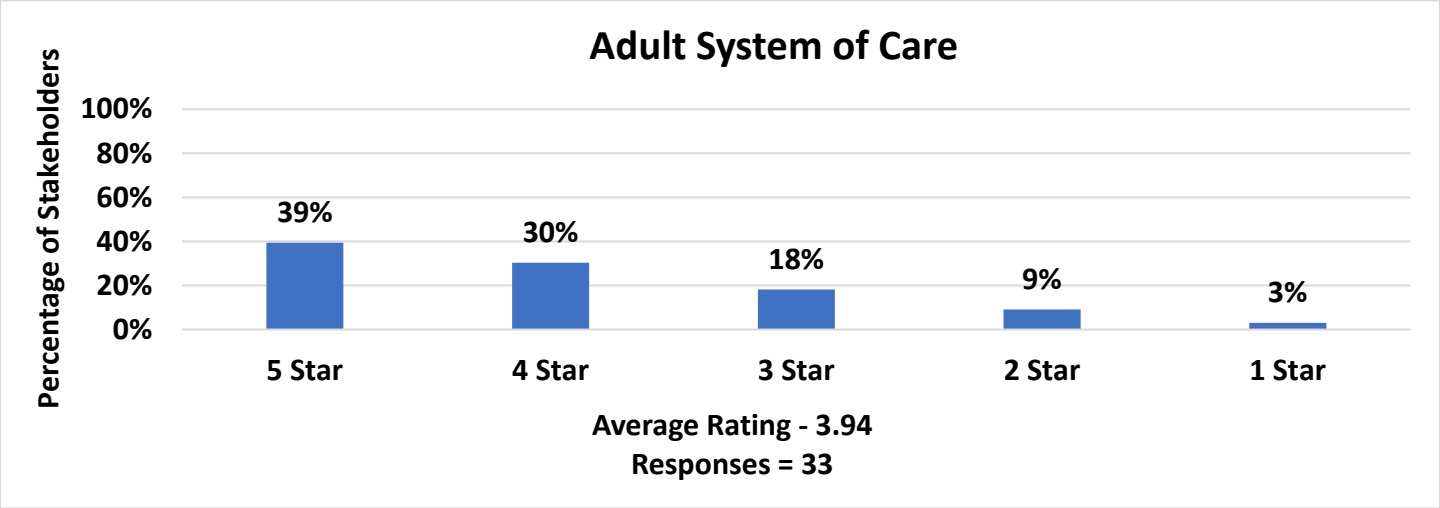
The North County Wellness Center provides peer-run activities that help build meaningful relationships and focus on mental health wellness. Of the 29 respondents, 24% gave the program 5 stars, 28% gave it 4 stars, and 34% rated it 3 stars. Seven percent gave it 2 stars, and another 7% rated it 1 star. The program received an average rating of 3.55, indicating generally positive stakeholder feedback suggesting some room for improvement.



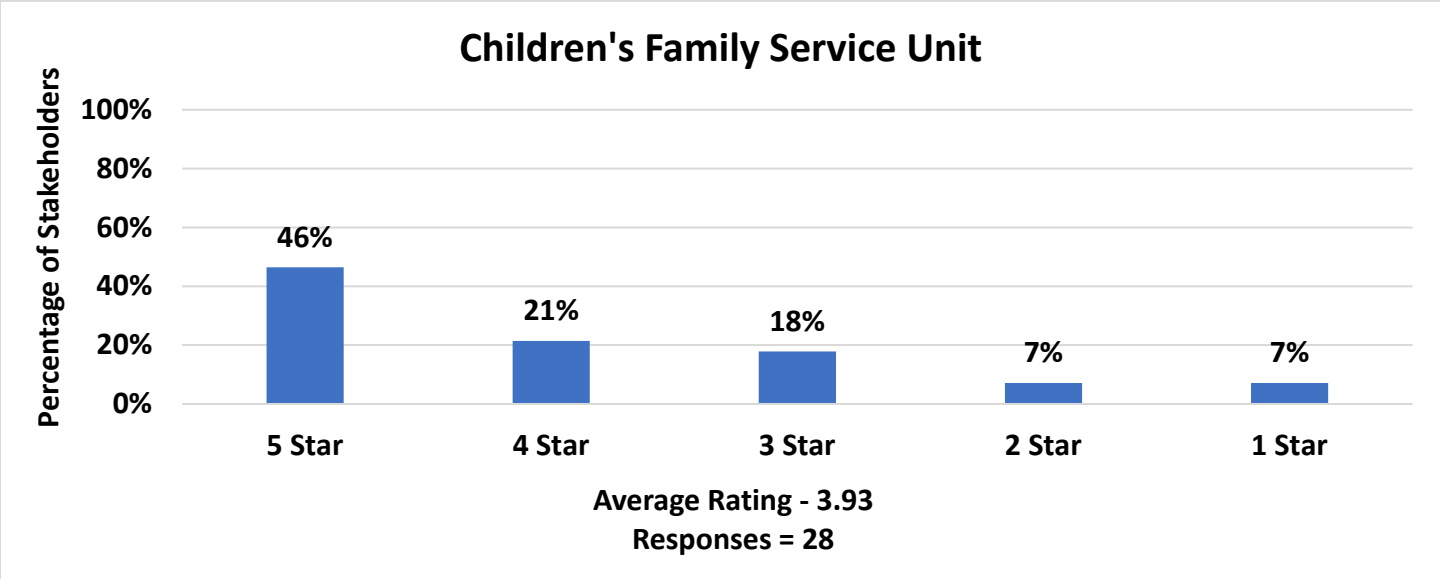
The Yosemite National Park Wellness Center provides peer-run activities that help build meaningful relationships and focus on mental health wellness. Of the 37 respondents, 49% gave the program 5 stars, 8% gave it 4 stars, and 24% rated it 3 stars. Eleven percent gave it 2 stars, and 8% rated it 1 star. The program received an average rating of 3.78, reflecting overall positive stakeholder feedback.



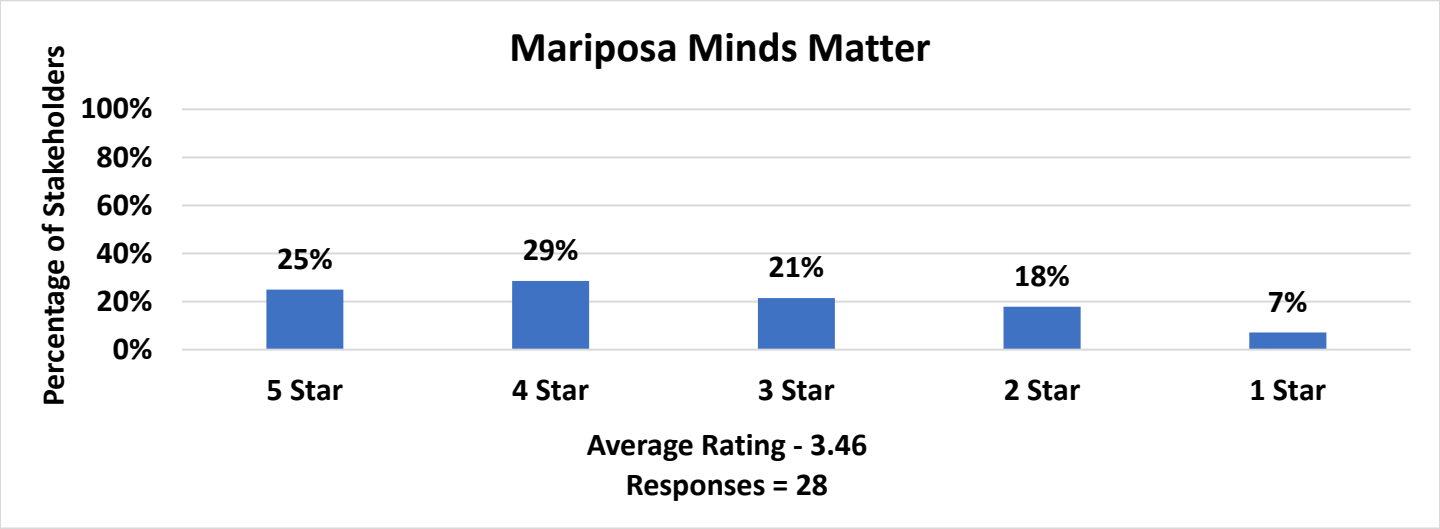
The Adult System of Care received strong stakeholder feedback. Out of 33 respondents, 39% gave the program 5 stars, 30% gave it 4 stars, and 18% rated it 3 stars. Lower ratings included 9% giving it 2 stars and 3% giving it 1 star. The program received an average rating of **3.94**, reflecting a high level of satisfaction among stakeholders.



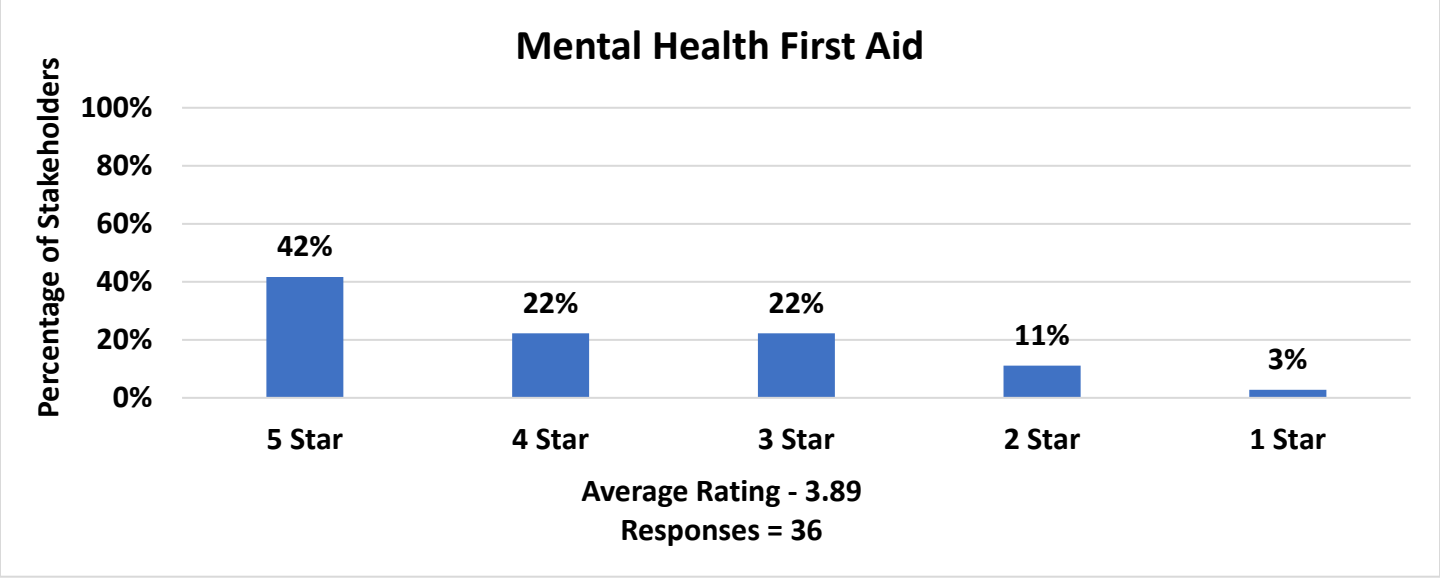
The Children's Family Service Unit received largely favorable ratings from stakeholders. Of the 28 respondents, 46% gave the program 5 stars, 21% rated it 4 stars, and 18% gave it 3 stars. A smaller portion rated it lower, with 7% selecting 2 stars and another 7% giving it 1 star. The program received an average rating of 3.93, reflecting strong overall satisfaction with services for children and families.



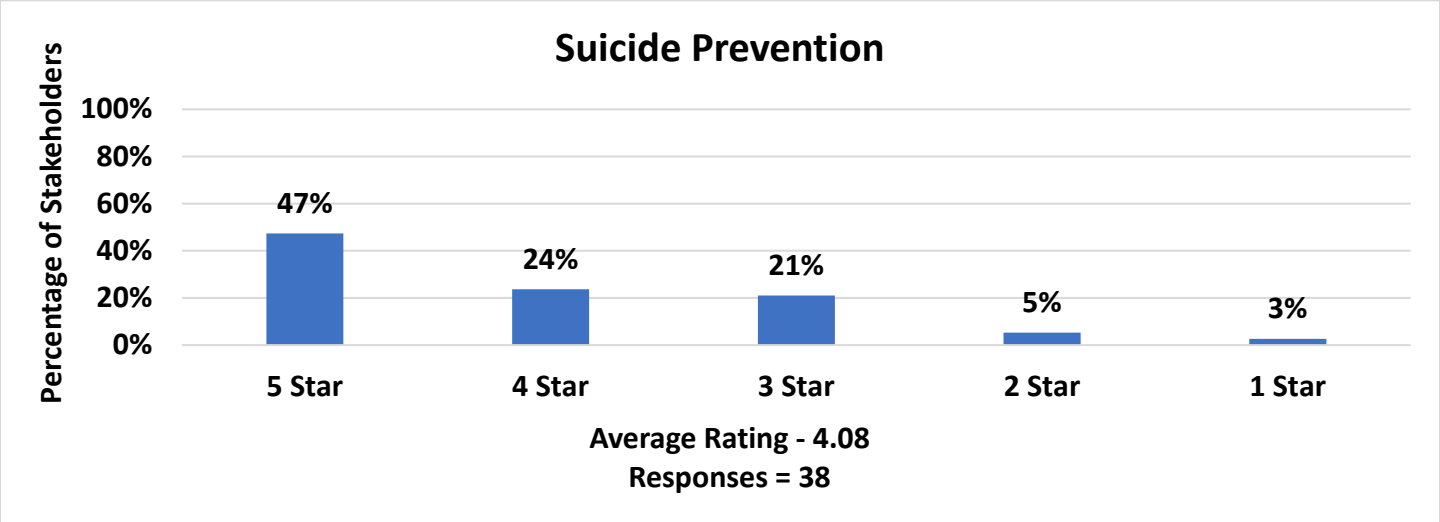
Mariposa Minds Matter received mixed but generally positive feedback from stakeholders. Of the 28 respondents, 25% rated the program 5 stars, 29% gave it 4 stars, and 21% gave it 3 stars. Lower ratings included 18% at 2 stars and 7% at 1 star. The program received an average rating of 3.46, indicating moderate satisfaction and suggesting potential areas for improvement for this program.



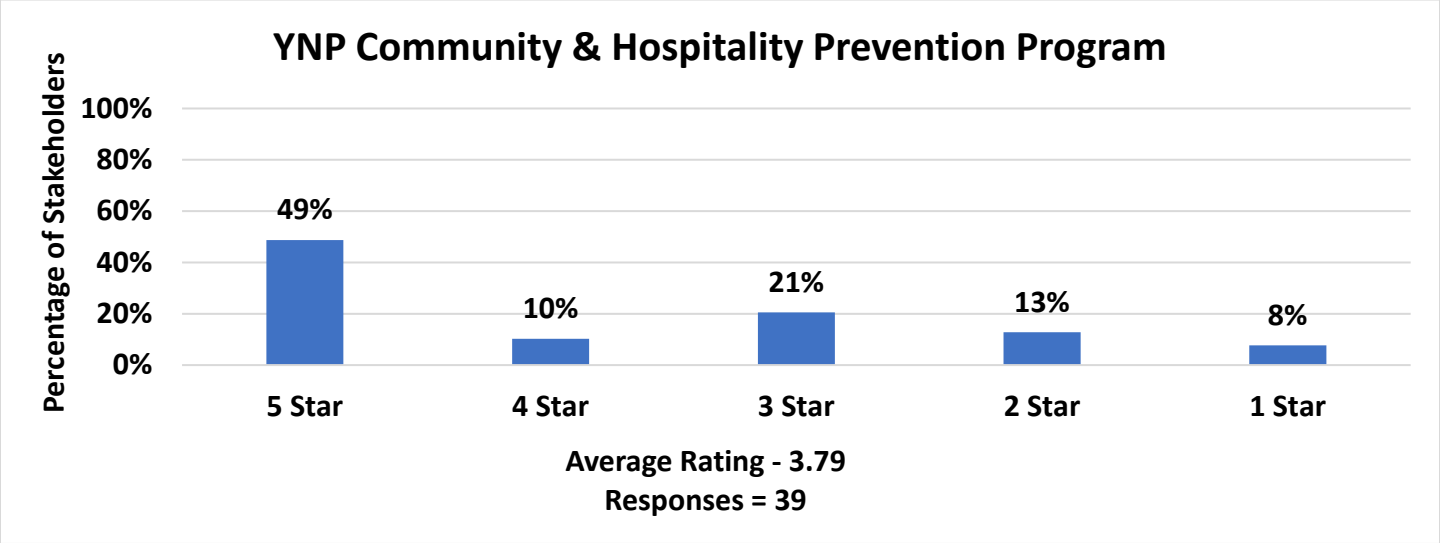
Mental Health First Aid received favorable feedback from stakeholders. Of the 36 respondents, 42% rated the program 5 stars, 22% gave it 4 stars, and another 22% rated it 3 stars. Lower ratings included 11% giving it 2 stars and 3% giving it 1 star. The program earned an average rating of 3.89, reflecting strong overall satisfaction and support for continued training in mental health response.



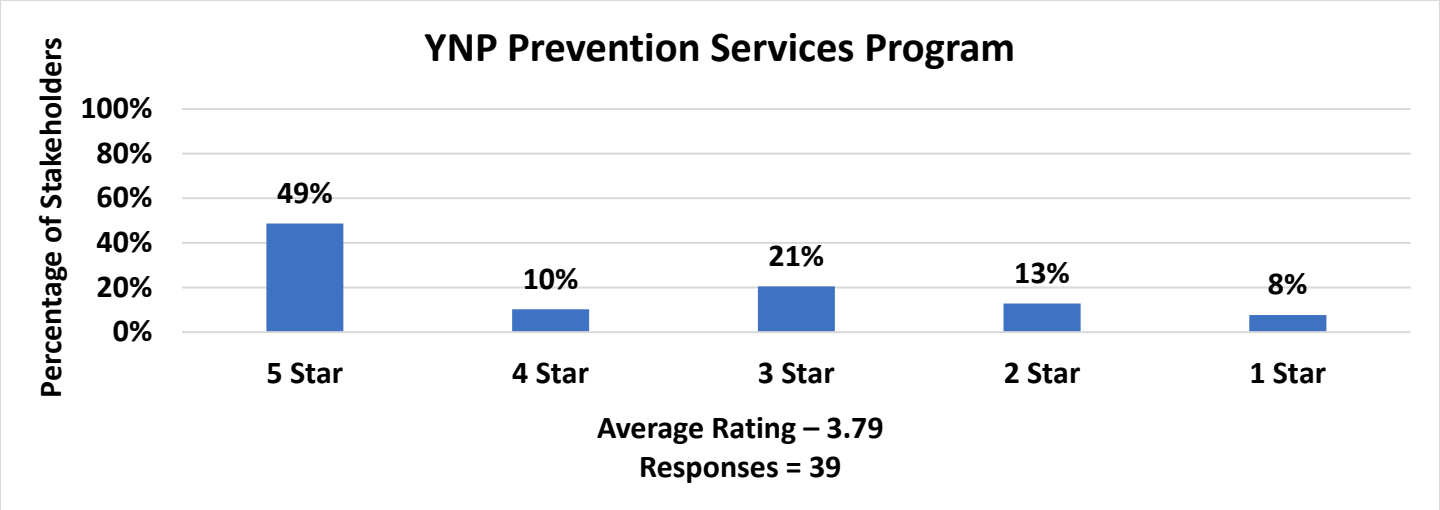
Suicide Prevention received strong support from stakeholders. Among the 38 respondents, 47% gave the program 5 stars, 24% rated it 4 stars, and 21% gave it 3 stars. Only 5% of respondents gave it 2 stars and 3% rated it 1 star. The program received an average rating of 4.08, making it one of the highest-rated programs, reflecting a high level of satisfaction and perceived impact.



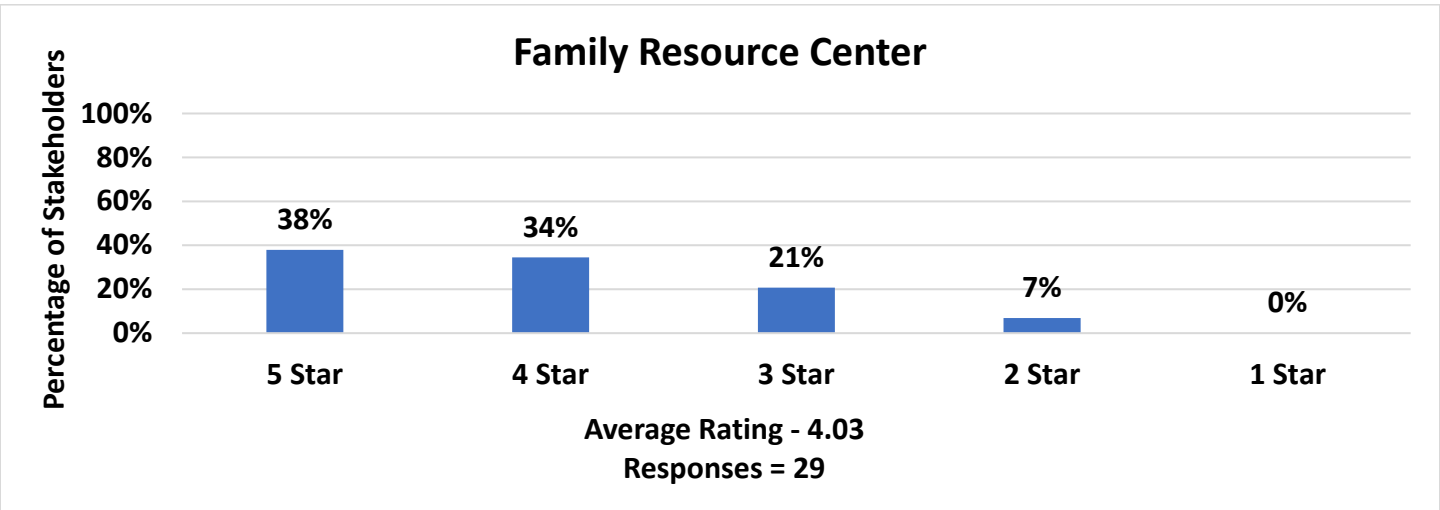
The Yosemite National Park Community & Hospitality Prevention Program received strong support from stakeholders, particularly in high ratings. Of the 39 respondents, 49% gave it 5 stars, while 10% rated it 4 stars and 21% gave it 3 stars. Lower ratings included 13% at 2 stars and 8% at 1 star. The program earned an average rating of 3.79, reflecting general satisfaction with opportunities to strengthen engagement.



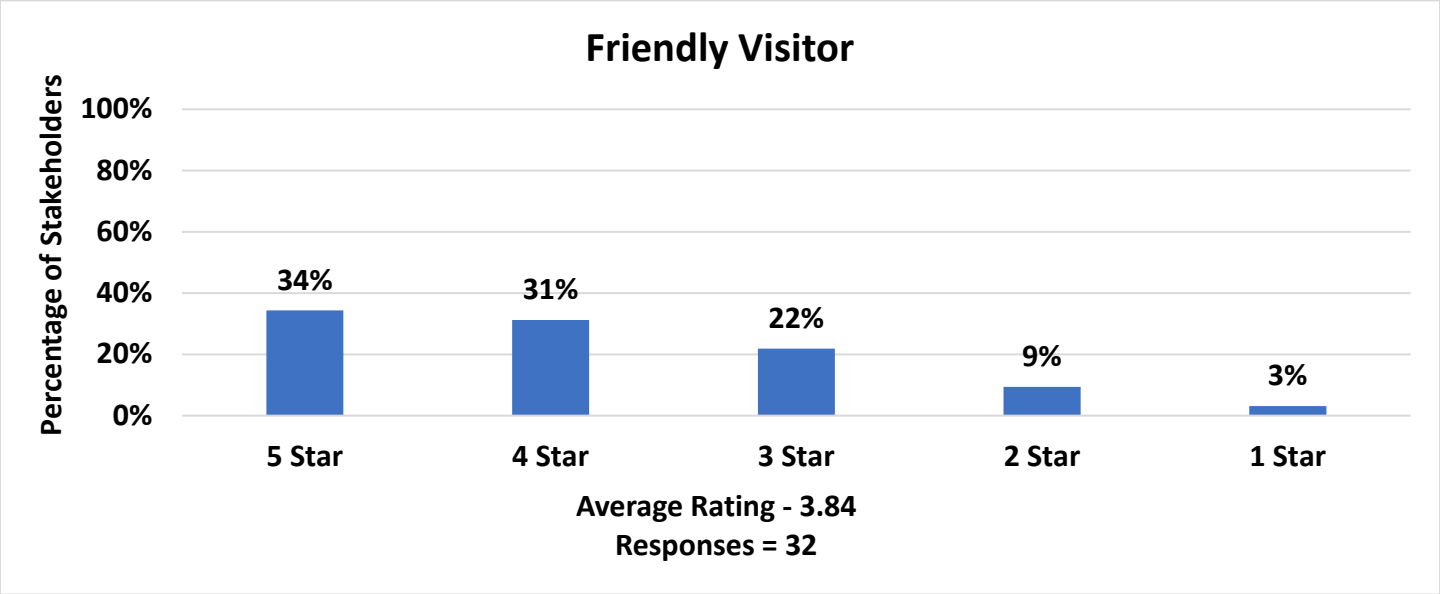
The Yosemite National Park Prevention Services Program received favorable feedback from stakeholders. Out of 39 responses, 49% rated the program 5 stars, followed by 10% at 4 stars and 21% at 3 stars. Meanwhile, 13% gave it 2 stars and 8% rated it 1 star. The average rating was 3.79, indicating strong appreciation for the program while suggesting there may be opportunities to strengthen engagement.



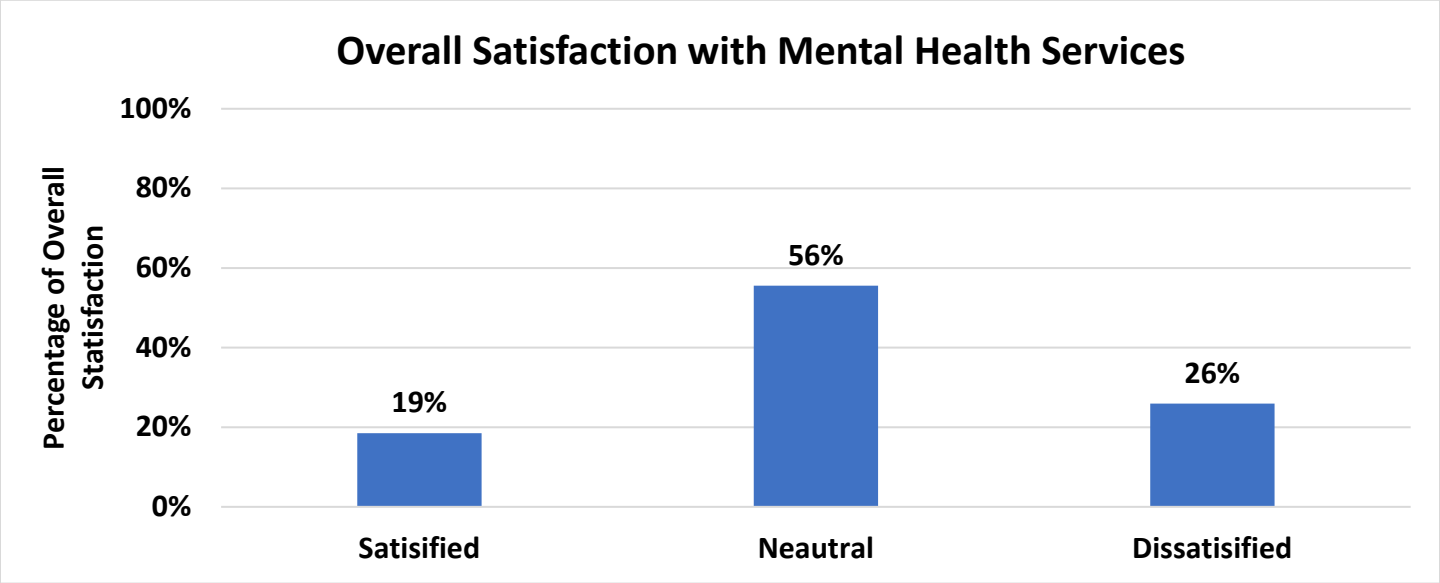
The Family Resource Center received strong positive feedback, with an average rating of 4.03 across 29 responses. Of those, 38% of stakeholders rated the program 5 stars, 34% gave it 4 stars, and 21% rated it 3 stars. A small portion, 7%, provided a 2-star rating, and no stakeholders rated it 1 star. This distribution suggests a high level of satisfaction with the program and its services.



The Friendly Visitor Program received an average rating of 3.84 from 32 stakeholders. Among the respondents, 34% gave it a 5-star rating, 31% gave it 4 stars, and 22% rated it 3 stars. Lower ratings included 9% giving 2 stars and 3% assigning a 1-star rating. These results suggest a generally favorable perception of the program.



When asked about overall satisfaction with mental health services, the majority of stakeholders (56%) reported feeling neutral. Only 19% expressed being satisfied, while 26% indicated they were dissatisfied. These findings suggest a need to further assess service delivery and identify opportunities to improve stakeholder experience and outcomes.



Stakeholders were asked to provide additional comments or insights regarding mental health needs or service gaps, and they identified several priorities to improve mental health services across Mariposa County.

- Supportive Housing was highlighted as a major need, with suggestions like a “Tea House” model offering daily mental health services for high-need individuals, including those experiencing homelessness.
- Substance Use Treatment remains a priority, particularly for residential programs that support co-occurring disorders and medication management.
- Coordination and Follow-Up challenges were noted, including concerns about lack of provider accountability and cohesion across services.
- Community Engagement was emphasized, with interest in support groups, creative wellness activities, and earlier intervention options.
- Elder Support needs include more frequent check-ins, in-home care, and advocacy for elderly and medically fragile residents.
- Access Barriers such as limited transportation and the lack of local urgent care services were commonly cited obstacles.
- Youth and Schools require more school-based mental health education, age-appropriate providers, and awareness-building presentations.
- Yosemite Communities need safe spaces, a stronger mental health presence, and dedicated case management within park settings.
- North County stakeholders expressed a strong appreciation for the existing wellness center but stressed the need for more reliable, local services and better transportation access.

Lastly, Stakeholders were asked how MCBHRS could improve awareness of available mental health services in the community. Key recommendations included increasing the visibility of programs across all Mariposa County communities and using a variety of communication channels such as newsletters, newspapers, flyers in public areas, and emergency alert systems.

Stakeholders also emphasized the importance of boosting digital and social media presence through targeted posts and engaging content. Conducting targeted outreach to underserved populations was highlighted, including town hall meetings, outreach to isolated areas, and engagement with Medi-Cal members not currently receiving care. Additionally, booths in non-traditional community spaces were suggested. Finally, respondents stressed the need for cultural and linguistically relevant outreach to ensure inclusion and accessibility for all residents.

Three Year Plan Substantive Comments & Changes:

There are no substantive comments or changes.

Annual Update Substantive Comments & Changes:

There are no substantive comments or changes.

FY 25-26 Annual Update Substantive Comments & Changes:

There are no substantive comments or changes.

MHSA 2023 - 2026 Overview

Mariposa County received the first MHSA funds in 2005 and has continued to cultivate and refine these programs year after year. Mariposa County Behavioral Health and Recovery Services' goal is to support clients in achieving wellness in as many life domains as possible.

The Community Planning Process allows stakeholders to provide feedback on the MHSA services currently being provided. Feedback is gathered regarding the success and challenges of existing programs and information on the community's continuing needs. MHSA programs incorporate the needs identified by the community into the programs best suited to fill those needs.

Below you will find a list of programs that are designed to target community needs identified through the community planning and stakeholder process.

Community Services and Supports (CSS):

- Full-Service Partnership (FSP)
  - Adult's and Children's Services
- General Service Development (GSD)
  - Wellness Center
  - Peer Support – Wellness Center

Prevention and Early Intervention (PEI):

- Prevention Component
  - Yosemite National Park
  - Aramark
  - Friendly Visitor
- Early Intervention Component
  - Family Resource Center
- Stigma Discrimination and Reduction Component
  - Mariposa Minds Matter Task Force
- Outreach for Increasing Recognition Component
  - Mental Health First Aid
- Suicide Prevention Component
  - Central Valley Suicide Prevention Hotline
- Access and Linkage Component
  - Small County – OPT Out

Innovation (INN):

- Psychiatric Advanced Directive (PADS)
- Virtual Reality

Workforce Education and Training (WET):

- Regional Loan Repayment Program

Capital Facilities / Technology (CFTN):

- No current CFTN projects

Assessment of Mental Health Needs:

A survey conducted as part of the 2019 Community Health Needs Assessment indicated that community members had the most significant health concerns around access to care, jobs, behavioral/mental health, substance use, and housing.

Throughout the stakeholder process, stakeholders overwhelmingly identified a need for increased access to mental health services for the unserved/underserved homeless population, more communication and awareness about mental health services, and improved mental health services in the more isolated areas of Mariposa County. This three-year plan has programs that support the needs identified by the community.

Identification of Issues:

Mariposa County ranks 42 out of 58 counties in Health outcomes, representing how healthy counties are within the state, with the healthiest ranked at #1. Rankings are based on how long people live and how healthy people feel while alive. As part of the county-wide 2019 needs assessment, respondents were asked to indicate on a 4-point scale the degree to which a series of issues was an unmet need in their community. Answer choices were as follows:

1. Not a need in the community.
2. This is a need in the community.
3. This is an important need in the community.
4. This is a very important need within the community.

Children's mental health services were ranked at a 3, indicating that this remains an essential need within the community. Mariposa County's Community Health Improvement Plan states, "without appropriate interventions, behavioral health concerns and addictions can rob individuals of quality of life, with ripple effects for families and across generations." Coupled with the stakeholder feedback through the three-year community planning process for the 2023- 2026 MHSA plan indicates a multitude of barriers to receiving services, like lack of transportation, lack of awareness of programs, stigma, and lack of money and/or insurance, suggests there are still efforts that need to be made to promote wellness within the community. Mariposa County's 2019 Community Health Assessment asserts, "Specific behaviors – whether or not people use tobacco, eat a healthy diet, are physically active, use drugs and alcohol, or have unprotected sex – can profoundly affect health outcomes. Helping individuals avoid addictive behaviors, promoting healthy behaviors and habits, and advocating for policies that make healthier behaviors easier and more accessible are all ways Mariposa County can improve health outcomes for its residents. A lack of mental health services and supports can often lead to an increase in suicide among youth, violence in schools and communities, bullying and harassment, recidivism of victimization, self-harm behavior, family dysfunction and stigma, drug use for self-medication, while at the same time led to a decrease in: reporting child abuse and neglect, self-regulation, advocacy in the home, legal and school environment, and a lack of accessing other community resources. Untreated mental illness does not go away on its own; without treatment, some may likely feel isolated, which can often lead to instability in activities of daily living, making it difficult to live independently. When unable to live independently, the need for a

higher level of care, such as a licensed 24-hour care facility, acute psychiatric hospitalization, or an Institution for Mental Diseases (IMD), increases. Homelessness, hospitalization, and incarceration are the three main areas of concern for untreated mental illness.

Utilization Breakdown:

Mariposa County Behavioral Health and Recovery Services strives to reach individuals of all ages, ethnicities, and languages. The data below is based on Mariposa County Penetration Rates for FY 21-22. Out of the total Medi-Cal population in Mariposa County, 12.0% of the Medi-Cal eligible population received behavioral health services.

Age – Of these individuals, the penetration rates for Children (0- 17) are 9.5%, Adults (18-64) 13.1%, and Older Adults (65+) 12.2%.

Mariposa County BHRS Penetration Rate 21/22	
Age Distribution	**Penetration Rate**
Children (0-17)	9.5%
Adults (18-64)	13.1%
Older Adults (65+)	12.2%

Ethnicity – Ethnicity Penetration Rates are Alaskan Native or American Indian (42.0%), Hispanic (9.8%), Unknown (10.6%), White (11.9%), Asian or Pacific Islander (25.1%), and Black or African American (46.0%)

Mariposa County BHRS Penetration Rate 21/22	
Ethnicity	**Penetration Rate**
Alaskan Native or American Indian	42.0%
Hispanic	9.8%
Unknown/Other	10.6%
White	11.9%
Asian or Pacific Islander	25.1%
Black or African American	46.0%

Gender – Of the clients served, women had a slightly higher penetration rate of 12.8% compared to men at 11.1%

Mariposa County BHRS Penetration Rate 21/22	
Gender	**Penetration Rate**
Female	12.8%
Male	11.1%

Language – English was the primary language, with 97.95% of clients identifying it as their primary language, 0.58% Spanish, 0.29% other languages, 0.88% Unknown, and 0.29% American Sign Language (ASL).

Mariposa County BHRS Penetration Rate 21/22	
Language	**Penetration Rate**
English	97.95%
Spanish	0.58%
Other Language	0.29%
Unknown	0.88%
American Sign Language (ASL)	0.29%

What is Community Services and Supports?

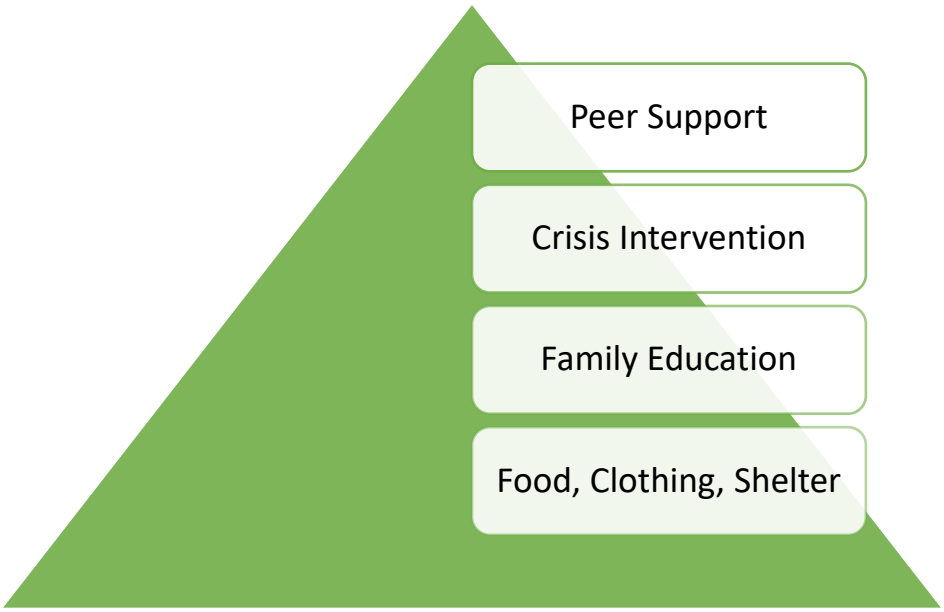
Community Services and Supports (CSS) is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, consumer and family driven services. The overarching purpose is to ensure seriously mentally ill individuals have access to all necessary mental health services. This is provided through outreach and direct services for children, transitional ages youth, adults, and older adults with a serious mental illness.

Full-Service Partnership (FSP) is a program and service that is provided to each client that needs the full spectrum of services necessary to attain their goals. These programs are designed for clients who have been diagnosed with a severe mental illness and would benefit from an intensive service program. The foundation of FSP is doing whatever it takes to help an individual find their path to recovery.

General System Development These programs and activities are related to improving the county's mental health service delivery system for all consumers. This may include mental health services and supports, including culturally specific treatment, strategies to reduce ethnic and cultural disparities, peer support services, wellness centers, personal service coordinators, crisis intervention, family education, needs assessments, and supportive services to obtain employment, housing, or education.

These can also include collaboration between the mental health system and non-mental health providers to pursue the activities mentioned above.

Outreach and Engagement are activities or services for the purpose of identifying unserved individuals to engage them, and when appropriate their families, in the mental health system so that they receive the appropriate services. Outreach and engagement programs can include connecting with community organizations, schools, Tribal communities, primary care providers, faith-based organizations, and those that are homeless.



Proposed programs within Community Services and Supports: MCBHRS proposes funding the following programs in each category:

Full-Service Partnerships (FSP's)

- Adult Services
- Children Services

General Systems Development (GSD)

- Wellness Center
- Peer Support at the Wellness Center

Based on the 2020 Workforce, Education, and Training (WET) assessment, several ethnic groups are appropriately represented by the current workforce. However, more effort must be made to recruit staff identifying as Native American, as zero percent are currently represented in current staffing. Mariposa County Behavioral Health Services (MCBHRS) contracts with the American Indian Council to provide mental health services to the Native American population. These contract providers were not included in the workforce data listed above. More work needs to be done to determine what other races or ethnicities are being served that fall into the Multi/Race or "Other" category. Although only a few staff members are proficient in different languages, most consumers are proficient in English, with only the occasional need for Spanish and ASL interpretation. MCBHRS accommodates this need by contracting with a certified ASL interpreter and a tele-interpreter language line. MCBHRS has available to all participants a tele-interpreter service that includes all languages, and staff participate in annual training to utilize this service. The MCBHRS Cultural Competence Committee, consisting of MCBHRS employees and community partners, brings awareness of different cultures and identifies barriers or gaps to receiving services.

One of the strengths of MCBHRS is the career ladder within the behavioral health branch. A client may enter services and become employed as a Peer Support, moving on to the position of a Mental Health Assistant I/III through time and experience. There are limitations to the county workforce as turnover has been an issue, partly due to the county's housing shortage. This has created barriers to implementing services. The county has been working to support affordable housing development.

Additionally, as in all helping professions, burnout can be an issue. Providing secondary trauma training & self-care training is one-way Health and Human Services Agency (HHSA) has attempted to address this. Mariposa HHSA has also increased pay for positions through the WET funding identified as hard to fill. Several MCBHRS supervisors hosted a booth at the California Marriage and Family Therapist (CMFT) training in San Francisco to recruit more licensed staff members. One significant effort MCBHRS has made is to become identified as a student loan forgiveness site to aid staff in applying for student loan forgiveness if employed by MCBHRS.

Another barrier to implementing the proposed programs and services continues to be the county's need for client transportation and stable housing. To address these issues, HHSA has implemented a transportation unit to provide transportation to assist clients in getting to their appointments. This is also being addressed with the implementation of telehealth services to meet the needs of the clients more effectively. MCBHRS will continue to look into all possibilities to promote more affordable housing for the community.

The stigma within the community is also a barrier to individuals reaching out for support and assistance. The Mariposa Minds Matter Committee (funded out of PEI) was formed to address the reduction of stigma within the community.

Given all the barriers and notable staffing shortages MCBHRS maintains an adequate network of providers to provide specialty mental health services. MCBHRS will continue to monitor the network to ensure adequacy.

Program Description:

Mariposa County Behavioral Health and Recovery Services (MCBHRS) have been building the infrastructure of the Adult's Unit since the original plan was adopted in 2005. Strides have been made in fully implementing the Recovery Model through support and training staff. The goal is to continue providing best-practice services for our clients using the Adult's Team Meeting model, which is client-driven and supports ongoing staff development.

The Full-Service Partnership (FSP) program ensures that clients and when appropriate their families receive individualized, intensive services and support. All adult and older adult ages will be served with client and family driven FSPs that are culturally responsive. The successful Adult Team Meeting innovation project brought a team approach for all FSP clients.

The Adult Unit will provide various services to meet the needs of the clients and when appropriate their families. The Adult Unit will continue to use the Adult Team Meeting (ATM) model, using a system of care approach with monthly or bimonthly meetings for all adults and older adult FSP clients. Strength assessments, personal recovery plans, and individual services and supports plan (ISSP) will be developed during the ATMs to support the client in reaching goals. During these meetings, community agencies and family members, when appropriate and endorsed by the client, will be invited to attend to support clients in meeting their personal recovery goals. This will allow for psychoeducation, awareness of mental health symptoms, and how to best support loved ones.

Transitional Housing will continue to support three to five clients a year, allowing them to gain valuable skills to live independently. Skills to be obtained through Transitional Housing are household budgeting and basic independent living skills. Personal Service Coordinator/Case Management will support clients in learning about and securing employment or volunteer opportunities to gain independent living skills. Case Managers will provide intensive care coordination with a teaming approach. They will also lead rehabilitative groups. The FSP program will include 24hr support from their personal service coordinator as well as after-hours crisis contact as needed. Training for staff will be provided by evidence-based trainers to enhance skills for better client support and treatment.

Proposed Activities:

All adult and older adult FSP participants will be provided with ATMs and a variety of other mental health services tailored to the needs of the individual through their individualized services and supports plan (ISSP). These services include intensive case management, individual rehabilitation, medication services, individual and group therapy.

ATMs will increase the coordination, direction, and organization of client service. These meetings will allow community agencies, family members and significant others to learn effective ways to support the clients. Case management services will increase clients' abilities to obtain needed services and resources to reduce their mental illness and increase their access to care. Individual rehabilitation will assist clients in learning skills to remain or gain independent living skills. An incentive program will be developed to promote daily living skills, wellness and recovery activities, and independence from the program. Individual and group therapy will encourage clients to develop strategies to reduce mental

illnesses impacts on their functioning. medication services will increase clients' understanding of the risk and benefits of medication to make informed decisions about their care.

A Personal Care Coordinator will be assigned to each case and will be the point of contact throughout the duration of the FSP program. The Mental Health Assistants are trained to facilitate team meetings to identify the needs, concerns, and support through a collaborative approach to developing an action plan with measurable goals. Case manager(s) will outreach to Mariposa County's homeless population to help engage and enroll in FSP services as needed or if a client is identified as needing that level of care.

Individuals Served:

The FSP program aims to serve a minimum of 35 individuals annually, which is expected to maintain the same over the next three-year fiscal years. The estimates below are derived from averages over the last three years.

Age Category	**Estimated Percentage to be Served**
Adult (26-59)	74%
Older Adult (60+)	26%
Gender	**Estimated Percentage to be Served**
Female	57%
Male	43%
Ethnicity	**Estimated Percentage to be Served**
Cuban	0%
Mexican/Mexican American	0%
Not Hispanic/Latino	96%
Hispanic/Latino	4%
Puerto Rican	0%

Performance Outcomes:

Service delivery will be coordinated through care coordination of mental health services. It will be monitored and evaluated for effectiveness and strive to improve and promote both the mental health and recovery of clients and the quality and efficiency of the service system. All FSP clients will have personal assessment forms (PAF), key event tracking (KET), and three-month assessments completed. Behavioral Health clinicians will use the Patient Health Questionnaire (PHQ-9) and the Generalized Anxiety Disorder-9 (GAD-7) evaluation tools to demonstrate program outcomes and effectiveness. The use of evaluation tools allows for program planning and improvement. The consumer survey data will be used to show consumer satisfaction.

Budget: $1,020,262

Estimated Cost Per Person: $29,150

FY 2024/2025 Annual Update:

Estimated Cost Per Person Adult's Unit: $21,480.96

The purposed budget for this program is $537,024.00.

For the fiscal year 2024/2025, MCBHRS will continue to provide services to individuals aged 26 to 59 and older adults aged 60+ through the FSP programs. Each partner will be assigned a personal services coordinator, and all adults and older adults will continue to be provided with ATMs and a variety of other mental health services tailored to the needs of the individual. These services include but are not limited to intensive case management, individual rehabilitation, medication services, and individual and group therapy.

The case manager(s) will continue to provide outreach to Mariposa County's homeless population. This includes more site visits to our local shelter to help clients engage in and enroll in FSP services as needed or if they are identified as needing that level of care.

The FSP program is expected to serve a minimum of 25 individuals annually.

FY 2025/2026 Annual Update:

Estimated Cost Per Person Adult's Unit: $15,330.52

The proposed annual budget for this program is $383,263.00

The Adult FSP program will continue to provide comprehensive specialty mental health services, including regular Adult Team Meetings (ATMs), individual and/or group therapy, case management, and access to the community Wellness Center. Each FSP participant will have a Personal Assessment Form (PAF), Key Event Tracking (KET), and three-month assessments completed as clinically appropriate.

To monitor outcomes and support program improvement, Behavioral Health clinicians will continue using standardized evaluation tools, including the Patient Health Questionnaire (PHQ-9) and the Generalized Anxiety Disorder-7 (GAD-7). Consumer survey data will also inform program development and highlight areas of client satisfaction and potential growth.

There have been no significant changes in client demographics, and the Adult FSP program is expected to maintain services for a minimum of 25 individuals through the 2025–2026 fiscal year.

Program Description:

The Full-Service Partnership program for youth is individually designed to interlink youth and families in services. Mariposa County Behavioral Health and Recovery Services (MCBHRS) have been building the infrastructure of the Children's Family Services Unit since the original plan was adopted in 2005. The goal is to continue providing the best practice services for our clients using the client-driven Children and Family Team Meeting model, which supports ongoing staff development.

The Full-Service Partnership (FSP) program ensures that clients and their families receive individualized, intensive services and support. Children aged 0-15 and transitional-aged youth 16-25 will be served with client and family-driven FSPs that are culturally responsive.

The Children's Family Services Unit provides mental health services to reduce functional impairments in children and transitional-aged youth (TAY) to increase a sense of empowerment, well-being, and optimism. The FSP program is individually designed to wrap the children and transitional-aged youth in services fully.

A Personal Care Coordinator will be assigned to each case and be the point of contact throughout the duration of the FSP program. 24hr support from their personal service coordinator will be provided as well as after-hours crisis contact as needed. The Mental Health Assistants are trained to facilitate team meetings to identify the needs, concerns, and support through a collaborative approach to developing an action plan with measurable goals.

Proposed Activities:

All children, and transitional-aged FSP participants will be provided with an array of services to fit the child's needs best.

This includes but is not limited to In-Home Based Services to redirect participants in school, home, and community settings; Intensive Care Coordination; Case Management to provide linkage to services and access to resources; Individual Rehabilitation to teach skills for daily living; Individual Therapy to focus on symptom reduction and improvement of functional impairments; and Family Therapy to improve family dynamics, based on individuals need and family voice and choice.

Marketing and recruitment strategies will be utilized to encourage and engage FSP clients to attend groups offered by Mental Health Clinician and Mental Health Assistants, including therapeutic groups with a variety of topics including anxiety, depression and support groups for developing independent living skills. Incentives will be offered, such as gas vouchers, transportation, and gift cards to local restaurants, for participation in groups. Parent support and parent education will be offered as well as family finding efforts, to create a wider array of informal support networks for FSP clients for their lifetime.

Individuals Served:

The FSP program aims to serve a minimum of 20 individuals annually, which is expected to maintain the same over the next three-year fiscal years. The estimates below are derived from averages over the last three years.

Age Category	Estimated Percentage to be Served
Children (0-15)	56%
Transitional-Aged Youth (16-25)	44%
Gender	**Estimated Percentage to be Served**
Female	42%
Male	58%
Ethnicity	**Estimated Percentage to be Served**
Cuban	0%
Mexican/Mexican American	15%
Not Hispanic/Latino	76%
Hispanic/Latino	9%
Puerto Rican	0%

Performance Outcomes:

Service delivery is coordinated through care coordination of mental health services. It will be monitored and evaluated for effectiveness and strive to improve and promote both the mental health and recovery of clients and the quality and efficiency of the service system. All FSP clients will have personal assessment forms (PAF), key event tracking (KET), and three-month assessments completed. Behavioral Health clinicians will use the Patient Health Questionnaire (PHQ-9) and the Generalized Anxiety Disorder-9 (GAD-7) evaluation tools for clients 12 and older to demonstrate program outcomes and effectiveness. The use of evaluation tools allows for program planning and improvement. The consumer survey data will be used to show consumer satisfaction.

Budget: $706,017

Estimated Cost Person: $35,301

FY 2024/2025 Annual Update:

Estimated Cost Per Person Children's Family Services Unit: $24,975.85

The purposed budget for this program is $499,517.00.

For the 2024/2025 fiscal year, MCBHRS will continue to provide services to children 0-15 years old and Transitional-Aged Youth 16-25 years old through the FSP programs. All partners will be assigned a personal services coordinator and attend Children and Family team meetings.

The Children FSP program will continue the following activities but is not limited to In-Home Based Services to redirect participants in school, home, and community settings; Intensive Care Coordination; Case Management to provide linkage to services and access to resources; Individual Rehabilitation to teach skills for daily living; Individual Therapy to focus on symptom reduction and

improvement of functional impairments; and Family Therapy to improve family dynamics, based on individuals need and family voice and choice.

Marketing and recruitment strategies will continue to be utilized to encourage and engage FSP clients to attend groups offered by Mental Health Clinicians and Mental Health Assistants, therapeutic groups with a variety of topics, including anxiety and depression, and support groups for developing independent living skills. Incentives, such as gas vouchers, transportation, and gift cards to local restaurants for group participation, will be offered. Parent support and parent education will be offered to create a wider array of informal support networks for FSP clients for their lifetime.

Family finding will not continue as part of the FSP program as this is a function within our Child Welfare Services.

The FSP program is expected to serve up to 20 individuals annually.

FY 2025/2026 Annual Update:

Estimated Cost Per Person for the Children's Family Services Unit: $19,622.75

The proposed annual budget for this program is $392,455.00

For fiscal year 2025/2026, the Full-Service Partnership (FSP) program will continue to serve youth ages 0 to 16 and transitional-aged youth (TAY) ages 15 to 21 who meet medical necessity criteria for Specialty Mental Health Services (SMHS). Each partner will be assigned a Personal Services Coordinator and will participate in Child and Family Team (CFT) meetings.

The Children's FSP program will continue to provide a range of services, including but not limited to individual therapy, Mental Health Assistant support, group therapy, Intensive Home-Based Services (IHBS), family therapy, individual life skills training, case management, Intensive Care Coordination (ICC), rehabilitative services, and psychiatric medication evaluations, as appropriate.

The FSP program is expected to serve up to a minimum of 20 individuals annually.

Program Description:

The Mariposa Wellness Center aims to improve the mental health and overall wellness of Community Members. The Wellness Center provides a supportive and safe environment where 18 year and older participants can engage in activities provided by the Mariposa County Behavioral Health and Recovery Services (MCBHRS).

The center provides social engagement and skill-building activities to address daily living, job skills, budgeting, and creative expression. Activities will be planned by peers and facilitated by the peer support specialist overseeing the program. Members can receive support, take classes, or teach a class while meeting others on the path to improving the quality of their lives.

Members will have the opportunity to engage in structured programming including, but not limited to, the following:

- Creative Expression
- Psycho-Education Classes
- Relaxation and Stress Management
- Job Readiness Skills
- Employment Development Assistance
- Financial/Budgeting/Saving
- Resource connection and referrals
- Peer Support
- Shared Life Experiences
- Volunteer Program
- Socialization
- Recreation and Exercise
- Community Activities
- Skill Building
- Health/Nutrition/Hygiene

The Mariposa Wellness Center operates by empowering members and providing support by forming meaningful relationships. The Center aims to facilitate personal growth.

The Wellness Center staffs one full-time peer support specialist with lived experience regarding mental health and wellness to serve as a role model and mentor. The wellness center will be open 5 days a week, 3 days in Mariposa, and 2 days in outlying areas.

Proposed Activities:

Activities of the Wellness Center include daily living activities, including but not limited to: cooking, food shopping, budgeting, job training, job searching, stress management, communication skills, relaxation techniques, yoga, art classes, crafting, creative writing, learning relaxation, attend community events and field trips to help expand and enhance learning and expressive opportunities

for those who may not have had such opportunities. The Wellness Center also provides an environment where individuals can receive support and validation openly and nonjudgmentally.

Individuals Served:

The Wellness Center aims to serve an average of 12 individuals per day and can serve up to 12 individuals at each location.

Performance Outcomes:

Survey's will be used upon entry of the program and quarterly by the peer support specialists to track improvement of participants mental health and overall wellness. The client's improved daily functioning will determine the outcome, increase daily living skills learned, and gain new support systems.

Budget: $10,000

Estimated Cost Person: $278

FY 2024/2025 Annual Update:

Estimated Cost Per Person Wellness Center: $278.00

The purposed budget for this program is $10,000.00.

This coming fiscal year, 24/25, MCBHRS will continue to hold the Wellness Center in Mariposa three days a week, Coulterville (North County) one day a week, and Yosemite one day a week. Peer Support will also continue to increase advertising and outreach activities to increase community and client engagement for all MCBHRS Wellness Center locations.

The Wellness Center continues to aim to serve an average of 12 individuals per day and can serve up to 12 individuals at each location.

FY 2025/2026 Annual Update:

Estimated Cost Per Person Wellness Center: $278.00

The purposed budget for this program is $10,000

The Mariposa County Behavioral Health and Recovery Services (BHRS) Wellness Centers will continue to provide participants with opportunities to strengthen existing and develop new relationships with peers in a safe, supportive, and nonjudgmental environment. The Wellness Center experience will include a variety of activities aimed at fostering connection, skill development, and personal growth. These activities may include but not limited to yoga, arts and crafts, self-exploration, mindfulness, budgeting, cooking, communication, and relationship skill-building.

To measure program effectiveness and participant progress, surveys are administered at entry and periodically throughout participation by the Peer Support Specialist. Outcomes are assessed based on improvements in daily functioning, development of natural support systems, and enhanced daily living skills.

The main Wellness Center in Mariposa maintained steady attendance throughout the 2024–2025 fiscal year, serving an average of 12 individuals per day. Attendance levels are expected to remain consistent through the 2025–2026 fiscal year with serving 12 individuals per day and 12 at each location.

While attendance at the North County site was initially low during the start of FY 2024–2025, the latter half of the year saw a significant increase in participation. This upward trend is projected to continue into FY 2025–2026.

Unfortunately, the Yosemite Wellness Center did not engage any participants during FY 2024–2025. Contributing factors included severe winter weather and scheduling conflicts during the park's busy spring season, when many residents were working during Wellness Center hours. Mariposa County BHRS is actively working to improve outreach and engagement in this area. Efforts include coordinating with Yosemite National Park staff to better understand community needs and scheduling, with the goal of increasing participation among park employees and residents.

Peer Support at Wellness Center

General System Development

Program Description:

The Wellness Center activities are selected based on peer-identified needs and implemented by a peer support specialist. The peer support specialist will facilitate and co-facilitate groups. If FSP clients attend the wellness center and as relationships are built, the peer support specialist can provide supportive services as needed and as appropriate.

As part of Mariposa County's overall MHSA strategy to establish and incorporate a Peer Support Specialist.

The Wellness Center is a program that serves all community members regardless of participation in mental health. The Wellness Center is a program that helps all community members, irrespective of their involvement in mental health. The Wellness Center is open to anyone over the age of 18. The peer support specialist that runs the Wellness Center can provide a wealth of knowledge and information about county mental health and facilitate referrals to mental health when necessary. This program allows for improved access to services for those who step toward recovery by starting at the Wellness Center and then being encouraged to seek services at MCBHRS if needed.

Respondents found the wellness center and peer support helpful to the community during the community planning process. MCBHRS proposes continuing this program into the next three years, 2023-2026.

Proposed Activities:

The peer support specialist will facilitate the peer operation of the Wellness Center. They will be responsible for reporting regulations and, with peer involvement, establishing the rules for participation. Activities will be planned by the participants and facilitated by the peer support specialist.

The peer support specialist will establish peer support and family education support services or expand these services to meet the needs and preferences of clients and/or family members, along with conducting outreach to provide equal opportunities for peers who share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served.

Individuals Served:

Individuals served is one for this program, and the peer support member can expect to serve up to twelve adults daily during the operation of the Wellness Center.

Budget: $42,088

Estimated Cost Person: $42,088

FY 2024/2025 Annual Update:

Estimated Cost Per Person Peer Support @ the Wellness Center: $43,877.00

The purposed budget for this program is $43,877.00.

The Peer Support Specialist completed a peer support training on 12/16/2022 and completed the Mental Health First training on 8/30/2023. The Peer Support Specialist continues to organize and facilitate activities at the Wellness Center in Mariposa for three days per week, one day per week in Coulterville (North County), and one day per week in Yosemite. In addition, the Peer Support Specialist is actively involved in outreach activities to encourage community and client engagement at MCBHRS. All these efforts aim to prepare Peer Support Specialists for the next step in their Mental Health Assistant career ladder.

FY 2025/2026 Annual Update:

Estimated Cost Per Person Peer Support @ the Wellness Center: $45,742.00

The proposed budget for this program is $45,742.00

For fiscal year 2025–2026, the Peer Support Specialist will focus on increasing engagement in Mariposa County's rural areas, including the Yosemite Wellness Center. This role is essential in ensuring consistent service delivery and expanding program access for park residents and staff.

Currently, the Peer Support Specialist facilitates Wellness Center activities three days per week at the Mariposa location, one day per week in Coulterville (North County), and one day per week in Yosemite. In addition to leading these activities, the Peer Support Specialist actively participates in community outreach to encourage participation and strengthen client engagement with BHRS programs.

These responsibilities not only support the Wellness Center's mission but also help prepare Peer Support Specialists for advancement within the Mental Health Assistant career ladder, contributing to professional development and long-term workforce sustainability.

What is Prevention and Early Intervention?

Prevention and Early Intervention (PEI) programs are partially intended to prevent a serious mental illness by promoting strategies that reduce risk factors. Additionally, PEI programs are designed to improve timely access to services and to provide a better understanding of recognizing early signs of mental illness. The PEI programs are made up of six components. Title 9 of the California Code of Regulations defines these six components below.

Early Intervention: "Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness."

Prevention: "A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this program is to bring about mental health including reduction of negative outcomes as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and as applicable, their parents, caregiver, and other family members."

Outreach for Increasing Recognition of Early Signs of Mental Illness: "A process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness."

Access and Linkage to Treatment: "A set of related activities to connect children with severe mental illness, and adults and seniors with severe mental illness, as early in the onset of these conditions, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs."

Stigma and Discrimination Reduction: "The County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families."

Suicide Prevention: "Organized activities that the County undertakes to prevent suicide because of mental illness. This category of programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness."

Proposed programs within Prevention and Early Intervention: MCBHRS proposes funding the following programs in each category:

Early Intervention:

- Family Resource Center

Prevention:

- Yosemite National Park Services
- Aramark Services
- Friendly Visitor

Outreach for Increasing Recognition of Early Signs of Mental Illness:

- Mental Health First Aid

Stigma and Discrimination Reduction:

- Mariposa Minds Matter Task Force

Suicide Prevention:

- Central Valley Suicide Prevention Hotline (CVSPH)

Access and Linkage to Treatment:

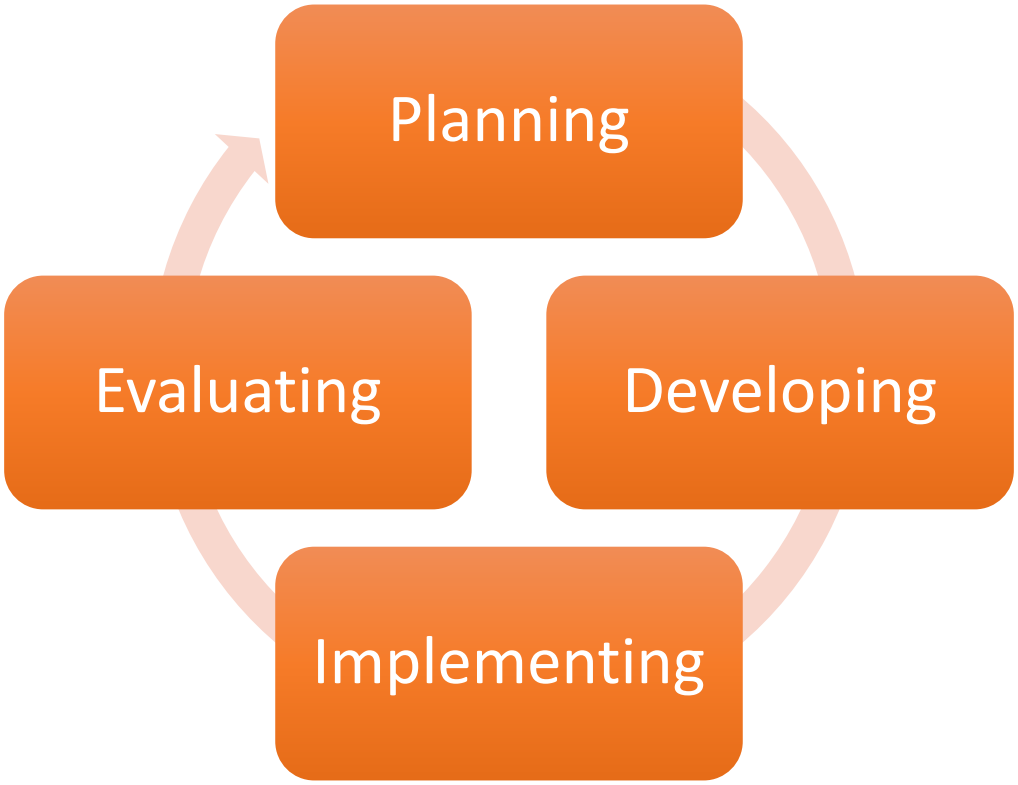
- Small County – Opt out.

PEI Community Planning Process

The community planning process for the PEI component was included in the three-year plan stakeholder process. This section of the MHSA three-year plan includes information on what PEI means and the components that fall under PEI. This document should also serve to inform stakeholders of the requirements of PEI.

Stakeholders will be involved in all phases of the PEI programs from planning, implementing, and evaluation. Stakeholders will also be presented with outcome data once they become available, to ensure they are well informed and involved in the monitoring stage of projects.

All programs funded by PEI will reflect and be consistent with all applicable Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320.



Program	1. Childhood Trauma	2. Early Psychosis	3. Youth Outreach	4. Culturally Comp	5. Older Adults	6. Early ID Symptoms
Friendly Visitor				X	X	
Family Resource Center	X	X	X	X		X
Yosemite National Park		X		X	X	X
Aramark		X		X	X	X
Mariposa Minds Matter				X		
Mental Health First Aid		X		X		X
Central Valley Suicide Prevention Hotline				X		

Priority Key

1.	Childhood Trauma Prevention and Early Intervention
2.	Early Psychosis and Mood Disorder Detection and Intervention
3.	Youth outreach and engagement strategies targeting secondary school and TAY, with priority on partnership with college mental health programs
4.	Culturally competent and linguistically appropriate prevention and intervention
5.	Strategies targeting the mental health needs of older adults
6.	Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis

Program Description:

Stakeholders continue to identify youth as having gaps in services. MCBHRS proposes to fund a Family Resource Center (FRC) for children, families and/or caregivers to connect with parent-to-parent support, coaching, mentoring, referrals to services, and emotional peer support. The family resource center will address gaps in services experienced by families, youth, and children. Services offered will include case management, parenting support, family activities, and support groups. The FRC will be open Tuesdays-Saturdays, 12-7 pm.

The family resource center aims to improve access and linkage to treatment and services. Provide Case Management for youth and adults. Strengthening the family system through parenting support and family activities. Provide educational opportunities for families. Provide social opportunities to build peer support. Increase wellness and resiliency for individuals. Provide peer support groups. Through these activities, the FRC will improve timely access and increase the number of individuals receiving mental health services while reducing stigma and discrimination. Prevention and early intervention are vital in reducing the adverse outcomes of untreated mental illness, and the FRC aims to focus on some areas where community members, specifically those that are underserved, trauma-exposed, living in stressed families, or at risk of school failure or juvenile justice involvement, are needing additional support.

Proposed Activities:

Case Management: Case Management (CMs) will be provided for caregivers and at-risk youth. CMs will provide support, coaching, mentoring, and referrals to services to early intervention for mental illness. This program will use “Strengths Perspective Case Management”, an evidence-based practice.

Group Support: This program will establish a LGBTQ+ Friends and Family Support Group to increase support for youth from caregivers and others. Grief can profoundly impact people; many need additional support to prevent long-term impacts on their mental health. This program will provide a grief group to increase peer support and a healthy outlet to grief. Our community has been impacted by many natural disasters; a monthly social support group for those impacted.

Educational Programming: Caregivers will be offered the evidence-based program Nurturing Parenting, a “family-centered trauma-informed program to build nurturing parenting skills”. This program will provide childbirth education classes as needed to support these young families.

Family Enrichment: The FRC will provide weekly family enrichment activities that could include meals, story hour, crafts, special events, etc.

Individuals Served:

This program will serve county residents with a primary focus on children, transition-age youth, their families and/or caregivers at a significantly higher than average risk of developing a serious mental illness, including but not limited to underserved populations, trauma-exposed, and children/youth in stressed families, or at risk of school failure or juvenile justice involvement. The family resource center estimates 120 individuals will be served annually.

Outcomes and Indicators:

Progress reports, database tracking, surveys, and pre- and post-assessments will be completed to be evaluated and measured on reducing prolonged suffering from untreated mental illness by measuring a reduction in symptoms and/or improved recovery, including mental, emotional, and relational functioning.

Each of the proposed activities above will measure at least one of the following:

- An increase in services.
- An increase in confidence to access treatment and services.
- An increase in referrals to Behavioral Health.
- An increase in community connectedness.
- An improvement in mental, emotional, and relational functioning.
- An increase of new knowledge and parenting skills.
- An increase in feeling of support and preparedness.
- An increase in informal support.
- An increase in ability to cope with stress and improvement in mental, emotional, and relational functioning.

Demographic data will also be collected for every participant.

Budget: $121,000

Estimated Cost Person: $1,008.00

FY 2024/2025 Annual Update:

Estimated Cost Per Person for the Family Resource Center: $1,008.00

The purposed budget for this program is $121,000.

The Family Resource Center will continue to serve county residents with a primary focus on children, transition-age youth, their families, and/or caregivers at a significantly higher than average risk of developing a serious mental illness, including but not limited to underserved populations, trauma-exposed, and children/youth in stressed families, or at risk of school failure or juvenile justice involvement. The center will continue providing case management, group support, educational programs and family enrichment activities.

FY 2025/2026 Annual Update:

Estimated Cost Per Person for the Family Resource Center: $864.29

The proposed budget for this program is $121,000

For Fiscal Year 2025–2026, the Mariposa Family Resource Center (FRC) anticipates serving approximately 140 individuals, due in part to a shift in operating hours from 11:00 a.m.–7:00 p.m. to 10:00 a.m.–6:00 p.m. This change was made in response to increased community inquiries and partner engagement occurring earlier in the day.

In late 2024, the FRC implemented *Love and Logic* parenting education, specifically targeting parents of children ages 0–5. The program launched with two families enrolled in its first cohort.

Throughout the fiscal year, the FRC will focus on strengthening community connectedness by offering a range of services, including:

- Comprehensive case management
- Parenting education
- Grief support
- LGBTQ+ support
- Natural disaster recovery assistance
- Family enrichment programming

These services aim to equip families with tools for positive discipline, coping with loss, supporting LGBTQ+ individuals, and maintaining access to a welcoming, reliable third space for ongoing support. When needs exceed the FRC's direct service capacity, referrals to trusted partners will be provided.

Additionally, transitional-age youth will benefit from teen support groups, and expecting parents will gain valuable knowledge from childbirth and breastfeeding workshops.

Program Description:

Yosemite National Park (YNP) is geographically isolated and remote with limited access to psychoeducational programs, classes, regular community gatherings, support groups, or free and accessible learning environments. Though the stakeholder surveys an overwhelming amount of responses indicated a greater need for mental health services in Yosemite National Park. MCBHRS proposes funding a Yosemite National Park services prevention program to this unique Yosemite community.

This program aims to provide a psychoeducational class in a supportive setting with other community members. By learning in the community, participants can build connections, learn from each other, reduce isolation, and further gather to practice such skills after completing the course.

This prevention program would provide behavioral health interventions and education to increase emotional wellness and resilience and reduce the need for longer-term counseling services, hospitalizations, or significant impairments to activities of daily living for Yosemite National Park employees and their families and/or caregivers. Prevention programs (workshops, training, community building events) aim to increase emotional wellness and resiliency through evidence-based psychoeducational objectives and interventions in community or workplace settings in Yosemite. These psychoeducational programs will focus on learning and practicing specific models or skills proven to reduce negative outcomes and can be repeated and utilized at work or home. Workshops and programming will also offer the opportunity to bring a mental health professional into the field to perform face-to-face outreach and linkage to resources. Each program will have a small component of local resource education to inform park residents of options for mental health services and how best to access them.

Due to outlying districts being rural and remote, limited time off for long travel times, and many remote workers, the Psychoeducational program will be offered virtually for higher accessibility.

Yosemite has a high concentration of first responders and law enforcement personnel to serve the community and the annual 4.5 million park visitors. This population is at high risk for mental health disorders due to the high-stress nature of the job, the need for 24-hour coverage, short staffing, accidents/incidents, and repetitive exposure to vicarious trauma. Suicide rates are continuing to rise for long-term first responders nationwide. With ranger retention rates decreasing and at an all-time low for new hires, the current staff bears the extra burden of on-the-job stressors. Current retention is low- putting employees at risk for joblessness and loss of housing.

Proposed Activities:

An Emotional Wellness Series: Mindfulness, Internal Family Systems, and Positive Psychology 5-week Psycho-educational and experiential course to learn and practice evidence-based interventions from various mindfulness practices, Internal Family Systems, and habits for change based in Positive Psychology.

First Responder Training and Mental Health Office Hours: 5 First Responder Courses/Trainings will be conducted in the various districts of the park (Yosemite Valley, Wawona, Tuolumne Meadows/Mather District). This program aims to meet the first responders in their home base locations to provide services and programs. Training course objections include:

- Utilization of the Stress Continuum, and evidence-based intervention
- Increasing awareness around suicide and suicide prevention
- 5150 related questions and incidents
- Personalized self-care treatment plan
- Open office hours for mental health related outreach and education

Individuals Served:

These programs aim to serve the general Yosemite National Park employee population and the high concentration of first responders (Clinical Staff, Volunteer Search and Rescue, Fire fighters, Law Enforcement Rangers, Support Staff) in the park employed both seasonally and year-round. The estimated amount individuals served annually is 80.

Outcomes and Indicators:

Measurable data will be collected at the beginning and end of each course. This program will measure learning objectives, the increase in protective factors, and the reduction of risk factors through pre- and post-surveys.

Success would demonstrate an increase in the application of mindfulness and Internal Family Systems interventions both in and out of the classes and a greater increase in connection to self and community.

Demographic data will also be collected for every participant.

Budget: $20,000

Estimated Cost Person: $250.00

FY 2024/2025 Annual Update:

Estimated Cost Per Person for Yosemite National Park Services Program: $250.00

The purposed budget for this program is $20,000.

For the Yosemite National Park Prevention Program, the counselor will continue to focus on offering Yosemite National Park employee population and First Responders many prevention programs during peak season. The following activities will continue to be provided in the fiscal year 24/25. An Emotional Wellness Series: Mindfulness, Internal Family Systems, and Positive Psychology 5-week Psycho-educational and experiential course to learn and practice evidence-based interventions from various mindfulness practices, Internal Family Systems, and habits for change based on Positive Psychology.

First Responder Training and Mental Health Office Hours: 5 First Responder Courses/Trainings will be conducted in the various districts of the park (Yosemite Valley, Wawona, Tuolumne Meadows/Mather District). This program aims to meet the first responders in their home base locations to provide services and programs. Training course objections include:

- Utilization of the Stress Continuum and evidence-based intervention
- Increasing awareness around suicide and suicide prevention

- 5150 related questions and incidents
- Personalized self-care treatment plan
- Open office hours for mental health-related outreach and education

The estimated amount individuals served annually is 80.

FY 2025/2026 Annual Update:

Estimated Cost Per Person for Yosemite National Park Services Program: $250.00

The proposed budget for this program is $20,000.

In Fiscal Year 2025–2026, the Yosemite National Park Prevention Program will continue to prioritize mental health and wellness services for Yosemite National Park employees and First Responders, particularly during the park's peak season.

Services will include the continuation of the *Emotional Wellness Series*, a five-week psychoeducational and experiential course. This series covers evidence-based strategies drawn from mindfulness practices, Internal Family Systems (IFS), and Positive Psychology. The curriculum is designed to promote emotional regulation, self-awareness, and sustainable well-being.

The program will also maintain First Responder Training and Mental Health Office Hours. Five training sessions will be held across the park's districts—Yosemite Valley, Wawona, Tuolumne Meadows, and the Mather District—to increase accessibility. Key training objectives include:

- Understanding and using the Stress Continuum and related interventions
- Increasing suicide awareness and prevention
- Addressing 5150-related questions and incidents
- Creating personalized self-care plans
- Offering open office hours for mental health outreach and education

The program will continue to serve approximately 80 individuals annually.

Program Description:

Aramark is the concessionaire of Yosemite National Park. The Aramark employee population has gone underserved. Substance use abuse is high, and engagement in community programs is low. Through the stakeholder surveys, an overwhelming amount of responses indicated a greater need for mental health services in Yosemite National Park.

MCBHRS proposes funding a prevention program for Yoga and Mindfulness Community Building programs to address reducing isolation in remote and rural areas, increasing physical activity for better physical and mental health, reducing stress, and growing community connections. Yoga and Mindfulness are evidence-based practices helpful in reducing stress, raising awareness, treating symptoms of trauma, and increasing healthy immune systems. These programs will aim to be conducted outside (weather dependent), where individuals can connect with the natural healing beauty of the outdoors. With Yosemite National Park as the home of this Mariposa County population, connecting individuals with their natural settings, themselves, and each other can have profound long-term wellness impacts.

The Yoga and Mindfulness Community Building Programs will also offer the opportunity to bring mental health professionals and paraprofessionals into the field to perform face-to-face outreach and linkage to resources. Each program will have a small component of local resource education to inform park residents of options for mental health services and how best to access them.

Whereas emotionally focused programs have had little to no attendance. Yoga engages those looking to improve their physical well-being or address positive changes in personal habits. Seeing as Yoga is used with those struggling with substance abuse, this program will engage a population that has not previously engaged in lecture series or emotional focused as Yoga does not have the same stigma attached, yet the prevention benefits are high. The Yoga and Mindfulness Community Building Programs will be offered during the peak season (May-October) when the employee population is at its highest volume, and stress levels are known to increase.

Proposed Activities:

Two-hour Yoga and Mindfulness: 7-8 individual programs will include a component of community building and connecting with other participants. These programs will be offered in 3 different districts in the park where the highest concentration of Aramark employees live.

Half-Day Yoga and Mindfulness: will incorporate community connections, “Pair shares,” psycho-educational lecture series on various topics including Positive Psychology, Internal Family Systems, Connecting to Nature, Non-Violent communication, and movement + Breathwork practices applicable at home and work.

Individuals Served:

This program aims to serve the Aramark/Yosemite Hospitality population within the Yosemite National Park Boundary. This population is at high risk for isolation, increased risk of mental illness, substance abuse disorders, poverty, homelessness, and joblessness. The estimated number of individuals served is 150 annually. Yoga and Mindfulness programs will be open to all ages.

Outcomes and Indicators:

Measurable data will be collected at each program. These programs will measure the increase in protective factors and reduction of risk factors through pre- and post-check-ins completed by each participant.

Success would demonstrate an increase in connection (decreased isolation) with nature, themselves, and their local community or a reduction in "negative affect" or risk factors as self-identified.

Demographic data will also be collected for every participant.

Budget: $30,000

Estimated Cost Per Person: $200.00

FY 2024/2025 Annual Update:

Estimated Cost Per Person for Aramark (in YNP) Prevention Services: $250.00

The purposed budget for this program is $30,000.

The Aramark employee population will be offered the following prevention program activities: Yoga and Mindfulness & Physical Health with Community Building, Expressive Arts with Silk Painting and Community Building, and Personal Writing with Community Building. Psychoeducation/Case Management Hours will be provided to link the employee population to local behavioral health services.

The estimated number of individuals served annually is 120.

FY 2025/2026 Annual Update:

Estimated Cost Per Person for Aramark (in YNP) Prevention Services: $250.00

The proposed budget for this program is $30,000.

For fiscal year 2025–2026, this prevention program will continue providing prevention-focused programming to the Aramark employee population within Yosemite National Park. These efforts are designed to promote emotional wellness, personal growth, and community connection among seasonal and full-time staff. Planned activities include Yoga and Mindfulness & Physical Health with Community Building, Expressive Arts with Silk Painting and Community Building, and Personal Writing with Community Building. In addition, Psychoeducation/Case Management Hours will be provided to link the employee population to local behavioral health services.

The estimated number of individuals served for this program is approximately 120 individuals annually.

Friendly Visitor

Prevention

Program Description:

As part of this year's community planning process, stakeholders commented on the lack of services and concerns about the isolation of Mariposa County's elderly population. MCBHRS proposes to fund a Friendly Visitor Program that addresses challenges of isolated elderly adults and reduces depressive symptoms.

The Friendly Visitor Program will be managed by a program coordinator overseeing volunteer visitors and identifying program participants. Activities between participants and volunteers such as conversation, playing games, reading, and other areas of interest help improve mood, reduce isolation, and provide an overall sense of being valued.

Additionally, volunteers may help identify the client's unmet needs and assist with referrals to other community services for connection with mental health services or other needed health care or social services resources. This helps lower the risks associated with social isolation, including but not limited to depression, self-medication, anxiety, and loss of interest in life's daily activities.

Volunteers interested in becoming volunteers must complete training and pass a Live Scan background check before becoming a Friendly Visitor volunteer. Training will accommodate the different levels of care within the program. Volunteers will also be provided with an opportunity to participate in a monthly recognition dinner.

Proposed Activities:

This Prevention Program will identify the types, problems, and needs that the activities are intended to bring about regarding mental health and related functional outcomes, including reducing negative outcomes for individuals with early onset of potentially serious mental illness. Senior Engagement provides social opportunities and companionship weekly for 30-60 minutes in person and/or over the phone, intended to help elderly adults prevent or overcome physical and mental health risks associated with isolation and loneliness.

Volunteers will provide support and communication about services to elderly adults about various community-based services to improve their mental health. Services may include but are not limited to collaboration with advocacy, activities and outings, cultural and spiritual groups, transportation, and referral services. Volunteers will provide transportation to a monthly dinner for all participants for increased socialization and improved resilience. Volunteers will assist clients in regularly self-assessing their well-being using a standardized satisfaction tool.

Individuals Served:

The Friendly Visitors program will serve up to twelve elderly adults that have been identified as having a risk of a potentially serious mental illness, either based on individual risk or membership in a group or population with greater than average risk of a serious mental illness, i.e., the condition, experience, or behavior associated with greater than average risk.

Outcomes and Indicators:

Data will be collected by the program coordinator by administering standard satisfaction surveys. Success within this program will show a reduction in depressive symptoms and reduction of prolonged isolation.

Demographic data will also be collected for every participant.

Budget: $50,000

Estimated Cost Person: $4,166.00

FY 2024/2025 Annual Update:

Estimated Cost Per Person for Friendly Visitor: $4,166.00

The purposed budget for this program is $50,000.00.

The launch of the Friendly Visitor program was delayed due to staffing changes. However, stakeholders have recognized the need for such a program to help identify unmet needs among older adults and provide referrals to necessary community services, healthcare, and social resources. This program aims to reduce the risks of social isolation, which can lead to depression, self-medication, anxiety, and loss of interest in daily activities. The Friendly Visitor program will continue its outreach activities to recruit visitors and participants and remain operational during the fiscal year 24/25.

This program will serve up to 12 elderly adults at a time.

FY 2025/2026 Annual Update:

Estimated Cost Per Person for Friendly Visitor: $416.67

The proposed budget for this program is $5,000.00

Stakeholders have identified the need for a program that addresses unmet needs among older adults and facilitates referrals to essential community services, healthcare, and social resources. The program aims to reduce the risks associated with social isolation, including depression, self-medication, anxiety, and decreased engagement in daily activities. The Friendly Visitor Program will continue its outreach efforts to recruit both visitors and participants and will remain operational throughout fiscal year 2024–2025.
This program will serve up to 12 older adults at a time.

Mental Health First Aid

Increasing Recognition of Early Signs

Program Description:

Mental Health First Aid (MHFA) is an evidence-based program MCBHRS implemented in 2014 after stakeholders identified this as a need within the community. This program engages and trains first responders to recognize and respond effectively to early signs of mental illness. MCBHRS staff that have been trained as trainers will facilitate these classes. This training aims to bring awareness of the prevalence, and negative impact mental illness can have on an individual, family, and friends. The goal is to share information and resources so that the person leaves the training with an understanding of how to connect someone to mental health resources. The training can also shed some myths about mental illness and increase a sense of compassion for those suffering from untreated mental illness.

The design and implementation of this training is intended to reduce the stigma and discrimination attached to seeking or receiving services by talking freely about mental wellness. Training is scheduled at various locations across Mariposa County to encourage more participation at a convenient location for responders. Increasing the number of participants should help facilitate access to services by training more individuals to recognize signs of mental illness. MCBHRS has two mental health assistants certified to teach MHFA that make up the training team. MCBHRS proposes that this program continue to be funded as stakeholders have expressed how important this program is to our community.

Proposed Activities:

Each training informs responders on how to access and link individuals to treatment. Trained responders may interface with unserved or underserved populations. Responders are trained to assist individuals seeking treatment and promote timely access to services. MHFA has been identified as being a helpful educational tool that respondents can use to notice the early signs of mental health problems, empower respondents to feel confident in being able to help someone experiencing a mental health problem, and reduce stigma surrounding mental illness in the community and nearby surrounding areas.

Individuals Served:

MHFA instructors plan to engage with members of the community and nearby surrounding communities to train and educate those individuals on the signs and symptoms of mental illness. Respondents of the MHFA training include, but are not limited to, first responders (law enforcement, EMS, crisis workers, ER staff, etc.), health care workers (including those with a background in mental health), school staff, community members, local businesses including owners and employees, and community youth. The estimated number of individuals served is targeted to be 120 participants.

Outcomes and Indicators:

Mental Health First Aid instructors will utilize pre- and post-surveys to gather information regarding comprehension, interest, attitudes towards mental health, knowledge and skills gained, and any needs that learners have identified for any improvements or focus topics to highlight. In addition, data will be collected for each learner's age, gender, ethnicity, and recruitment.

Course evaluations after the training will demonstrate the effectiveness of the curriculum delivered to learners. Post-tests collected will measure how the learners have increased knowledge in recognizing signs and symptoms of mental illness and confidence ratings on how to respond.

Demographic data will also be collected for every participant.

Budget:

MCBHRS estimates spending $10,000.00 on MHFA each fiscal year. This number is expected to remain the same over the next three fiscal years.

Estimated Cost Person: $83.00

**The above amounts are budget estimates based on MHSA revenue projections. The actual expenditures may be lower or higher depending on the actual MHSA revenue received in these future years.*

FY 2024/2025 Annual Update:

Estimated Cost Per Person for Mental Health First Aid: $83.00

The purposed budget for this program is $10,000.00.

The program will remain largely unchanged for the upcoming fiscal year (24/25), with training held in Yosemite National Park. The estimated number of participants served will be 120 annually.

FY 2025/2026 Annual Update:

Estimated Cost Per Person for Mental Health First Aid: $41.67

The proposed annual budget for this program is $5,000.00.

The program will remain unchanged for the upcoming fiscal year (2025/2026), with trainings continuing throughout Mariposa and Yosemite National Park. The estimated number of participants served annually will be 120.

Program Description:

Mariposa Minds Matter is made up of members of the consumers, community-based partners, and behavioral health staff. Activities throughout the year are designed to reduce stigma in our unique rural community. In 2018, the Committee renamed itself from the 'Stigma Reduction Committee' to the 'Mariposa Minds Matter Task Force.' This program is designed to welcome community members' participation in developing stigma and discrimination reduction activities. MMM is a program specifically targeted to reduce stigma and discrimination by increasing awareness through education, resources, quizzes, games, and demonstrations of sound baths and aromatherapy. This program is expected to increase acceptance, dignity, and inclusion for individuals with mental illness. The program intends to also encourage self-acceptance for those that may be struggling.

While this program will mainly consist of one-touch encounters, MMM will strive to provide access, linkage, and timely access to services as appropriate for individuals attending events. The program is designed to be fluid as far as where the outreach is directed. The objective is to reach as many individuals as possible; reaching individuals in a rural community can often be challenging. The ability to reach more individuals is enhanced by participating in events that are expected to bring folks to one area (e.g., the county fair).

Proposed Activities:

MMM is a project-based task force, participating in several events throughout the county that can range from the annual county fair to the local farmers market. The task force will have a booth at several festivals throughout the year to generate conversations about the stigma and discrimination around mental health. Conversations about stigma (personal, social, and institutional) are vital to reducing negative feelings, attitudes, beliefs, perceptions, stereotypes, and discrimination related to being diagnosed with a mental illness or receiving services for a mental illness. The booths will provide verbal and written educational materials on mental health and reducing stigma. Materials will include but are not limited to an emotion wheel, children's drawing boards, and mental health screenings. MMM also plans to provide one booth annually in a heavily trafficked area. This booth will provide information on mental illness, mental health, and stigma reduction.

MMM will also host community video events twice yearly to feature a specific mental health diagnosis. These videos will also include a lived experience speaker and handouts.

Individuals Served:

The populations that will be served include all residents of Mariposa County. Approximately 150 people are expected to be served through this program annually. This is mainly a one-touch encounter strategy.

Outcomes and Indicators:

The expected outcome is a reduction in negative feelings, attitudes, beliefs, perceptions, stereotypes, and discrimination related to being diagnosed with mental illness. The program is also expected to increase acceptance, dignity, and inclusion for individuals with mental illness and their families. It is

also expected to encourage self-acceptance for members of the committee. MMM will collect data at all community events using pre/post surveys to determine the effectiveness in changing attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having a mental illness, and/or receiving mental health services. The MMM will use the data to drive the direction and target of future campaigns. Pre/post surveys will demonstrate if the stigma reduction interventions effective in bringing about the desired outcomes listed above.

Demographic data will also be collected for every participant.

Budget:

MCBHRS estimates spending $2,000.00 on the stigma reduction program each fiscal year. This number is expected to remain the same over the next three fiscal years.

Estimated Cost Person: $11.43

**The above amounts are budget estimates based on MHSA revenue projections. The actual expenditures may be lower or higher depending on the actual MHSA revenue received in these future years.*

FY 2024/2025 Annual Update:

Estimated Cost Per Person for Mariposa Minds Matter Task Force: $11.43

The purpose budget for this program is $2,000.00.

Mariposa Minds Matter Task Force will continue to hold booths at community events to promote awareness of and participation in mental health and wellness and stigma reduction education and activities. Participants will be provided with educational and informational material about how individuals and communities can work to reduce stigma. Then, a post-test will be given to the participants to determine the effectiveness and intent of the information provided.

MMM will continue to explore holding at least one film event open to the public on subject matter relevant to a current mental health issue to promote education, awareness, and stigma reduction.

Approximately 150 people are expected to be served through this program annually. This is mainly a one-touch encounter strategy.

FY 2025/2026 Annual Update:

Estimated Cost Per Person for Mariposa Minds Matter Task Force: $11.43

The proposed annual budget for this program is $2,000.00.

Program components and services will remain unchanged for the upcoming fiscal year 2025/2026. The process for collecting data and measuring outcomes will continue to follow the methodology used in the previous year, including the use of post-tests to assess the effectiveness and impact of educational materials and activities.

Mariposa Mind Matter aims to expand its reach by increasing the number of individuals served annually to 200,000 thereby enhancing access to mental health education and support.

Central Valley Suicide Prevention Hotline

Suicide Prevention

Program Description:

The Central Valley Suicide Prevention Hotline (CVSPH) took its first call on January 17, 2013. The Hotline operated on a limited basis, five days a week for twelve hours daily. In July 2013, CVSPH expanded operations to 24 hours per day, seven days per week, and 365 days per year. CVSPH is a program administered through CalMHSA on behalf of counties participating. It serves as the county's primary suicide prevention hotline. CVSPH operates a 24/7 suicide prevention hotline accredited by the American Association of Suicidology and will continue to answer calls through its participation in the national suicide prevention lifeline, which provides interpreters for 150 different languages. CVSPH serves a culturally diverse group of seven counties in California's Central Valley: Fresno, Tulare, Kings, Madera, Mariposa, Merced, and Stanislaus. The program is designed to help improve access to services by linking callers to the appropriate services. The accessibility of a local hotline providing callers with information and resources ensures that the program is non-stigmatizing and non-discriminatory. Through the stakeholder process, participants identified suicide prevention as the most needed program, and MCBHRS proposes to continue funding this program.

Proposed Activities:

This hotline continues to be 24/7 and 365 days per year. The Hotline is operated by staff utilizing volunteers to minimize costs and maximize efficiency. The Hotline assists individuals who are looking for resources and education regarding a loved one or friend, provides support for those in crisis, and keeps people safe who have suicidal ideation or that are in the process of killing themselves.

Individuals Served:

The program is expected to serve 50 individuals per fiscal year.

Outcomes and Indicators:

The expected outcome of this evidence-based practice is to reduce suicide through the accessibility of a local hotline providing timely access to services. The number of callers will be used to indicate a change in attitude and behavior to prevent mental illness-related suicide.

The CVSPH uses the Columbia Suicide Severity Rating scale to screen their callers with the intention of preventing suicide for Mariposa County.

Demographic data will also be collected for every participant.

Budget:

MCBHRS estimates spending $4,000.00 on the CVSPH each fiscal year. This number depends on the price charged by the vendor according to our share of the call volume but is expected to remain the same over the next three fiscal years.

Estimated Cost Person: $80.00

**The above amounts are budget estimates based on MHSA revenue projections. The actual expenditure may be lower or higher depending on the actual MHSA revenue received in these future years.*

FY 2024/2025 Annual Update:

Estimated Cost Per Person for the Central Valley Suicide Valley Hotline: $80.00

The purposed budget for this program is $4,000.00.

This program will remain the same this coming fiscal year (24/25) and will continue to assist individuals who are looking for assistance regarding suicide.

The program expects to serve 50 individuals per fiscal year.

FY 2025/2026 Annual Update:

Estimated Cost Per Person for the Central Valley Suicide Valley Hotline: $80.00

The proposed annual budget for this program is $4,000.00.

This program will remain the same this coming fiscal year (25/26) and will continue to assist individuals who are looking for assistance regarding suicide.

The program expects to serve 50 individuals per fiscal year.

Access and Linkage

Opt Out

Each project listed above in the PEI component facilitates and ensures access and linkage to services. The reporting requirements for this component would require more training and staff time than a tiny county can implement. As such, MCBHRS has decided to opt-out of the access and linkage component.

For FY 24/25, MCBHRS will continue to opt out of this component. The capacity to implement this program and ensure reporting requirements are met would heavily strain the already strained workforce.

For FY 25/26, MCBHRS proposes continuing to opt out of this component. The capacity to implement this program and ensure reporting requirements are met would heavily strain the already strained workforce.

Workforce Education and Training Overview

What is Workforce, Education and Training?

Workforce, Education, and Training (WET) is the component of MHSA that aims to reduce the workforce shortages of qualified staff in the mental health field by supporting, building, retaining, and training. Every five years the county must conduct a workforce assessment of the education and training needs of the mental health system workforce and evaluate the identified needs.

Proposed programs within Workforce, Education and Training:

- **Regional Loan Repayment Program**
  a) MCBHRS will continue to work with our partners at HCAI, CalMHSA, and our central Regional collaborative to ensure MCBHRS continues awarding participants educational loans in exchange for paid comment.

Workforce Needs Assessment 2020:

(See full WET Assessment – Appendix)

MCBHRS conducted a WET assessment in January 2020 to determine current workforce shortages and identify hard to fill positions (See full WET assessment in appendix L). Staff were asked to complete a short survey identifying their licensure/position, their ethnicity and any language proficiencies. It should be noted that 18% of the current workforce did not respond to the information requested.

	White / Cauc.	Hispanic / Latino	African-American / Black	Asian / Pacific Islander	Native American	Multi Race / Other (Includes unknown)
Population Served	70%	11%	2%	>1%	4%	12%
MCBHRS Workforce	62%	12.3%	1.6%	1.6%	0%	4.8%

Comparability of workforce, by ethnicity, to population receiving public mental health services:

Several ethnic groups were identified as being appropriately represented by the current workforce; however, it appears more work needs to be done to recruit staff that identify as Native American, with zero percent staffing represented. MCBHRS contracts with the American Indian Council to provide mental health services to the Native American population. These contract providers were not included in the workforce data listed above. More work needs to be done to determine what other races or ethnicities are being served that fall into the Multi/Race or Other category.

Language Proficiency:

Three staff members self-identified as being proficient in Spanish, and one staff indicted they were proficient in French. Although there is not a large number of staff members proficient in other languages, the majority of consumers are proficient in English, with only the occasional need for Spanish and ASL interpreter. MCBHRS offsets this need by contracting with a certified ASL interpreter and a tele-interpreter language line. Staff are trained annually on the usage of the language line to ensure, when the need arises, staff have access to multiple languages. One area that warrants further exploration is whether Non-English-speaking communities are not seeking out the services they need because of perceived language barriers. Further exploration may be necessary to determine if the need is great enough to offer an incentive for direct service hires with ASL or Spanish language proficiency, or training for current employees in these languages.

Position designated for individuals with consumer experience:

MCBHRS has a position designed for individuals with consumer experience. This is a peer support specialist position that runs the Wellness Center. The peer support specialist position allows consumers and family members to enter the mental health profession and potentially be promoted through the Mental Health Assistant (I – III) career ladder. This position is currently filled, but historically, staff have entered into this position and then moved on to promotional opportunities.

Other, Miscellaneous:

Age Penetration Rates										
Age Group	0-15 Years	6-11 Years	12-17 Years	18-20 Years	21-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65+ Years
% Served	5%	14%	30%	13%	12%	13%	14%	15%	12%	6%

It is notable that Mariposa County's 65+ age group makes up 27% of the population, and yet the penetration rate for this group is 6%. Forty-eight percent of stakeholders identified the 60+ age range as an underserved population in the community. This could be indicative of the county's lack of Medicare providers. The older adult age group remains an underserved population for MCBHRS.

Regional Loan Repayment Program
Workforce, Education and Training

Program Description:

The Health Care and Information (HCAI) (formally OSHPD) announced a WET regional partnership grant in 2019. MCBHRS falls under the central region and as such have been participating with the region to plan and organize these programs.
MCBHRS is interested in the following programs:

- Loan Repayment Program: Provide educational loan repayment assistance to PMHS professionals that the local jurisdiction identifies as high priority in the region, giving consideration to applicants who previously received a scholarship and/or stipend. The Grantee may consider the following factors when determining award amounts: applicants who previously scholarships and/or stipends, educational attainment, the level of unmet need in the community served, and years of service in the PMHS. The Grantee also determines the amount they award and length of volunteer or paid work commitment.

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

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

Graduate program stipends will be developed in collaboration with other Central Region counties as part of the Central County Regional Partnership to support WET efforts and workforce diversification. Through the Central Region Partnership, this state loan repayment program will help retain and recruit qualified staff or work to promote careers in the behavioral health field with students early in their academic careers.

Individuals Served:

Current, new or onboarding Licensed/Associate Clinicians, Licensed Psychiatrists, or Psychiatric Nurse Practitioners of MCBHRS.

Budget: $19,695

FY 2024/2025 Annual Update:

Budget: $29,965.00

MCBHRS will continue to work with our partners at HCAI, CalMHSA, and our central region collaborative to ensure we continue awarding participants educational loans in exchange for a paid work commitment. MCBHRS initially anticipated expending all of these funds by the end of fiscal year 23/24; due to the lack of participants in this program, it will estimate a remaining budget of $29,965.00 for fiscal year 24/25.

FY 2025/2026 Annual Update: This program will sunset as of June 30th 2025. No other WET program are being proposed for FY 25/26.

Proposed Programs within Capital Facilities and Technology Needs (CFTN):

- MCBHRS expended all these one-time funds.

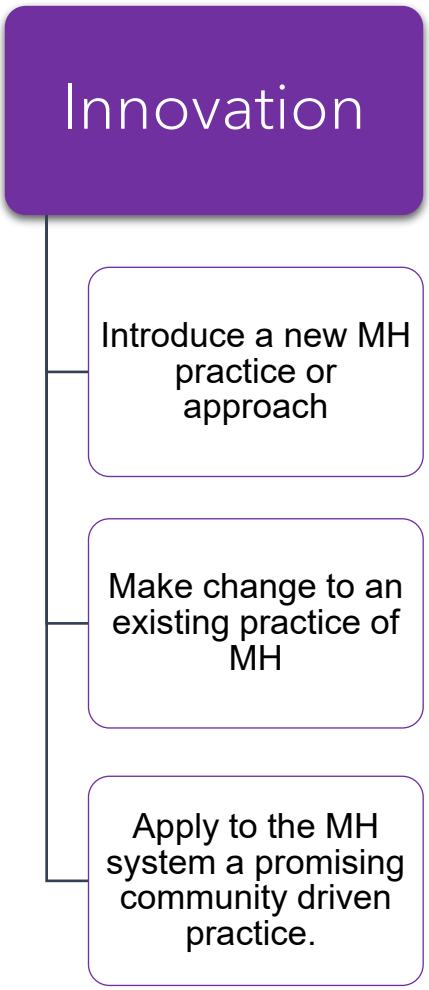
Innovation (INN) Overview

What is Innovation?

Innovation (INN) projects are designed to find new approaches to improve mental health services, delivery of services, quality of services, or improve outcomes by promoting interagency collaboration.

Innovation projects must do one of the following: Introduce a mental health practice or approach that is new to the overall mental health system, including but not limited to, prevention and early intervention; make a change to an existing practice in the field of mental health, including but not limited to, application to a different population; or apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

An innovation project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solve persistent mental health challenges, including, but not limited to, administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for service providers, including nontraditional mental health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment.



Proposed programs within Innovation:

- **Psychiatric Advanced Directive**
- **Virtual Reality**
  a) In Fiscal Years 23-26, MCBHRS will develop and complete this project proposal.

Innovation Community Planning Process:

MCBHRS currently has one active innovation project.

MCBHRS utilizes the annual stakeholder process to include the innovation projects and will utilize this format for any new proposals. The proposal will then be posted for a 30-day public review and approved by the local mental health board. Once approved, MCBHRS will take the proposal to the Mariposa County Board of Supervisors for approval.

Psychiatric Advance Directive

Innovation

Program Description:

The psychiatric Advance Directives (PADs) project is a multi-county collaborative project supported by the MHSOAC focusing on developing advanced directives to improve the response to individuals who may experience a mental health crisis. The idea behind PADs is like the healthcare advance directive, which allows individuals to identify their care and treatment before a life-changing event can occur. PADs are a form of Supportive Decision-Making (SDM), a decision-making methodology where people work with friends, family members, and professionals who help them understand the situations and choices they face so they may make their own decisions regarding their treatment.

Developing a PAD, with support from, among others, county mental health professionals, can help people clarify their preferences for treatment so that they will receive appropriate support and care, especially during mental health crises. When implemented skillfully, a PAD is a powerful tool to increase a person's quality of care within mental health and justice-involved settings.

The primary purpose of the PADs project is to improve the quality of mental health services, including measured outcomes. Using PADs, clients will gain autonomy in their mental health care decision-making. This project will provide the groundwork for community collaboration, creating a PADs Teams, a standardized PADs County "tool-kit," and evaluate the process and success in engaging clients and nonengaged consumers. This project changes how mental health treatment is implemented by allowing the consumer a voice and choice before a crisis occurs so that during a crisis, that individual has laid out what works, what doesn't work, what makes things worse, and what makes things better. This methodology could allow for more effective use of and leveraging of resources.

Proposed Activities:

This project is proposed to do the following:

1. Engage the community, consumers, peers, families, consumer advocacy groups, law enforcement, and the judicial system.

2. Develop community-wide standardized training for understanding, accessing, recognizing, and implementing PADs within the community.

3. Create a standardized PAD template.

4. Training for trainers.

5. Draft and advocate for legislation enabling PAD use, accessibility, adherence, and sustainability.

6. Create a statewide PADs technology platform.

7. Evaluate the impact of PADs with the process and impact data and outcomes.

If PADs are found to be successful in positively affecting consumer outcomes, this project will contribute to learning locally, statewide, and even nationwide. MCBHRS will continue to develop this project and will work to identify and describe the priority population to utilize PADs. Initially, the project could target just the homeless, aging, and hospitalized populations. The PADs project will be designed and implemented in a way that is consistent with all relevant MHSA standards.

Community Planning Process - PADS:

Community Program Planning for PADS – The local Behavioral Health Board (BHB) was invited to attend two informative listening lessons on April 20, 2021, and May 12, 2021, on supportive decision-making and psychiatric advanced directives. An informative PowerPoint was formally presented to the BHB on PADs. Additionally, MCBHRS hosted a stakeholder meeting on 05/12/2021, where information on the psychiatric advance directives was provided to the participants and an opportunity to provide feedback or ask questions. MCBHRS then posted a survey on our Facebook page to gather more information from stakeholders on using psychiatric advance directives and participating in the multicounty collaborative project.

The following results were found:

- 100% of participants think there is a need to increase the quality of mental health services provided in Mariposa County.
- 91% of respondents indicated that they, a loved one, or someone they know would be interested in creating a PAD.
- 83% believed integrating PADs would enhance their overall mental health treatment.
- 92% of respondents believed that allowing individuals to identify their treatment upfront before a crisis occurs will improve client outcomes.

Information on this program was presented at July 16, 2021, a public hearing, where stakeholders were given another opportunity to provide input and feedback on psychiatric advance directives. This project was approved by the MHSOAC on 06/24/2021. Stakeholders will be involved at every stage of this project, from project design, implementation, and training, and even what information should be collected on a PAD. Once this project reaches the evaluation stage, all information will be presented to stakeholders, where they will be asked about the project's future and if they feel it was successful, and if those aspects of the project should continue.

Individuals Served:

MCBHRS will be serving the population that has the highest risk of homelessness, hospitalizations, and involvement with the criminal justice system.

Outcomes and Indicators:

To improve positive outcomes for consumers at risk of involuntary care, homelessness, unnecessary hospitalizations, and involvement with criminal justice. Evaluation of the impact of PADS with the process and impact data and outcomes by using surveys, holding focus groups, evaluating county-specific priority populations, evaluating the effect on access to quality of mental health services and supports, and evaluating the impact on consumers of the quality of life.

Budget:

The PADs innovation program will cost anywhere from $116,173 to $119,851 annually.

FY 2024/2025 Annual Update:

Budget: $125,320.00

MCBHRS will continue to participate in the multi-county collaborative on the PADs project. MCBHRS estimates that $125,320.00 will be expended in the 24/25 fiscal year.

FY 2025/2026 Annual Update:

MCBHRS will continue to participate in the multi-county collaborative on the PADs project. MCBHRS estimates that $38,816.95 will be expended in the 25/26 fiscal year.

For FY 25/26, the multi-county collaborative PADs project will be transitioning to Phase II, which will extend through June 30, 2029. Mariposa County posted the proposal to enter Phase II for a 30-day public comment period on January 6, 2025. A public hearing was held in coordination with the Behavioral Health Board on February 5, 2025. Stakeholders were informed about the public hearing through the County's Facebook page, the local newspaper, and the County website. In addition to the public hearing, Mariposa County presented the proposal to proceed with Phase II of this project to the Board of Supervisors on June [insert date], 2025.

Virtual Reality (VR) –

VR has been used as a tool in therapy and has proven effective in treating anxiety disorders. The idea behind incorporating VR into mental health treatment is to increase engagement and quality of services individuals receive. The use of VR could increase the ability of the treating provider to understand a problem and intervene in real time. This process also allows for a more controlled environment, for example, if a client experiences social anxiety, VR could simulate a social setting allowing the provider to walk the client, in real time, through coping skills without actually having the client in a social setting.

MCBHRS would propose incorporating VR in mental health services with children. The goal is to use this tool to provide psychoeducation, mindfulness, and simulate other environments and experiences that children struggle with.

MCBHRS will continue the stakeholder process for this project, and will request technical assistance, and eventually approval from the MHSOAC before this project is implemented.

Currently there is no budget allocated for this program as MCBHRS will continue the planning stage of this project.

FY 2024/2025 Annual Update:

A budget has yet to be allocated for this program. With Prop 1 passing, MCBHRS will continue to review the budget to evaluate the planning stages of this project and determine whether we can move forward.

FY 2025/2026 Annual Update:

With the passing of Prop 1, MCBHRS will not be moving forward with this innovation project as the budget cannot support it due to the reallocation of funding into the new components of Prop 1.

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Mariposa Date: 3/31/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	0	0	0	
2. Estimated New FY2023/24 Funding	1,849,848	462,452	116,173			
3. Transfer in FY2023/24a/	0					
4. Access Local Prudent Reserve in FY2023/24	0	0				0
5. Estimated Available Funding for FY2023/24	1,849,848	462,452	116,173	19,695	0	
B. Estimated FY2023/24 MHSA Expenditures	1,849,848	462,452	116,173	19,695	0	
C. Estimated FY2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	0	0	0	
2. Estimated New FY2024/25 Funding	1,775,512	443,859	119,851			
3. Transfer in FY2024/25a/	0					
4. Access Local Prudent Reserve in FY2024/25	0	0				0
5. Estimated Available Funding for FY2024/25	1,775,512	443,859	119,851	0	0	
D. Estimated FY2024/25 Expenditures	1,775,512	443,859	119,851	0	0	
E. Estimated FY2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	0	0	0	
2. Estimated New FY2025/26 Funding	1,751,761	437,921	0			
3. Transfer in FY2025/26a/	0					
4. Access Local Prudent Reserve in FY2025/26	0	0				0
5. Estimated Available Funding for FY2025/26	1,751,761	437,921	0	0	0	
F. Estimated FY2025/26 Expenditures	1,751,761	437,921	0	0	0	
G. Estimated FY2025/26 Unspent Fund Balance	0	0	0	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	0
2. Contributions to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	0
5. Contributions to the Local Prudent Reserve in FY 2024/25	0
6. Distributions from the Local Prudent Reserve in FY 2024/25	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	0
8. Contributions to the Local Prudent Reserve in FY 2025/26	0
9. Distributions from the Local Prudent Reserve in FY 2025/26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	0

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

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Mariposa Date: 3/31/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	706,017	508,569	197,448			
2. Adult	1,020,262	722,808	297,454			
Non-FSP Programs						
1. Wellness Center - GSD	10,000	10,000				
2. Peer Support - Wellness Center - GSD	42,088	42,088				
CSS Administration	787,537	566,383	221,154			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,565,904	1,849,848	716,056	0	0	0
FSP Programs as Percent of Total	93.3%					

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	667,024	469,576	197,448			
2. Adult	959,059	661,605	297,454			
Non-FSP Programs						
1. Wellness Center - GSD	10,000	10,000				
2. Peer Support - Wellness Center - GSD	43,877	43,877				
CSS Administration	821,007	590,454	230,553			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,500,967	1,775,512	725,455	0	0	0
FSP Programs as Percent of Total	91.6%					

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	637,304	439,855	197,448			
2. Adult	911,909	614,455	297,454			
Non-FSP Programs						
1. Wellness Center - GSD	10,000	10,000				
2. Peer Support - Wellness Center - GSD	45,742	45,742				
CSS Administration	892,276	641,709	250,566			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,497,230	1,751,761	745,469	0	0	0
FSP Programs as Percent of Total	88.4%					

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Mariposa Date: 3/31/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN#1 Psychiatric Advanced Directives - Multi County Collaborative	101,301	101,301	0	0	0	0
2.	0					
INN Administration	14,873	14,873				
Total INN Program Estimated Expenditures	116,173	116,173	0	0	0	0

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN#1 Psychiatric Advanced Directives - Multi County Collaborative	104,234	104,234	0	0	0	0
2.	0					
INN Administration	15,616	15,616				
Total INN Program Estimated Expenditures	119,851	119,851	0	0	0	0

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Psychiatric Advanced Directives - Multi County Collaborative	0	0	0	0	0	0
2.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Mariposa Date: 3/31/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	0	0				
2. Training and Technical Assistance	0	0				
3. Mental Health Career Pathways Prog	0	0				
4. Residency and Internship Programs	0	0				
5. Financial Incentive Programs	0	0				
6. ***WET Regional Workforce Partner	19,695	19,695				
7.	0					
WET Administration	0	0				
Total WET Program Estimated Expenditures	19,695	19,695	0	0	0	0

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	0					
2. Training and Technical Assistance	0					
3. Mental Health Career Pathways Prog	0					
4. Residency and Internship Programs	0	0				
5. Financial Incentive Programs	0					
6. WET - Central Regional Partnership	0	0				
7.	0					
WET Administration	0				0	
Total WET Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	0					
2. Training and Technical Assistance	0					
3. Mental Health Career Pathways Prog	0					
4. Residency and Internship Programs	0					
5. Financial Incentive Programs	0					
6. WET - Central Regional Partnership	0	0			0	
7.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Mariposa Date: 3/31/23

Fiscal Year 2017/18

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Family Services Center	0	0	0	0	0	0
2. MHIT	0	0	0	0	0	0
CFTN Programs - Technological Needs Projects						
11.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Fiscal Year 2018/19

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Family Services Center	0	0	0	0	0	0
2. MHIT	0	0	0	0	0	0
CFTN Programs - Technological Needs Projects						
11.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Fiscal Year 2019/20

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Family Services Center	0	0	0	0	0	0
2. MHIT	0	0	0	0	0	0
CFTN Programs - Technological Needs Projects						
11.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Annual Update 2024/2025 – Expenditure Plan

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan

Funding Summary

County: Mariposa Date: 4/17/24

	Fiscal Year 2023/24, Fiscal Year 2024/25, and Fiscal Year 2025/26					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Interventi	Innovation	Workforce Education and	Capital Facilities and Technolo	Prudent Reserve
A. Estimated FY 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	0	0	0	
2. Estimated New FY2023/24 Funding	1,849,848	462,452	116,173			
3. Transfer in FY2023/24a/	0					
4. Access Local Prudent Reserve in FY2023/24	0	0				0
5. Estimated Available Funding for FY2023/24	1,849,848	462,452	116,173	19,695	0	
B. Estimated FY2023/24 MHSA Expenditures	1,849,848	462,452	116,173	19,695	0	
C. Estimated FY2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	0	29,965	0	
2. Estimated New FY2024/25 Funding	1,156,793	385,716	125,320			
3. Transfer in FY2024/25a/	0					
4. Access Local Prudent Reserve in FY2024/25	0	0				0
5. Estimated Available Funding for FY2024/25	1,156,793	385,716	125,320	29,965	0	
D. Estimated FY2024/25 Expenditures	1,156,793	385,716	125,320	29,965	0	
E. Estimated FY2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	0	0	0	
2. Estimated New FY2025/26 Funding	810,049	396,371	0			
3. Transfer in FY2025/26a/	0					
4. Access Local Prudent Reserve in FY2025/26	0	0				0
5. Estimated Available Funding for FY2025/26	810,049	396,371	0	0	0	
F. Estimated FY2025/26 Expenditures	810,049	396,371	0	0	0	
G. Estimated FY2025/26 Unspent Fund Balance	0	0	0	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	0
2. Contributions to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	0
5. Contributions to the Local Prudent Reserve in FY 2024/25	0
6. Distributions from the Local Prudent Reserve in FY 2024/25	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	0
8. Contributions to the Local Prudent Reserve in FY 2025/26	0
9. Distributions from the Local Prudent Reserve in FY 2025/26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	0

Community Services and Supports (CSS):

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Mariposa Date: 4/17/24

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	706,017	508,569	197,448			
2. Adult	1,020,262	722,808	297,454			
3.	0					
Non-FSP Programs						
1. Wellness Center - GSD	10,000	10,000				
2. Peer Support - Wellness Center - GSD	42,088	42,088				
3.	0					
CSS Administration	787,537	566,383	221,154			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,565,904	1,849,848	716,056	0	0	0
FSP Programs as Percent of Total	93.3%					

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	499,517	382,480	117,038			
2. Adult	537,024	493,227	43,797			
3.	0					
Non-FSP Programs						
1. Wellness Center - GSD	10,000	10,000				
2. Peer Support - Wellness Center - GSD	43,877	43,877				
3.	0					
CSS Administration	441,839	227,209	214,630			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	1,532,258	1,156,793	375,465	0	0	0
FSP Programs as Percent of Total	89.6%					

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	342,295	225,257	117,038			
2. Adult	334,278	290,480	43,797			
3.	0					
Non-FSP Programs						
1. Wellness Center - GSD	10,000	10,000				
2. Peer Support - Wellness Center - GSD	45,742	45,742				
3.	0					
CSS Administration	463,931	238,570	225,361			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	1,196,245	810,049	386,196	0	0	0
FSP Programs as Percent of Total	83.5%					

Prevention and Early Intervention (PEI):

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Mariposa Date: 4/17/24

		Fiscal Year 2023/24					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention	**Mariposa Program**						
	1. Existing operating expenses	202,116	202,116	0	0	0	0
Prevention	2. Friendly Visitor	50,000	50,000	0	0	0	0
Prevention	3. Aramark	30,000	30,000	0	0	0	0
Prevention	4. NPS	20,000	20,000	0	0	0	0
Early Intervention	5. Family Resource Center	121,000	121,000	0	0	0	0
Stigma Reduction	6. MMM	2,000	2,000	0	0	0	0
Suicide Prevention	7. CVSPH	4,000	4,000				
Outreach for Increasing Recognition	8. MHFA	10,000	10,000				
Access and Linkage (Optional)		0	0				
	10.	0					
PEI Programs - Early Intervention							
	11.	0					
PEI Administration		23,336	23,336				
PEI Assigned Funds		0					
Total PEI Program Estimated Expenditures		462,452	462,452	0	0	0	0

		Fiscal Year 2024/25					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention	**Mariposa Program**						
	1. Existing operating expenses	106,545	106,545	0	0	0	0
Prevention	2. Friendly Visitor	50,000	50,000	0	0	0	0
Prevention	3. Aramark	30,000	30,000	0	0	0	0
Prevention	4. NPS	20,000	20,000	0	0	0	0
Early Intervention	5. Family Resource Center	121,000	121,000	0	0	0	0
Stigma Reduction	6. MMM	2,000	2,000	0	0	0	0
Suicide Prevention	7. CVSPH	4,000	4,000	0	0	0	0
Outreach for Increasing Recognition	8. MHFA	10,000	10,000				
Access and Linkage (Optional)		0	0				
	10.	0					
PEI Programs - Early Intervention							
	11.	0					
PEI Administration		42,171	42,171				
PEI Assigned Funds		0					
Total PEI Program Estimated Expenditures		385,716	385,716	0	0	0	0

		Fiscal Year 2025/26					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention	**Mariposa Program**						
	1. Existing operating expenses	117,200	117,200	0	0	0	0
Prevention	2. Friendly Visitor	50,000	50,000	0	0	0	0
Prevention	3. Aramark	30,000	30,000	0	0	0	0
Prevention	4. NPS	20,000	20,000	0	0	0	0
Early Intervention	5. Family Resource Center	121,000	121,000	0	0	0	0
Stigma Reduction	6. MMM	2,000	2,000	0	0	0	0
Suicide Prevention	7. CVSPH	4,000	4,000				
Outreach for Increasing Recognition	8. MHFA	10,000	10,000				
Access and Linkage (Optional)		0	0				
	10.	0					
PEI Programs - Early Intervention							
	11.	0					
PEI Administration		42,171	42,171				
PEI Assigned Funds		0					
Total PEI Program Estimated Expenditures		396,371	396,371	0	0	0	0

Innovation (INN):

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan

Innovations (INN) Component Worksheet

County: Mariposa Date: 4/17/24

	A	B	C	D	E	F
Fiscal Year 2023/24	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN#1 Psychiatric Advanced Directives - Multi County Collaborative	101,301	101,301	0	0	0	0
2.	0					
INN Administration	14,873	14,873				
Total INN Program Estimated Expenditures	116,173	116,173	0	0	0	0

	A	B	C	D	E	F
Fiscal Year 2024/25	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN#1 Psychiatric Advanced Directives - Multi County Collaborative	104,234	104,234	0	0	0	0
2.	0					
INN Administration	21,086	21,086				
Total INN Program Estimated Expenditures	125,320	125,320	0	0	0	0

	A	B	C	D	E	F
Fiscal Year 2025/26	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Psychiatric Advanced Directives - Multi County Collaborative	0	0	0	0	0	0
2.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

Workforce, Education and Training (WET):

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Mariposa Date: 4/17/24

Fiscal Year 2023/24

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	0	0				
2. Training and Technical Assistance	0	0				
3. Mental Health Career Pathways Programs	0	0				
4. Residency and Internship Programs	0	0				
5. Financial Incentive Programs	0	0				
6. ***Wet Regional Workforce Partnership	19,695	19,695				
WET Administration	0	0				
Total WET Program Estimated Expenditures	19,695	19,695	0	0	0	0

Fiscal Year 2024/25

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	0					
2. Training and Technical Assistance	0					
3. Mental Health Career Pathways Programs	0					
4. Residency and Internship Programs	0	0				
5. Financial Incentive Programs	0					
6. WET - Central Regional Partnership	29,965	29,965				
WET Administration	0				0	
Total WET Program Estimated Expenditures	29,965	29,965	0	0	0	0

Fiscal Year 2025/26

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	0					
2. Training and Technical Assistance	0					
3. Mental Health Career Pathways Prograr	0					
4. Residency and Internship Programs	0					
5. Financial Incentive Programs	0					
6. WET - Central Regional Partnership	0	0			0	
7.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

Capital Facilities/Technological Needs (CFTN):

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Mariposa Date: 4/17/24

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Family Services Center	0	0	0	0	0	0
2. MHIT	0	0	0	0	0	0
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Family Services Center	0	0	0	0	0	0
2. MHIT	0	0	0	0	0	0
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Family Services Center	0	0	0	0	0	0
2. MHIT	0	0	0	0	0	0
3.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Annual Update 2025/2026 – Expenditure Plan

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan

Funding Summary

County: Mariposa Date: 4/2/25

	Fiscal Year 2023/24, Fiscal Year 2024/25, and Fiscal Year 2025/26					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and	Capital Facilities and Technolo	Prudent Reserve
A. Estimated FY 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	0	0	0	
2. Estimated New FY2023/24 Funding	1,849,848	462,452	116,173			
3. Transfer in FY2023/24a/	0					
4. Access Local Prudent Reserve in FY2023/24	0	0				0
5. Estimated Available Funding for FY2023/24	1,849,848	462,452	116,173	19,695	0	
B. Estimated FY2023/24 MHSA Expenditures	1,849,848	462,452	116,173	19,695	0	
C. Estimated FY2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	0	29,965	0	
2. Estimated New FY2024/25 Funding	1,156,793	385,716	125,320			
3. Transfer in FY2024/25a/	0					
4. Access Local Prudent Reserve in FY2024/25	0	0				0
5. Estimated Available Funding for FY2024/25	1,156,793	385,716	125,320	29,965	0	
D. Estimated FY2024/25 Expenditures	1,156,793	385,716	125,320	29,965	0	
E. Estimated FY2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	0	0	0	
2. Estimated New FY2025/26 Funding	920,586	340,463	0			
3. Transfer in FY2025/26a/	0					
4. Access Local Prudent Reserve in FY2025/26	0	0				0
5. Estimated Available Funding for FY2025/26	920,586	340,463	0	0	0	
F. Estimated FY2025/26 Expenditures	920,586	340,463	38,817	0	0	
G. Estimated FY2025/26 Unspent Fund Balance	0	0	(38,817)	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	0
2. Contributions to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	0
5. Contributions to the Local Prudent Reserve in FY 2024/25	0
6. Distributions from the Local Prudent Reserve in FY 2024/25	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	0
8. Contributions to the Local Prudent Reserve in FY 2025/26	0
9. Distributions from the Local Prudent Reserve in FY 2025/26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	0

Community Services and Supports (CSS):

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Mariposa Date: 4/2/25

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
SP Programs						
1. Children	706,017	508,569	197,448			
2. Adult	1,020,262	722,808	297,454			
3.	0					
4.	0					
5.	0					
6.	0					
Non-FSP Programs						
1. Wellness Center - GSD	10,000	10,000				
2. Peer Support - Wellness Center - GSD	42,088	42,088				
3.	0					
4.	0					
5.	0					
SS Administration	787,537	566,383	221,154			
SS MHSA Housing Program Assigned Funds	0					
otal CSS Program Estimated Expenditures	2,565,904	1,849,848	716,056	0	0	0
SP Programs as Percent of Total	93.3%					

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Mariposa Date: 4/2/25

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	499,517	382,480	117,038			
2. Adult	537,024	493,227	43,797			
3.	0					
4.	0					
5.	0					
6.	0					
Non-FSP Programs						
1. Wellness Center - GSD	10,000	10,000				
2. Peer Support - Wellness Center - GSD	43,877	43,877				
3.	0					
4.	0					
5.	0					
CSS Administration	441,839	227,209	214,630			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	1,532,258	1,156,793	375,465	0	0	0
FSP Programs as Percent of Total	89.6%					

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Mariposa Date: 4/2/25

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	392,455	258,266	134,189			
2. Adult	383,263	333,048	50,216			
3.	0					
4.	0					
5.	0					
6.	0					
Non-FSP Programs						
1. Wellness Center - GSD	10,000	10,000				
2. Peer Support - Wellness Center - GSD	45,742	45,742				
3.	0					
4.	0					
5.	0					
CSS Administration	531,916	273,530	258,386			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	1,363,376	920,586	442,790	0	0	0
FSP Programs as Percent of Total	84.3%					

Prevention and Early Intervention (PEI):

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Mariposa Date: 4/2/25

		Fiscal Year 2023/24					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention	**Mariposa Program**						
	1. Existing operating expenses	202,116	202,116	0	0	0	0
Prevention	2. Friendly Visitor	50,000	50,000	0	0	0	0
Prevention	3. Aramark	30,000	30,000	0	0	0	0
Prevention	4. NPS	20,000	20,000	0	0	0	0
Early Intervention	5. Family Resource Center	121,000	121,000	0	0	0	0
Stigma Reduction	6. MMM	2,000	2,000	0	0	0	0
Suicide Prevention	7. CVSPH	4,000	4,000				
Outreach for Increasing Recognition	8. MHFA	10,000	10,000				
Access and Linkage (Optional)		0	0				
	10.	0					
PEI Programs - Early Intervention							
	11.	0					
	12.	0					
	13.	0					
PEI Administration		23,336	23,336				
PEI Assigned Funds		0					
Total PEI Program Estimated Expenditures		462,452	462,452	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Mariposa Date: 4/2/25

		Fiscal Year 2024/25					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention	Mariposa Program						
	1. Existing operating expenses	106,545	106,545	0	0	0	0
Prevention	2. Friendly Visitor	50,000	50,000	0	0	0	0
Prevention	3. Aramark	30,000	30,000	0	0	0	0
Prevention	4. NPS	20,000	20,000	0	0	0	0
Early Intervention	5. Family Resource Center	121,000	121,000	0	0	0	0
Stigma Reduction	6. MMM	2,000	2,000	0	0	0	0
Suicide Prevention	7. CVSPH	4,000	4,000	0	0	0	0
Outreach for Increasing Recognition	8. MHFA	10,000	10,000				
Access and Linkage (Optional)		0	0				
	10.	0					
PEI Programs - Early Intervention							
	11.	0					
	12.	0					
	13.	0					
	14.	0					
PEI Administration		42,171	42,171				
PEI Assigned Funds		0					
Total PEI Program Estimated Expenditures		385,716	385,716	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Mariposa Date: 4/2/25

		Fiscal Year 2025/26					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention	Mariposa Program						
	1. Existing operating expenses	117,200	117,200	0	0	0	0
Prevention	2. Friendly Visitor	5,000	5,000	0	0	0	0
Prevention	3. Aramark	30,000	30,000	0	0	0	0
Prevention	4. NPS	20,000	20,000	0	0	0	0
Early Intervention	5. Family Resource Center	121,000	121,000	0	0	0	0
Stigma Reduction	6. MMM	2,000	2,000	0	0	0	0
Suicide Prevention	7. CVSPH	4,000	4,000				
Outreach for Increasing Recognition	8. MHFA	5,000	5,000				
Access and Linkage (Optional)		0	0				
	10.	0					
PEI Programs - Early Intervention							
	11.	0					
	12.	0					
	13.	0					
PEI Administration		36,263	36,263				
PEI Assigned Funds		0					
Total PEI Program Estimated Expenditures		340,463	340,463	0	0	0	0

Innovation (INN):

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Mariposa Date: 4/2/25

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN#1 Psychiatric Advanced Directives -	101,301	101,301	0	0	0	0
2.	0					
3.	0					
4.	0					
INN Administration	14,873	14,873				
Total INN Program Estimated Expenditures	116,173	116,173	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Mariposa Date: 4/2/25

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN#1 Psychiatric Advanced Directives -	104,234	104,234	0	0	0	0
2.	0					
3.	0					
4.	0					
INN Administration	21,086	21,086				
Total INN Program Estimated Expenditures	125,320	125,320	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Mariposa Date: 4/2/25

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN#1 Psychiatric Advanced Directives -	38,817	38,817	0	0	0	0
2.	0					
3.	0					
4.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	38,817	38,817	0	0	0	0

Workforce, Education and Training (WET):

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Mariposa Date: 4/2/25

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	0	0				
2. Training and Technical Assistance	0	0				
3. Mental Health Career Pathways Prograr	0	0				
4. Residency and Internship Programs	0	0				
5. Financial Incentive Programs	0	0				
6. ***Wet Regional Workforce Partnershi	19,695	19,695				
7.	0					
8.	0					
9.	0					
WET Administration	0	0				
Total WET Program Estimated Expenditures	19,695	19,695	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Mariposa | Date: 4/2/25

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	0					
2. Training and Technical Assistance	0					
3. Mental Health Career Pathways Prograr	0					
4. Residency and Internship Programs	0	0				
5. Financial Incentive Programs	0					
6. WET - Central Regional Partnership	29,965	29,965				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
WET Administration	0				0	
Total WET Program Estimated Expenditures	29,965	29,965	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Mariposa | Date: 4/2/25

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	0					
2. Training and Technical Assistance	0					
3. Mental Health Career Pathways Prograr	0					
4. Residency and Internship Programs	0					
5. Financial Incentive Programs	0					
6. WET - Central Regional Partnership	0	0			0	
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

Capital Facilities/Technological Needs (CFTN):

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Mariposa Date: 4/2/25

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Family Services Center	0	0	0	0	0	0
2. MHIT	0	0	0	0	0	0
3.	0					
4.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Mariposa Date: 4/2/25

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Family Services Center	0	0	0	0	0	0
2. MHIT	0	0	0	0	0	0
3.	0					
4.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Mariposa Date: 4/2/25

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Family Services Center	0	0	0	0	0	0
2. MHIT	0	0	0	0	0	0
3.	0					
4.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

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

Fiscal Year: 21/22, 22/23 & 23/24

Three Year PEI Report Overview

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

Executive Summary: Mariposa County's Behavioral Health and Recovery Services (MCBHRS) Prevention and Early Intervention (PEI) Program Evaluation presents summaries and analysis of the PEI projects active during the following fiscal years (FY) 21/22, 22/23, 23/24.

PEI is designed to engage individuals and prevent mental illnesses from becoming severe and disabling while increase access to services for underserved populations. The goal is to reduce adverse outcomes that may be a result of an untreated mental illness. The following six programs were constructed with stakeholder participation to address the aforementioned. Each program is designed to be non-stigmatizing and nondiscriminatory.

1. School Services Early Intervention Program:
   Active: 21/22, 22/23

   This school-based early intervention program was implemented in fiscal year 2021 in collaboration with a contract provider. This program consisted of an after-school peer mentoring program and client-centered therapy. These programs utilized evidence-based practices such as cognitive behavioral therapy, dialectical behavioral therapy, mindfulness-based stress reduction, and non-violent communication. These evidence-based practices reduced negative outcomes and provided timely access to services and access and linkage to treatment.

2. Yosemite National Park Prevention Program:
   Active: 21/22, 22/23, 23/24

   This prevention program was designed and implemented in 2018 when stakeholders, the National Park Services (NPS), and the Hospitality industry reached out for assistance with mental health services in Yosemite National Park. A Licensed Professional Clinical Counselor (LPCC) was funded to provide prevention services and interventions to address and promote recovery within the Yosemite National Park Community. Services and Interventions were designed to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

3. Mental Health First Aid:
Active: 21/22, 22/23, 23/24

This evidence-based program provided outreach for increasing recognition of early signs of mental illness and embodies the ideals set forth within PEI. This program engaged and trained first responders to recognize and respond effectively to early signs of mental illness. The training was held in locations convenient for community members, community partners, consumers, and family members. This program focuses on bringing about recovery, wellness, and resilience.

4. Mariposa Minds Matter Task Force:
Active: 21/22, 22/23, 23/24

This Stigma Reduction Task Force is an integral part of the Behavioral Health Board. The Task Force is made up of members, consumers, community-based partners, and staff. Activities are held throughout the year and designed to reduce stigma in our unique rural community. This component was designed to welcome community members' participation in the development of stigma and discrimination reducing activities.

5. Central Valley Suicide Prevention Hotline:
Active: 21/22, 22/23, 23/24

Central Valley Suicide Prevention Hotline (CVSPH) serves as a means of suicide prevention for the community. The hotline assists individuals who are looking for resources and education regarding a loved one or friend and provides support for those in a crisis. Stigma and discrimination were reduced by the anonymity of each phone call. This evidence-based practice reduced suicide by the accessibility of a local hotline, providing timely access to services, and access and linkages to treatment.

6. School Suicide Prevention Program:
Active: 21/22, 22/23

This School-Based Suicide Prevention Program was created to educate school-age children on the warning signs and symptoms of suicide, provide crisis interventions when needed, and offer resources. The curriculum was designed to build confidence and create a safe environment for students, with the aim of building hope by educating them on suicide awareness, warning signs, and myths surrounding mental health and providing prevention resources.

7. Family Resource Center Early Intervention Program:
Active: 23/24

Stakeholders identified gaps in services for youth, and in response MCBHRS proposed funding a Family Resource Center (FRC) to support children, families, and caregivers in accessing essential resources and services. The FRC was designed to address these service gaps by offering case management, parenting support, family activities, and support groups. Operating Tuesdays through Saturdays from 12:00 PM to 7:00 PM, the FRC aimed to improve access to treatment and services, strengthen family systems, provide educational and social opportunities,

and enhance wellness and resiliency. This early invention program developed activities focused on increasing access to mental health services and reducing stigma and discrimination, with a particular emphasis on underserved, trauma-exposed, and at-risk community members.

8. Friendly Visitor Prevention Program:
Active: 23/24

As part of the community planning process, stakeholders identified the lack of services and the isolation faced by Mariposa County's elderly population. In response, MCBHRS created the Friendly Visitor Program to address these challenges and reduce depression among seniors. A program coordinator was designated to manage volunteer visitors and identify participants for the program. Activities such as conversation, games, and reading were designed to improve mood and alleviate isolation. Additionally, volunteers helped identify unmet needs and facilitated referrals to community services, addressing concerns such as depression and anxiety.

Three Year PEI Report Overview

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

Unserved and underserved populations were identified through internal and external needs assessments within our county. Outcomes and indicators for each program were developed with stakeholder input, and on what would be the desired outcomes for those unserved and underserved populations.

Three-Year PEI Programs		
Fiscal Year 2021 – 2022	**Fiscal Year 2022 - 2023**	**Fiscal Year 2023-2024**
School Services	School Services	Yosemite National Park Prevention Program
Yosemite National Park Prevention Program	Yosemite National Park Prevention Program	Mental Health First Aid
Mental Health First Aid	Mental Health First Aid	Mariposa Minds Matter
Mariposa Minds Matter	Mariposa Minds Matter	Central Valley Suicide Prevention Hotline
Central Valley Suicide Prevention Hotline	Central Valley Suicide Prevention Hotline	Family Resource Center
School Suicide Prevention Program	School Suicide Prevention Program	Friendly Visitor

Program: School-Based Services

Component: Early Intervention

Active Fiscal Years: 21/22, 22/23

Program Description: This school-based program offered a range of services for at-risk students in grades 6–12. Mariposa County Behavioral Health and Recovery Services (MCBHRS) partnered with a contracted provider to deliver an early intervention program that included the following components:

- Self-esteem building activities
- A Psychology Skills Course
- Equine Therapy
- Yoga sessions
- Psychoeducation
- An after-school peer mentoring program
- Teacher training on conflict resolution in the classroom
- Regular student check-ins

Self-Esteem Building:

Self-defense and somatic therapy were used as a medium for health and healing. The program was geared towards cultivating self-esteem and victimization rehabilitation through teaching the empowering tools of self-defense, setting boundaries through assertive communication, body language and posture, to help students process and release the challenges and traumas they may have experienced and learn to cope positively.

Activities included, but were not limited to, psycho-education on stress reduction (mindfulness, journaling, breathing techniques, healthy boundaries, and empowered communication skills) and somatic therapy techniques that helped students to increase awareness of how their past challenges are showing up in their minds and bodies as stress and tension, and learn how to use esteem building physical exercise as a tool for releasing stored trauma. Students learned how to identify somatic sensations and emotions to increase their awareness of how they were feeling.

Psychology Skills Course:

This program was provided for identified at-risk youth struggling to engage with teachers, family members, and/or peers healthily and productively. The group course content included but was not limited to an introduction to psychology skills such as active listening and empathic responding, healthy communication, implementation of healthy coping skills, peer mentoring, and problem-solving/resolution techniques.

Activities included, but were not limited to, psychoeducation on therapeutic techniques (building rapport, active listening, reflecting, holding space), psychoeducation on therapeutic theory (CBT, DBT, Mindfulness-based stress reduction, and non-violent communication), interactive games related to mental health, and peer mentoring processing sessions.

Horse Therapy:

Horse therapy was used as a medium for health and healing. The program was geared towards cultivating increased awareness and using the powerful horse/human connection to help students process and release the challenges they've been harboring and learn to cope positively.

This program included mindfulness-based stress reduction while working with horses. Students learned to connect to their breath and use it to indicate what is going on mentally and emotionally. Students learned that changing their breathing patterns can improve their mental and emotional status. Students learned to do this with a horse. They also were able to do this in other areas of their lives. Understanding this vital skill can help improve current mental health issues and prevent future symptoms from emerging.

Yoga - Increasing Awareness:

Yoga was used as a medium for health and healing. This program was open to all students that fall within grades 6-12 requirements and helped to screen students experiencing emotional/behavioral challenges that may benefit from the other enrichment programs. The program was geared towards increasing awareness of the mind/body connection, teaching healthy coping/life skills, and decreasing mental health challenges in the identified student population.

Program activities included but were not limited to psychoeducation on stress reduction, somatic therapy, and cognitive behavioral techniques that helped students increase awareness of how their thoughts influence their emotions and somatic sensations. They also learned to mindfully choose a healthy way to resolve their negative thoughts and emotions.

Outdoor Recreation Program Sacred Rok - Psychoeducation:

Outdoor exploration was used as a medium for health and healing. This program was geared towards cultivating increased awareness using mindfulness-based practices to help students process and release challenges and learn to cope positively.

Program activities include but were not limited to, psychoeducation on nature and stress reduction. Interventions (such as mindfulness-based stress reduction, journaling, breathing techniques, meditation, and direct connection to nature) and self-care (identifying emotional needs and learning how to tend to those in need in a respectful and compassionate manner was incorporated into the Sacred Rok program. This program taught youth to respect nature and start to respect and nurture themselves and others. Sacred Rok believes that building a safe and nurturing community can help to break the cycle of violence and trauma that has taken place in much young youth's lives. The program guided students through identifying nature's natural calming and nurturing effects through psychoeducation, direct contact with nature, hiking, mindfulness-based stress reduction exercises, and discussion/processing around gained insights as they pertained to personal development.

Student Check-Ins:

In addition to the enrichment activities listed above, this program also consisted of student check-ins that was provided to youth identified by MCUSD as needing or requesting further services. This program continued to include teacher/student conflict resolution and reintegration. This program was also provided by a master's level mental health staff person and was supervised by a Licensed Mental Health Clinician.

Teacher/Staff Training:

This program was a training series geared towards helping teachers learn the best practices for resolving conflict in the classroom, building positive relationships with students, and creating strength-based classroom environments using trauma-informed care and principles. This training series enabled teachers to acquire practical skills aimed at minimizing disruptions and disruptive behavior in the classroom, thereby reducing the incidence of students being removed from class and sent to the principal's office.

These early-intervention services employed evidence-based practices such as cognitive behavioral therapy, dialectical behavioral therapy, mindfulness-based stress reduction, and non-violent communication. The goal was to promote mental wellness and reduce prolonged suffering from depression and anxiety.

Additionally, enrichment activities were offered for students in grades 6-12 identified as being at-risk due to neurological, emotional/behavioral, socio-economic, and environmental challenges. In coordination with the Mariposa County Unified School District (MCUSD), at-risk students were identified and referred to these programs. The location of these programs varied based on COVID-19 restrictions implemented by the school district.

In the 2022-2023 fiscal year, the school-based program continued to provide services for at-risk students in grades 6-12 through collaboration between MCBHRS and a contracted provider. The program included:

- Student Check-ins for one-on-one client-centered therapy on campus, at home, or at the office
- Horse Therapy

These early-intervention services also utilized evidence-based practices such as cognitive behavioral therapy, dialectical behavioral therapy, mindfulness-based stress reduction, and non-violent communication. The focus remained on fostering mental wellness and reducing prolonged suffering from depression and anxiety among students.

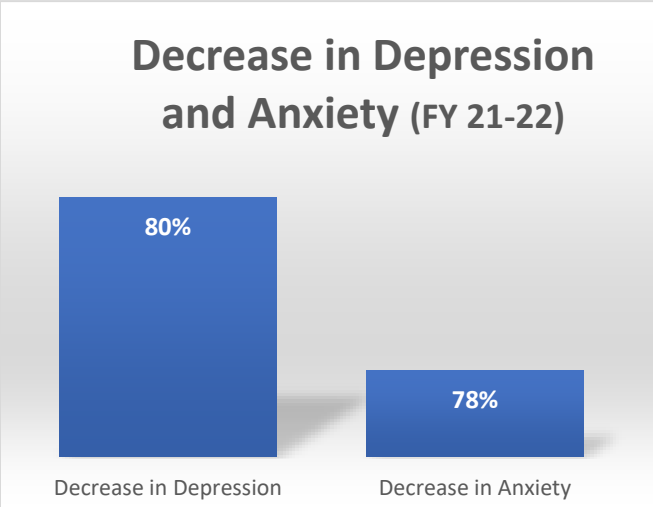
Method of Collection: Sign in sheets, pre-and post-surveys for groups and data from electronic health record were collected.

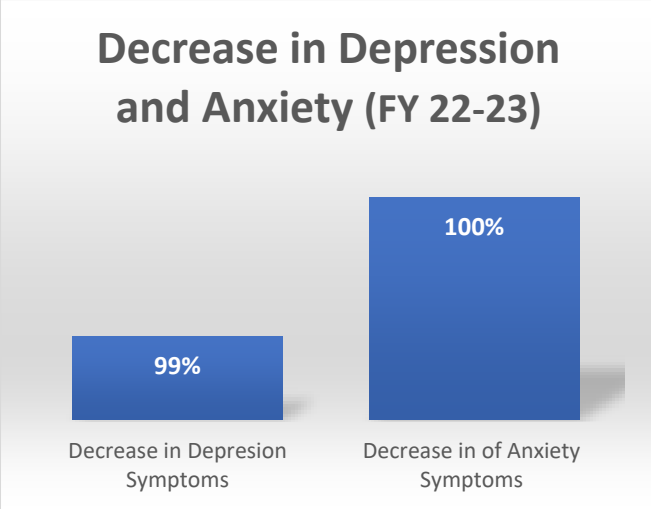
Data Collection Period: Reports were submitted monthly.

Expected Outcome: The expected outcome of this program was to reduce the frequency and intensity of depression and anxiety symptoms by learning and practicing positive ways of coping and increasing knowledge of positive coping skills.

Individuals Served: 590

Outcomes: Across programs, for fiscal year 21-22, 80% of participants reported reduced depression symptoms and 78% reported reduced anxiety symptoms. For fiscal year 22-23, 99% of participants reported decreased depression symptoms and 100% reported decreased anxiety symptoms. Depression symptoms were measured using the PHQ-2, while anxiety symptoms were assessed using the GAD-2.





Results and Analysis: During fiscal year 2021–2022, the program faced challenges due to the COVID-19 pandemic and intermittent school closures, which disrupted the momentum gained in the previous year. In response, adjustments were made to ensure that pandemic-related restrictions did not impede program delivery. For example, the school lunch program was adapted into activities held outside regular school hours such as student check-ins, yoga sessions, and horse therapy to broaden participation opportunities.

By fiscal year 2022–2023, the early intervention program demonstrated clear effectiveness in reducing both the frequency and severity of depression and anxiety symptoms among participants.

Yosemite National Park Prevention Program

Program: Yosemite National Park Services Program/Aramark (In YNP) Prevention Services

Component: Prevention

Active Fiscal Years: 21/22, 22/23, 23/24

Program Description: Yosemite National Park (YNP), located within Mariposa County, is home to a significant seasonal and year-round workforce. In 2017, the National Park Service (NPS) employed approximately 1,200 individuals during the summer and 800 during the winter. By 2021, NPS employed 741 people in the summer and 451 in the winter, while Yosemite Hospitality employed an additional 750 in the summer and 700 in the winter. Despite this large workforce and a consistent influx of millions of visitors annually (with 3,670,000 visitors in 2022 and over 5 million in 2006), the YNP community remains geographically isolated, underserved, and lacking in accessible mental health resources.

YNP is located an hour and a half from the township of Mariposa, where most mental health services are concentrated. Long travel distances and limited transportation options present significant barriers to care, leaving park employees and residents with few options for timely and effective support.

To address these challenges, Mariposa County Behavioral Health and Recovery Services (MCBHRS) contracted with a Licensed Professional Clinical Counselor (LPCC) provider to establish a community-based prevention program within the YNP boundaries.

The program focused on reducing risk factors associated with the development of serious mental illness and building protective factors within the community. Services and interventions were designed to be accessible, culturally sensitive, and stigma-reducing. They included but are not limited to:

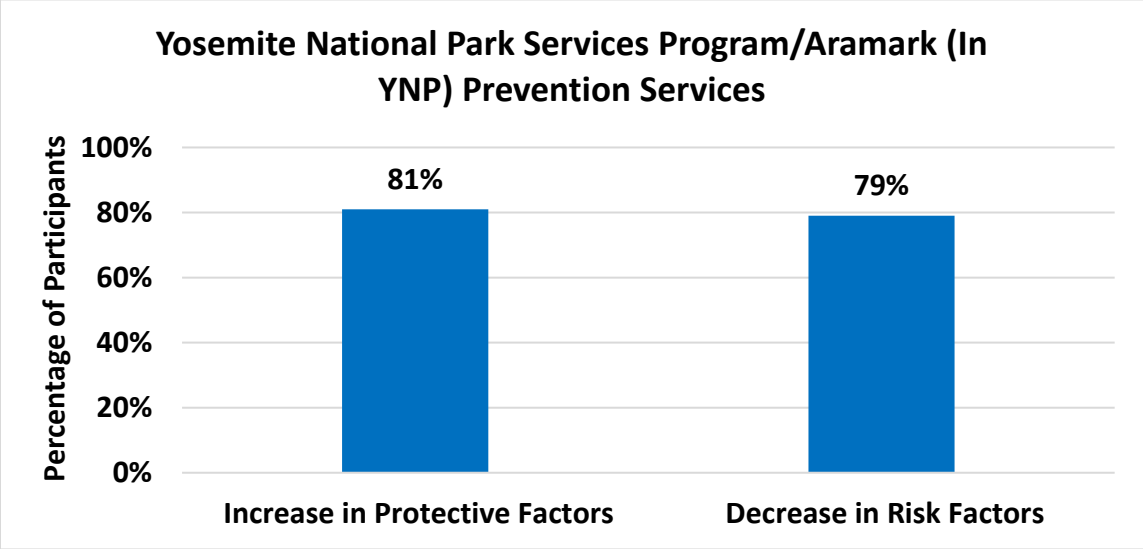
- Emotional Wellness Services: Therapeutic interventions, psychoeducational series (e.g., mindfulness, emotional intelligence, Internal Family Systems, and Positive Psychology), and wellness coaching.
- Crisis Response and Support: On-site crisis intervention, emotional wellness check-ins, and support groups for first responders and general staff.
- Training and Consultation: Mental health wellness training for law enforcement and first responders, employer/employee consultations, and facilitated dialogues.
- Creative Expression and Community Building: Activities such as yoga, art and silk painting, personal writing groups, and mindfulness practices aimed at strengthening community ties.
- Outreach and Education: Monthly/quarterly newsletters with wellness tips and resource links, drop-in office hours, and psychoeducation for individuals and teams.
- Linkage to Resources: Direct connections to services such as counseling, substance use treatment, CalFresh, psychiatry, and other Health and Human Services programs.

By embedding services within YNP, the program significantly improved access and reduced the burden of seeking care. The approachable, community-centered model helped normalize conversations around mental health and reduced stigma.

Expected Outcomes: Increase protective factors (knowledge, ability to identify social supports, sense of connection, compassion, happiness, hope, self-care) and decrease risk factors (stress, anxiety, depression, isolation, suicide) through psychoeducation, mindfulness, and social connection.

Individuals Served: 749

Outcomes: On average, 81% of participants indicated an increase in protective factors and 79% indicated a decrease in risk factors.



Results and Analysis: In fiscal year 2021–2022, the program remained largely consistent with its original proposal. In response to the ongoing COVID-19 pandemic, the program also incorporated additional telehealth groups and services when in-person options were not feasible.

YNP is an isolated area with limited access to mental health resources. A Licensed Professional Clinical Counselor (LPCC) provided prevention services to a population that often remains untreated. The program offered a wide array of services to both employees and residents of YNP—individuals who might not otherwise seek or access mental health support.

Program outcomes during this period indicated a clear reduction in risk factors and an increase in protective factors. Participants gained valuable skills, including components of emotional intelligence, stress reduction techniques, improved interpersonal connection, identification of personal needs and values, enhanced self-awareness, and the development of language to better check in with themselves and others regarding mental health concerns.

In fiscal year 2022–2023, the program again continued as proposed, offering consistent services to meet the needs of the YNP community. The LPCC maintained the delivery of culturally sensitive and accessible prevention services to this underserved population. Outcome data continued to reflect reductions in stress, anxiety, depression, and isolation, while supporting improvements in wellness, resilience, and self-care.

In fiscal year 2023–2024, program outcomes were measured and found to be successful across all events and activities. The five-week course was fully enrolled and achieved a 90% retention rate, reflecting strong participant engagement and was well received.

Two community retreats were held, and ongoing yoga and mindfulness sessions were provided throughout the park's busy season. Additional art-based and stress-relief activities were offered in

both Yosemite Valley and Tuolumne Meadows. One notable success was a bodywork session focused on stress relief and connection—it was so positively received that it was later offered again in a different district of the park.

First responder programming also yielded strong, positive outcomes; however, participation was limited due to ongoing staffing shortages and gaps in park leadership. Many crews operated below standard staffing levels, and the Yosemite Valley Mental Health Check-In event suffered from limited promotion through internal communication channels. Park leadership acknowledged this oversight and committed to prioritizing the check-in as a key focus in the upcoming year.

Challenges/Successes/Lessons Learned: The prevention program leveraged strong community and professional relationships to address specific departmental needs within the National Park Service (NPS). Tailored programs were offered for law enforcement officers, as well as stress management and emotional wellness check-ins for front-line workers, primarily those stationed at entrance stations and campgrounds. These high-stress roles also included first responders, medical clinic staff, and individuals at risk of unemployment.

In addition to targeted support for NPS staff, prevention services were extended to the general Yosemite National Park resident population. These sessions taught evidence-based skills such as mindfulness, stress management, conflict resolution, effective communication, and healthy relationship-building. Programs reached individuals across all organizational levels—from front-line workers to executive leadership. Many NPS departments collaborated with the program provider to design and deliver customized workshops that met the unique needs of their teams.

Group sizes varied from 2 to 28 participants. Thanks to the use of technology, remote districts previously unable to attend in-person wellness programs were able to participate virtually, expanding the program's reach.

While Yosemite National Park community programs were the least attended, they were highly valued by those who did participate. In contrast, pre-planned, department-requested programs were well attended and consistently received positive feedback, particularly among NPS employees. However, employees of Yosemite Hospitality (Aramark) remained an underserved group, primarily due to ongoing gaps in leadership support for staff wellness—an issue that was particularly evident during the COVID-19 pandemic.

Looking ahead, the provider plans to continue prioritizing prevention programs during the park's peak season to maximize engagement. Addressing social isolation during the winter months remains a key growth area for the program. Challenges persist in engaging Aramark/Yosemite employees and ensuring follow-through after RSVPs. To accommodate varying schedules, retreats were offered both on Saturdays (for Monday–Friday staff) and Wednesdays (for front-line workers who typically work weekends). Despite this effort, the Wednesday retreat had significantly lower attendance, suggesting that future retreats may be more effective if held on weekends.

Engaging front-line workers consistently and at times that match their availability continues to be a challenge. That said, the retreats and workshops offered featured engaging and relevant topics, which attracted a diverse and enthusiastic range of participants.

Mental Health First Aid

Program: Mental Health First Aid

Component: Outreach for Increasing Recognition of Early Signs

Active Fiscal Years: 21/22, 22/23, 23/24

Program Description: In 2014 MCBHRS added the evidence based Mental Health First Aid (MHFA) strategy after stakeholders identified this as a need within the community, and it remains an active program today.

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

Each training informed responders on how to access, and link individuals to treatment. Trained responders may interface with the underserved and unserved populations within the community. MHFA has been identified as being a helpful educational tool that responders can use to notice the early signs of mental illness in the community, empower respondents to feel confident in being able to help someone experiencing a mental health problem, and reduce stigma surrounding mental illness in the community and nearby surrounding areas.

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

Method of Collection: Post surveys and sign-in sheet.

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

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

Expected Outcomes: Our expected outcome for this program is to provide outreach to increase recognition of early signs of mental illness and promote timely access to services.

Individuals Served: 177

Outcomes: As a result of the training, 100% of participants felt more confident that they could recognize the signs that someone may be dealing with a mental health problem, and 100% of participants agree that they can assist someone who may be dealing with a mental health crisis to seek professional help.

Results and Analysis: In the 2021–2022 fiscal year, Mariposa County Behavioral Health and Recovery Services (MCBHRS) launched virtual Mental Health First Aid (MHFA) training to ensure continued access to this vital program despite the challenges of the COVID-19 pandemic. Recognizing that distance and transportation have long been barriers for rural communities outside Mariposa's township, MCBHRS embraced technology to broaden its reach across the county.

In 2022–2023, MCBHRS organized three MHFA training sessions. Although these efforts were impacted by ongoing transportation and access issues, the department responded by hosting in-person trainings in both Mariposa Township and Yosemite National Park (YNP), a location identified by stakeholders as having a critical need for mental health resources. This strategic expansion resulted in higher participation and allowed more community members, including park staff and residents, to benefit from the training.

Building on this momentum, MCBHRS conducted seven MHFA training courses during the 2023–2024 fiscal year. To reach diverse and geographically isolated populations, sessions were again held in key locations such as YNP and Mariposa Township. Community input continued to highlight the unique mental health challenges faced by individuals in YNP, particularly due to its remote setting and high volume of visitors. By expanding MHFA into the park, MCBHRS equipped more individuals with essential skills to support mental health needs, thereby strengthening the countywide support network.

Program: Mariposa Minds Matter Task Force

Component: Stigma and Discrimination Reduction

Active Fiscal Years: 21/22, 22/23, 23/24

Program Description: The Mariposa Minds Matter Task Force (MMM) is an integral part of the Behavioral Health Board (BHB). MMM is a committee that is made up of members of the BHB, consumers, community-based partners, and staff. MMM is a project-based task force, participating in several events throughout the county ranging from the annual county fair to the local farmer's market.

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

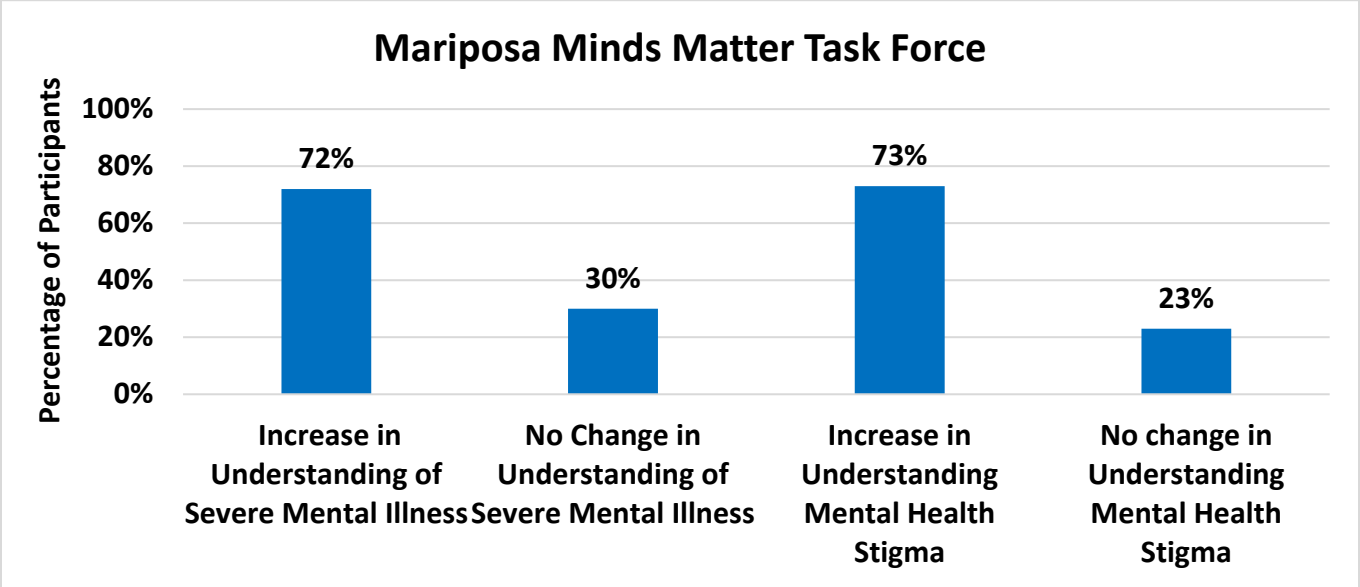
Method of Collection: Pre and/or post-surveys were given to participants at each event.

Data Collection Period: Data is reported after each event.

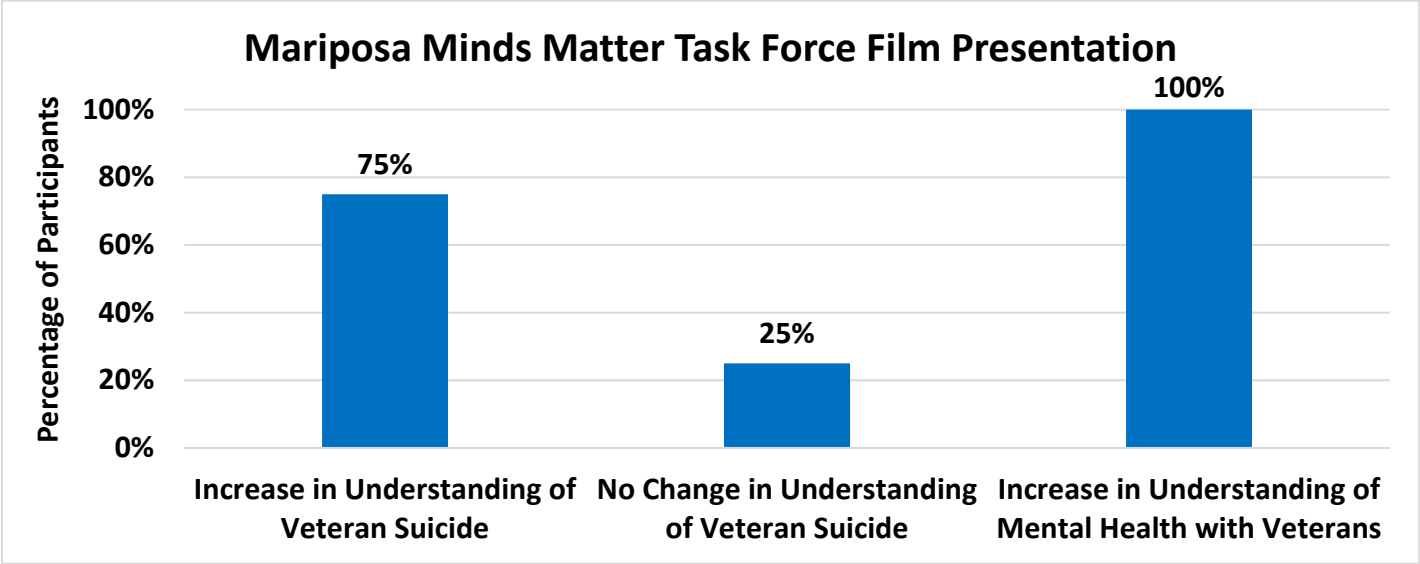
Expected Outcomes: The outcomes for activities in the MMM include a reduction of negative feelings, attitudes, beliefs, perceptions, stereotypes, and discrimination related to being diagnosed with mental illness. The program is also expected to increase acceptance, dignity, and inclusion for individuals with mental illness and their families. It is also expected to encourage self-acceptance for members of the community.

Individuals Served: 986

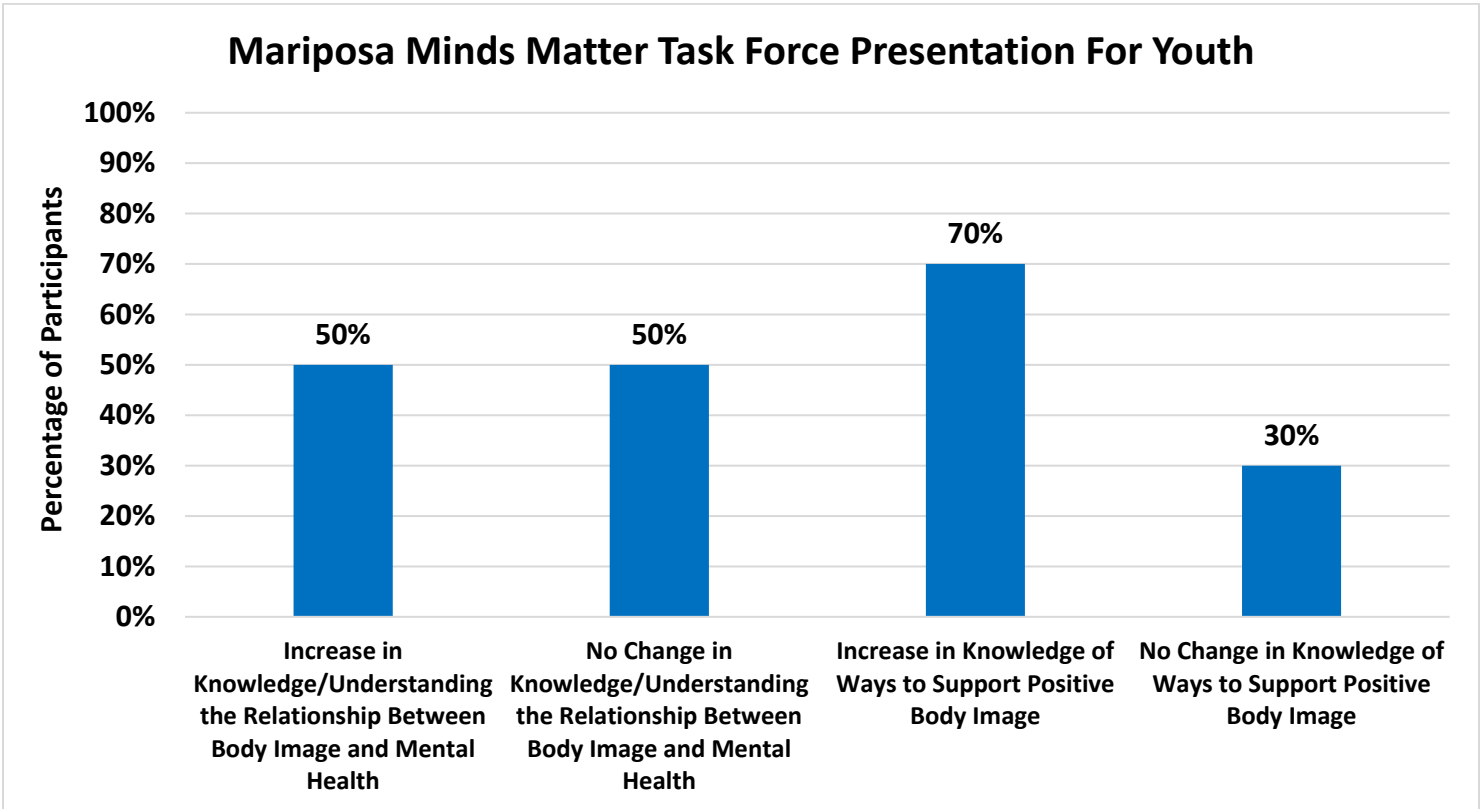
Outcomes: Seventy-two percent of participants reported an increased understanding of severe mental illness, while 30% reported no change. Additionally, 73% of participants indicated an increased understanding of mental health stigma, and 23% reported no change.



On average, 75% of participants reported an increased understanding of veteran suicide, while 25% reported no change in understanding veteran suicide. 100% reported an increased understanding of mental health in veterans.



On average, 50% of youth participants indicated an increased knowledge/understanding of the relationship between body image and mental health, and 50% indicated no change in knowledge/understanding of the relationship between body image. 70% of participants indicated an increase in knowledge of ways to support positive body image, and 30% indicated no change in knowledge of ways to support positive body image.



Results and Analysis: Mariposa Minds Matter (MMM) has worked consistently to raise awareness about mental health and reduce stigma in the community, despite facing challenges over the years. In 2021–2022, the group struggled to maintain membership, and the COVID-19 pandemic forced the cancellation of several key community events the committee typically attended. Nevertheless, MMM managed to engage with many community members to educate them about the stigma and discrimination associated with mental illness and receiving mental health services.

In the following year, 2022–2023, MMM participated in a popular community festival in Mariposa by setting up an informational booth. The committee also delivered presentations to the Mariposa County Board of Supervisors and to Ethos, a youth-oriented organization, helping raise mental health awareness among local youth. Additionally, MMM organized a film screening event, all with the goal of reducing stigma and promoting community-wide understanding of mental health issues.

Throughout 2023–2024, Mariposa County Behavioral Health Services expanded its in-person outreach by hosting events and presentations that addressed mental illness and stigma. These included video presentations and discussions held at the local Wellness Center and a community site in North Mariposa County. A featured presentation, *"A New State of Mind: Ending the Stigma of Mental Illness,"* was used to deepen the conversation and encourage open dialogue around mental health.

That same year, the MMM Stigma Reduction Task Force participated in the annual Mariposa County Butterfly Festival, held on May 4–5, 2024. Their booth included interactive games, informational materials, and activities focused on mental health awareness, stigma reduction, suicide prevention, and coping strategies. A spinning wheel game was used to initiate conversations about mental health, and participants received motivational stickers and small prizes, making the booth a welcoming and engaging space for festival attendees.

Central Valley Suicide Prevention Hotline

Program: Central Valley Suicide Prevention Hotline

Component: Suicide Prevention

Active Fiscal Years: 21/22, 22/23, 23/24

Program Description: MCBHRS began working with the Central Valley Crisis Suicide Prevention Hotline in 2015.

The Central Valley Crisis and Suicide Prevention Hotline, CVSPH, took its first call on January 17, 2013. The Hotline operated on a limited basis, five days a week for twelve hours a day. In July 2013, CVSPH expanded the operation to 24 hours per day, seven days per week, and 365 days per year. In January 2014, CVSPH received National Accreditations, recognized as the best practices call center by the American Association of Suicidology. The Hotline is also a member of the National Suicide Prevention Lifeline, which provides interpreters for 150 different languages.

CVSPH serves California's Central Valley, a culturally diverse group of seven counties: Fresno, Tulare, Kings, Madera, Mariposa, Merced, and Stanislaus. The hotline is operated by staff utilizing volunteers to minimize costs and maximize efficiency.

The Hotline assists individuals who are looking for resources and education regarding a loved one or friend, provide support for those in crisis and keeps people safe who have suicidal ideation or that are in the process of harming themselves.

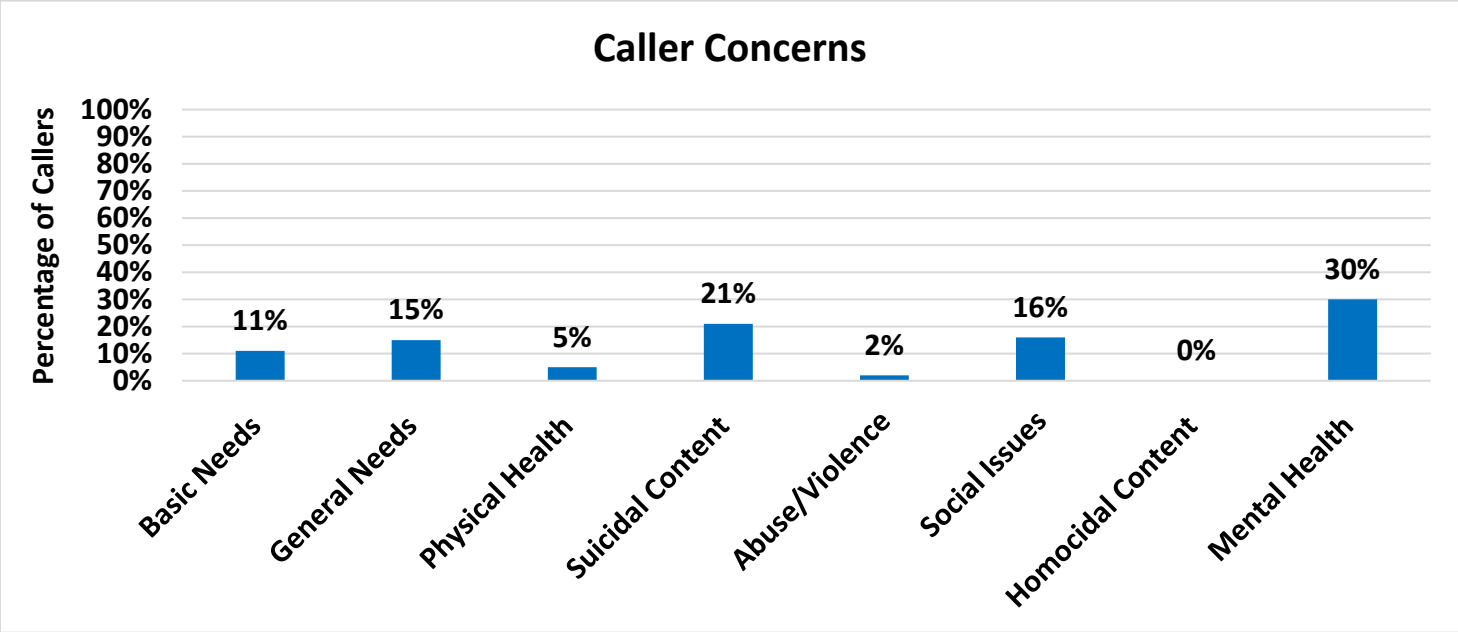
Method of Collection: The hotline will track the number of those that call the hotline and evaluate how many crisis calls were received. The hotline will also collect the reason for the call, demographic information, the cost associated with each call, and the cost savings of each call.

Data Collection Period: An annual report was submitted for each fiscal year.

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

Individuals Served: 207

Outcomes: Central Valley Suicide Prevention Hotline responded to 207 calls. Of those 207 calls received, 11% were concerned about basic needs, 15% general needs, 5% physical health, 21% suicidal content, 2% abuse/violence, 16% social issues, and 30% mental health.



Results and Analysis: Central Valley Suicide Prevention Hotline serves California's Central Valley, which comprises seven culturally diverse counties. The Hotline helps individuals who are looking for resources and education regarding a loved one or friend, provides support for those in crisis, and helps people who have suicidal ideation or who are in the process of suicide. CVSPH provides a valuable resource.

School Suicide Prevention Program

Program: The Hope Project

Component: Suicide Prevention

Active Fiscal Years: 21-22, 22-23

Program Description: School-aged youth was identified as one of the most underserved populations in Mariposa County. Suicide prevention was identified as one of the most needed programs through the three-year planning process.

MCBHRS funded a school-based suicide prevention program that targets school-aged youth. This program is intended to provide crisis prevention if and when necessary. This program primarily consists of educational groups on suicide prevention: however: a more targeted intervention may be utilized case by case.

Evidence-based suicide risk reduction strategies were utilized to educate on lethal means reductions, brief problem-solving and coping skills, increasing social supports and identifying emergency contacts to use during a suicide crisis, identifying warning signs, people and places for distraction, people and professionals to contact for help, and steps for means of safety.

Method of Collection: A Pre and Post questionnaires were given to every participant at each session.

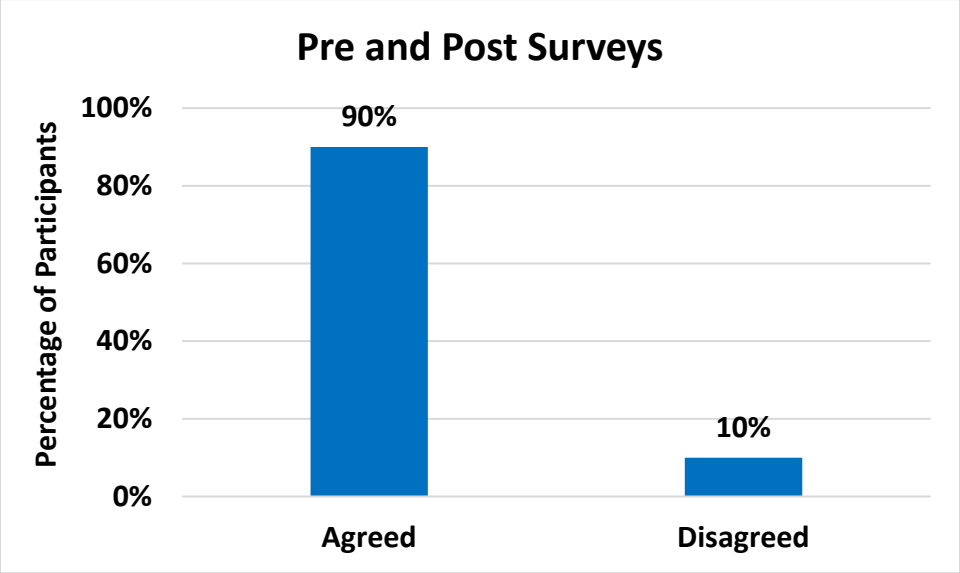
Data Collection Period: A report was submitted annually.

Expected Outcome: Overall, this program expects to change attitudes and/or knowledge regarding suicide related to mental illness.

Individuals Served: 119

Outcomes: This program supported individuals seeking resources and education related to suicide prevention. In fiscal year 2021–2022, the suicide prevention initiative implemented an evidence-based curriculum focused on building inner strength in youth, aligning with plans originally developed before the COVID-19 pandemic. This school-based program educated students on recognizing the signs and symptoms of suicide, provided crisis intervention strategies, and offered guidance on how to access mental health resources.

Survey results showed that, on average, 90% of participants agreed that they had an increased understanding in several key areas: recognizing warning signs in individuals who may be feeling hopeless or depressed, knowing how to ask for help, identifying both natural and professional support systems, and having at least three coping strategies to support themselves or others. The remaining 10% of participants did not agree that their understanding had improved in these areas.



Results and Analysis: The program implemented a suicide prevention initiative using an evidence-based curriculum designed to educate youth on the signs and symptoms of suicide. It provided services to four outlying and geographically isolated schools within Mariposa County: Foothill Charter School, Lake Don Pedro Elementary, Yosemite National Park Elementary, and El Portal School.

Challenges/Successes/Lessons Learned: The program faced several initial challenges, including the impact of COVID-19 and temporary school closures. A program review highlighted both successes and areas for growth. One key takeaway was that students preferred more interactive activities over traditional classroom-style instruction. Despite implementation hurdles such as scheduling conflicts, resistance from some school administrators, and increased staff caseloads, the program was ultimately successful. Informal feedback from participants was overwhelmingly positive, and the program achieved its objectives, including stronger collaboration between program staff and school personnel.

Family Resource Center

Program: Family Resource Center

Component: Early Intervention

Active Fiscal Years: 23/24

Program Description: The Family Resource Center (FRC) was established to fill service gaps for youth, families, and caregivers. The FRC Operated Tuesday through Saturday from 12:00 PM to 7:00 PM and offered a range of services designed to support and strengthen families, enhance access to mental health treatment, and build community resilience.

Services Included:

- **Case Management:** Provided support, coaching, mentoring, and referrals using the "Strengths Perspective Case Management" approach for caregivers and at-risk youth.
- **Group Support:** Offered various support groups such as the LGBTQ+ Friends and Family Support Group, a grief support group, and a monthly social support group for those affected by natural disasters.
- **Educational Programming:** Delivered the Nurturing Parenting Program to build parenting skills and childbirth education classes for young families.
- **Family Enrichment:** Hosted weekly activities including meals, story hours, crafts, and special events to foster family bonding and community engagement.

The FRC focused on children, transition-age youth, families, and caregivers at a high risk of serious mental illness, including underserved populations, trauma-exposed individuals, and those facing family stress or at risk of school failure or juvenile justice involvement.

The FRC aimed to improve access to mental health services, reducing stigma, and enhancing overall community wellness.

Method of Collection: Data was collected through a combination of intake forms, Protective Factors Surveys, and Strength-Based Surveys completed by participants during each group and activity.

Data Collection Period: A report was submitted monthly.

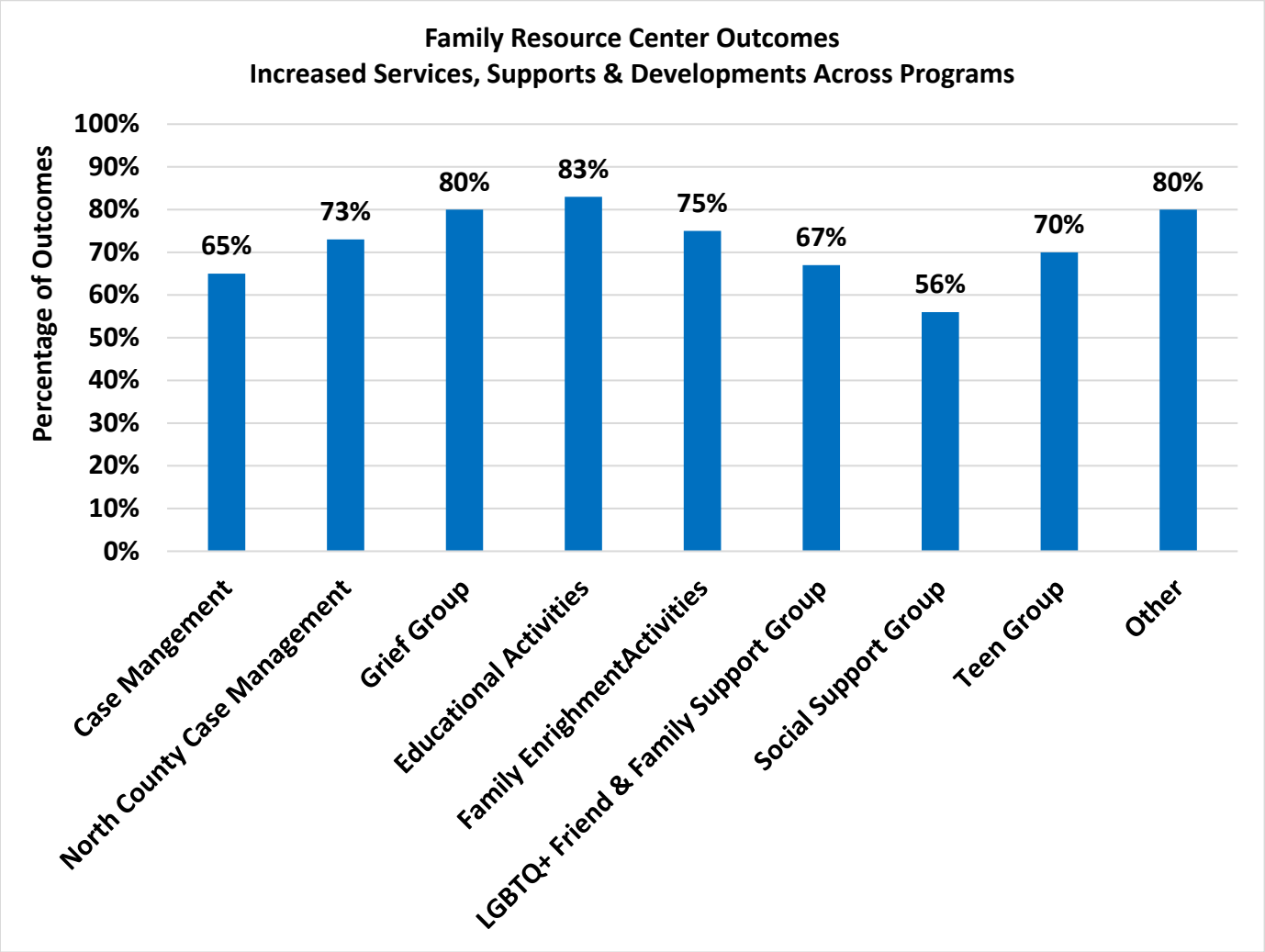
Expected Outcome: To increase access to early intervention services, enhance peer support, strengthen community integration, and reduce prolonged suffering from untreated mental illness.

Individuals Served: 596

Outcomes: On average, 65% of participants reported improved access to services through case management, while 73% of North County participants experienced an increased access to resources, community engagement, and enhanced emotional support. Additionally, 80% of individuals who attended the grief group and completed surveys reported an increase in social-emotional support, while 83% demonstrated growth in family resiliency, nurturing, and parenting knowledge through educational activities.

Family enrichment activities also had a positive impact, with 75% of respondents indicating stronger community connections, improved family functioning, and increased informal support systems. Furthermore, in the LGBTQ+ Friends and Family Support Group, 67% of participants reported improved mental, emotional, and relational well-being. In the Social Support Group, 56% of participants reported an increase in informal support.

Youth engagement efforts proved effective, with the *Life Happens* teen group showing a 70% increase in social-emotional and concrete support. Lastly, parental education initiatives contributed to an 80% increase in knowledge of child development, nurturing, and overall preparedness, underscoring the effectiveness of these community-driven support programs.



Results and Analysis: Overall, there were positive trends in service accessibility, emotional support, and community engagement. Educational programs and support groups, such as the Nurturing Parenting curriculum, LGBTQ support groups, and caregiver cafés, helped people feel more confident in accessing services, improving parenting skills, and building social connections. Strength-Based Surveys and Intake Forms showed how participants grew in different areas, demonstrating the effectiveness of these programs. Additionally, participation in group activities, including family enrichment events, peer support programs, and mental health groups, helped people feel a stronger sense of belonging and resilience.

Challenges/Successes/Lessons Learned: Staff offered case management and support groups that helped people gain better access to services, feel more emotionally supported, and feel more connected to their community, especially in the North County. Parenting classes and family enrichment activities were also successful, with families showing strong outcomes, learning better parenting skills, and becoming more nurturing. Groups for teens and the LGBTQ community gave people a chance to connect with others and feel supported.

One challenge was that not everyone completed the follow-up surveys, which made it harder to track results. Still, the use of evidence-based programs and collaborative activities with other groups clearly helped improve people's well-being, showing the importance of continuing this kind of community-based support.

Friendly Visitor

Program: Friendly Visitor

Component: Prevention

Active Fiscal Years: 23/24

Program Description: As part of the fiscal year 2023-2024 community planning process, stakeholders commented on the lack of services and concerns about the isolation of Mariposa County's elderly population. MCBHRS proposed funding a Friendly Visitor Program to address the challenges of isolated elderly adults and reduce depressive symptoms.

The Friendly Visitor Program was managed by a program coordinator who oversaw volunteer visitors and identified program participants. Activities between participants and volunteers, such as conversation, playing games, reading, and other areas of interest, helped improve mood, reduced isolation, and provided an overall sense of being valued.

Additionally, volunteers helped identify the clients' unmet needs and assisted with referrals to other community services for connection with mental health services or other needed health care or social services resources. This lowered the risks associated with social isolation, including but not limited to depression, self-medication, anxiety, and loss of interest in daily activities.

Volunteers that participated completed training and passed a Live Scan background check before becoming a Friendly Visitor volunteer. Training accommodated the different levels of care within the program. Volunteers were also provided with an opportunity to participate in a monthly recognition dinner.

Method of Collection: This PEI program was designed for volunteers to assist clients in regular self-assessments using a standardized satisfaction tool.

Data Collection Period: Monthly Meetings

Expected Outcome: The expected outcome for this prevention program was to provide elderly adults with resources and connections, thereby reducing isolation and improving their mental health. By offering access to community services, social activities, and support networks, the program aimed to foster a sense of belonging and engagement among elderly participants. These efforts were designed to combat feelings of loneliness and social disconnection, which are common issues faced by older adults. Ultimately, the program sought to enhance the overall well-being and quality of life for the elderly by addressing both their emotional and social needs.

Individuals Served: 0

Outcomes: N/A

Results and Analysis: N/A

Challenges/Successes/Lessons Learned: The challenges and lessons learned included the significant time and effort required to develop a brand-new program, from its initial planning stages through implementation. Much of the first year was dedicated to creating an implementation plan and establishing the necessary groundwork, which involved gathering information, developing processes,

and building community awareness. Additional challenges included having more volunteers than eligible or willing elderly participants, feedback from elderly stakeholders expressing discomfort or distrust in having someone visit their homes, and the ineligibility of some elderly applicants for the program.

Aggregated Demographic Information for all PEI Components

Table 1. Age Group	# Served
Child (0-15)	1259
Transitional Aged Youth (16-25)	1102
Adult (26-59)	854
Adult (60+)	119
Unknown	151
Decline	142

Table 2. Gender at Birth	# Served
Male	1191
Female	1626
Decline	404
Unknown	121

Table 3. Current Gender	# Served
Male	*774*
Female	1246
Transgender	*Suppressed*
Queer	15
Questioning/Unsure	*Suppressed*
Other	*32*
Decline	301
Unknown	139

Table 4. Sexual Orientation	# Served
Gay or Lesbian	*31*
Heterosexual/Straight	798
Bisexual	123
Questioning/Unsure	*Suppressed*
Queer	*50*
Other	*99*
Decline	629
Unknown	163

Table 5. Veteran Status	# Served
Yes	*56*
No	1485
Decline	272
Unknown	160

Table 6. Language	# Served
English	1875
Spanish	*3413*
Unknown	*20*
Other	*187*
Decline	

Table 7. Race	# Served
American Indian or Alaska Native	138
Asian	21
Black or African American	86
Native Hawaiian or Other Pacific Islander	*Suppressed*
White	1955
Other	172
More than one race	505
Unknown	144
Decline	498

Table 8. Ethnicity	# Served
Caribbean	*Suppressed*
Central American	*Suppressed*
Mexican/Mexican American/Chicano	*104*
Puerto Rican	*Suppressed*
South American	*Suppressed*
African	*Suppressed*
Asian Indian/South Asian	*Suppressed*
Cambodian	*Suppressed*
Chinese	*Suppressed*
Eastern European	303
European	*242*
Filipino	*Suppressed*
Japanese	*Suppressed*
Korean	*Suppressed*
Middle Eastern	*Suppressed*
Vietnamese	*Suppressed*
Other	233
Decline	810
More than one ethnicity	*21*
Unknown	368

Table 9. Disability	# Served
Difficulty Seeing	216
Difficulty Hearing	86
Other	103
Mental Illness	1022

Physical/Mobility Issues	*40*
Chronic Health Conditions	185
None	*64*
Unknown	*70*
Decline	730

- Due to privacy, any value <12 has been suppressed.

Mariposa County Health and Human Services and Multi-County PADs Annual Report

FY 21-22 through 22-23

Mariposa County
Health & Human
Services Agency
Healthy. Safe. Thriving.

CONCEPTS FORWARD CONSULTING

Multi-County PADs Innovation Project

Annual Report

Fiscal Years 2021-22 through 2022-23

Created by Kiran Sahota,
President Concepts Forward Consulting Lead Project Manager

In 2006, the Center for Medicare and Medicaid Services (CMS) clarified that Psychiatric Advance Directives (PADs) should be a part of psychiatric care. Approximately 27 states have enacted laws and policies recognizing PADs since the 1990s. However, PADs are often written with a focus on physical health, included in medical Advance Directives with little to no room for psychiatric health, plans, arrangements, or instructions to assist in the event of a mental health crisis. Also, the length and number of different PADs templates make it confusing for the individual filling out the PAD and the health care or first responder to comply with them. With such confusion, how can first responders or hospital staff know whether a PAD is valid or not?

As stated on the website of the National Resource Center (NRC), “Psychiatric Advance Directives are relatively new legal instruments that may be used to document a competent person's specific instructions or preferences regarding future mental health treatment. A PAD is used to plan for the possibility that someone may lose the capacity to give or withhold informed consent to treatment during acute mental health crisis ." The website further explains that California does not currently have a specific legal statute encouraging or recognizing PADs, thus leading to continued confusion and the underutilization of PADs in the state.

Californians with a mental health condition continue to face high rates of recidivism within inpatient non-voluntary hospitalization, homelessness, and incarceration. These problems persist despite the state’s efforts to avoid or reduce 5150 involuntary hospitalizations and incarceration. Unfortunately, these and other efforts have not led to meaningful reductions in hospitalization and incarceration, or improved treatment outcomes.

In a psychiatric emergency, when an individual experiences delusions or a psychotic episode, it may be impossible to engage in even the most basic conversations about patient care, symptoms, diagnosis, and treatment preferences. A PAD would help prevent the guesswork for a first responder or treating physician by providing a "blueprint" of the individual’s exact needs, medication support, and even the ability to contact their chosen “Agent,” who is their advocate (Consulting, 2021).

Most recently, California Assembly and Senate Bills have been marketed to include mental health language in items such as Care Courts Senate Bill 1338 or Advance Directives as in Assembly Bill 2288. Assembly Bill 2288 now includes the following statement, “This bill would clarify that health care decisions under those provisions include mental health conditions. The bill would revise the statutory advance health care directive form to clarify that a person may include instructions relating to mental health conditions” (Choi, 2022). It has been mentioned numerous times that an Advance Directive, even with this inclusion, puts medical care as the primary and mental health as the secondary. This does not

increase the ability of a 19-year-old who experiences their first schizophrenic episode to identify who is their chosen agent/advocate and how first responders can identify what medication they may be prescribed or how to de-escalate a mental health crisis. Adding language to an Advance Directive does not allow for in-the-moment solutions or resources in a crisis.

This project seeks to address what is lacking in California and current legislation while meeting several unmet needs throughout the state. This project will engage the expertise of ethnically and culturally diverse communities, threshold populations, Peers (identified in this document as those with lived mental health conditions), family advocacy groups, and disability rights groups. The project outline includes but is not limited to the following:

1. Provide standardized information regarding PADs for Peers and additional stakeholders.
2. Standardize a statewide PADs digital template.
3. Allow a PAD to be recognized as a legal document.
4. Standardize a PADs training "toolkit" to be easily replicated from county to county.
5. Utilize a technology platform to easily access PAD's information, training, and materials.
6. Utilize Peers to create PADs based on lived experience and understanding, which can lead to open dialog and trust.
7. Create a training curriculum to identify PADs understanding, digital literacy, and facilitation to create a PAD with a trained partner.
8. Create a technology platform to warehouse PADs for ease of access to an individual PAD in a crisis, providing mobility of PADs throughout the state.
9. Create legislation to enforce the use and acceptance of standardized PADs in California.
10. Create an outcome-driven continuous evaluation process, evaluating the ease of use of training, technology, and the PAD template.

The multi-County PADs Innovation Project went before the Mental Health Oversight and Accountability Commission (MHSOAC) on June 24, 2021. Counties sought to use Mental Health Services Act (MHSA) Innovations to fund this multi-County, multi-year project. After a presentation by Consultant and Lead Project Manager Concepts Forward Consulting (CFC), along with the original counties of Fresno, Mariposa, Monterey, Orange, and Shasta, the MHSOAC unanimously approved the project to proceed.

The first objective was to contract with a fiscal intermediary. In past Innovation projects, CalMHSA, a statewide Joint Powers Authority (JPA), was utilized as a fiscal intermediary. With this came a Memorandum of Understanding (MOU) as a pass-through for the funding to contractors. Other

MHSA projects that used a primary consultant are often funded through this JPA. A few counties opted not to utilize the JPA services for funding oversight on this project. In turn, the JPA opted not to participate as the project fiscal intermediary on the statewide portion; they contracted with Fresno County to assist in Fresno's additional direct fiscal contracting for PADs.

While in conversations with Syracuse University's (SU) Burton Blatt Institute (BBI) Chairman, Professor Peter Blanck, Dr. Blanck offered BBI's oversight SU as the fiscal intermediary for the project. BBI had been an integral part of the PADs project since the beginning in 2019, selected to participate by Elyn Saks, Associate Dean and Professor of Law at USC. The MHSOAC had previously contracted with USC to begin work on the PADs initiative. The MHSOAC identified a new direction to illicit additional county participation and concluded its contract with USC. Syracuse University was introduced to the five participating counties as a fiscal intermediary choice for review and discussion. The counties met with SU to hear what it meant to be the fiscal intermediary. The five counties decided a single Master Agreement representing consistent language and expectation for all counties, with the ability for each county to personalize where needed, would be the best outcome.

The five counties spent from July 1, 2021-April 30, 2022, working through the necessary steps to create a standard Master Agreement. During July 2021, CFC gathered operation agreements, master contracts, and MOU language from the five participating counties to provide SU with a starting point to create the master document. This process went through three drafts between July and October. In a county-to-county conversation, one county announced, "this process has been an innovation project on its own." By creating a cohesive document, additional multi-County collaborative projects become easier to contract and begin in a timely manner.

Each county had the ability to customize the language with minor adjustments to suit their specific needs to obtain external county staff and BOS approval. Concepts Forward Consulting coordinated and mediated each change, answered questions, and explained the counties and university's perspectives to each other. Questions were answered as a collective or handled on a case-by-case request.

Additionally, the Master Agreement includes a scope of work and a budget narrative. Concepts Forward Consulting worked with SU to create deliverables and a payment schedule that worked for each county. Payment is flexible, whether an annual charge, per invoice, or lump sum. When Fresno, for example, needed to adjust its budget to a three-year verse four-year payment, SU, and Fresno agreed-upon a budget structure.

To achieve approval by a county, BOS takes specific actions. It is noted that numerous action items happen within a county prior to BOS approval, and these steps can take upwards of nine months to one year to accomplish. This is an important factor to consider when creating a multi-County relationship. Action steps that took place during FY 2021-22 were identified as the following:

1. The County contracts department will review the document for approved language and additional documentation needed, such as sole source. Upon their satisfaction with the contract language, they send the document to the County Council.
2. The County Council reviews and approves all language within any document prior to submission to the BOS. In this situation, this includes the Master Agreement, Scope of Work, and Budget Narrative. Items they seek to review include indemnification, insurance, timeline, terms of the agreement, performance standards, termination clause, and other requirements as needed.
3. Once the County Council has approved the document language, there is approval to upload the document into the county routing system.
4. The document is routed to the County Auditor, who must approve the expenditure of funding. Upon approval, the Auditor's Office will sign the document.
5. Some counties will include signatures of Department Heads, such as the Director of Behavioral Health or Health Care Agency/Health and Human Services Agency and even the County CEO.
6. The BOS will receive a completed packet of information, including a description from MHSA staff regarding the project's needs, approved document language, budget expenditures, and all required signatures.
7. The BOS will approve the document in a public meeting and, if contested, will listen to community comments. The BOS can also approve on consent.
8. The upload and routing process alone can take ten weeks in a county. This does not account for review time before the routing process.

During FY 2021-22, numerous challenges and lessons were learned, all culminating in an outstanding final accomplishment. The first challenge was when a few counties expressed the desire to have transparency with the oversight of their funding from a fiscal intermediary. The second was when the current JPA opted not to participate in the project. These challenges brought about the accomplishment of identifying a new and independent fiscal intermediary.

It has been said, “it should be easy to find a fiscal intermediary; any county could opt to be it for a project.” Well, in theory, perhaps, but that poses its own challenges. This project includes two large counties, a medium county, a small, and a super small county, and none with the bandwidth or fiscal capability to oversee a project of this scope, which is currently not the standard nor expectation on any statewide Innovations project.

The next challenge came with county-specific protocols, contract language, and procedures. Each county addressed these challenges by providing their prospective contracting department's documentation to SU for integration into one culminating document. In addition, all drafts from SU were approved by the county’s contracting departments and external county staff. This posed additional challenges, as external county staff is often unfamiliar with the MHSA, and especially the Innovations component. County staff may not understand the nuances of sub-contractors, funding language, timelines, and specific MHSA regulations, such as reversion. This posed an unexpected challenge at times within the counties as they gently maneuvered the politics and expectations of external county staff.

There were challenges in the timely approval of each draft agreement. Counties had the opportunity to read and edit all drafts of the Master Agreement; however, external county staff does not work on the same timeline. Some counties could report edits quickly, and others waited on external county staff to provide the needed modifications. Syracuse University was extremely accommodating with counties, answering each question as it arises but adding county-specific flexibility in language as required.

The biggest lesson learned in this part of the process was that of time. Even if it were the most straightforward contract, a county would need no less than ten weeks to calendar the BOS packet. Preparation for that packet could take no less than a month. The counties were already looking at two- and one-half months to three months for BOS contract approval. Unexpected as it has been, the nine months this project took to create a brand-new county collaborative document and receive BOS approval is the norm.

Additional challenges encountered by the fiscal intermediary were counties not realizing timelines or funding they initially agreed to and needing to move budget items or the allocation period. These items include creating new draft or budget documents. Some county edits have been minor, and SU always explained why a change was being accepted or denied. Counties have all been agreeable to all information exchanged. Lessons learned in this process are numerous; below are a few examples:

- After MHSOAC approval, there is a significant lag between approval and implementation of an MHSA Innovations project. Counties are looking at a minimum of three months and upwards of nine months to complete the contracting process.
- Positions needing to be filled as part of the project cannot occur until the BOS approves the fiscal spending and contract language. The county hiring process can then take an additional nine months.
- Creating a true multi-County collaborative, where contract language is equal for each county, with county voice and county standards, was more encompassing than expected. This includes the unexpected wait times for document editing and the incorporation of edits by five individual counties.
- Counties rely on the project manager's expertise; direct county and MHSA experience is essential.
- It is imperative to keep a project moving forward by having bi-monthly meetings with counties. Plus, additional meetings with the fiscal intermediary and subcontractors as needed.
- Additional training is needed for external county staff and BOS to fully understand the unique nuances of MHSA and, more importantly, the ideas of multi-County collaboration and statewide initiatives.
- Counties being approached as separate entities on this collaborative project with the "threat" of state intervention to force "grant" and Request for Proposal (RFP) opportunities. This shows the lack of understanding by the public regarding the collaborative nature of the Innovation projects and decisions made collectively.

Throughout the initial creation of the project and while awaiting a BOS-approved fiscal contract, the counties and CFC met bi-monthly to continue moving the contracting process forward. This became an arena for discussion, suggestions, and decisions on moving the project forward. When one county requests specific information, such as "sole source" documentation, it usually will be a topic in another county. When one county receives requested information, the information is passed to all participating counties. The county-to-county allows counties to inquire how other counties handle specific contracting language nuances or differing opinions of eternal county staff. Additional workflow throughout the fiscal year 2021-2022 (FY 2021-22).

Unfortunately, due to the lack of accessible funding, it was not feasible to ask sub-contractors to expend unpaid time creating a scope of work and budget narrative when the counties could not precisely determine BOS approval. Counties expressed the desire to move the contract along.

However, counties have described the many required steps in the approval process, which hinders a timely start date for the project.

In anticipation of contract approval during FY 2021-22, CFC moved to re-introduce RAND, the process Evaluator, and The Hallmark Compass, the PADs assigned subject matter expert (SME), to the counties. The initial introduction was to identify each county's priority population to begin pilot outreach and dialogue. RAND and BBI, both evaluators on the project, met with counties. Orange County will be utilizing BBI as expert evaluators for Orange County's participation in the Technical Platform build and roll-out. Working together, BBI and RAND will create a seamless evaluation plan, with BBI building off the process evaluation RAND will be conducting.

Though the challenges and lessons learned have been numerous, the accomplishments are monumental. The most important is a standardized Master Agreement and scope of work that any county can ultimately pick up and use. This document will offer outside organizations or agencies the ability to contract with a county on a specific project. With five counties approving the document, this document could go to all additional county Mental Health Plans for contracting approval, creating a statewide form. The document is essential as Innovation collaboratives increase and grow. With a document signature ready for a BOS packet, it could cut contracting time to no more than 60 days, which after MHSOAC approval, is ideal (Appendix A, Master Agreement).

An additional accomplishment is a collaboration by the counties. With open communication, willingness to work together, large counties assisting smaller counties, and the desire to meet bi-monthly, speak to the respect for each other. The counties remain individual, and nuances or timeline delays did not affect the camaraderie within the meetings. There is a mutual understanding of the complexities of working with multiple counties.

Finally, a significant accomplishment during this step is utilizing the skills of a lead project manager that understands MHSA and component regulations, vendor contracts, and country-specific nuances. The counties were open to discussing needed changes and working seamlessly with the project manager and SU. Though the process was time-consuming and lengthy, the counties each stepped up to do their part to keep the momentum within their counties and participate in additional activities. One such activity was NAMI California's Annual Conference in October 2021. Each county provided a representative. After the presentation, one county stated, "that [it] was refreshing and energizing to go back to the beginning and remember why we are doing all of this. I cannot wait to get to that finish line. Go, team!"

The Standard Agreement, being finalized in April 2022, paved the way for the

additional Contra Costa and Tri-City counties to seamlessly onboard on July 1, 2022, without a lengthy delay in BOS approval. At this point, now into the fiscal year 2022-2023 (FY 2022-23), the identified subcontractors could contract with SU to begin working on and invoicing the project. The subcontractors beginning in March included CFC, and The Hallmark Compass. July 2022 brought on the additional subcontractors RAND, Idea Engineering, BBI, and Chorus Innovations. All subcontractors began to work with counties to identify a timeline, project roll-out, and meet with key stakeholders. A full convening of all participants took place on August 16, 2022, with host county Fresno. This was an opportunity for all involved to meet each other and identify project questions and timeline expectations (Appendix B-C).

In September 2022, it became apparent that The Hallmark Compass was not the right fit for the parameters of the Innovation project, and the subcontractor chose to resign from the project. On September 1, 2022, an RFP was posted to identify a contract for a Peer SME to provide the statewide "Peer voice." Painted Brain and their subcontractor CAMHPRO were awarded the contract on October 14, 2022. September also saw the launch of a new project website www.PADSca.org to update and provide ongoing information on the project (Appendix D, Website and Analytics).

With all subcontractors and counties now aligned in the necessary direction, the work began in earnest. Counties continued to meet monthly, with the added bi-monthly workgroup for all participants, a monthly subcontractor meeting, and several meetings that include the collaboration between subcontractors, meeting with stakeholders, and one-on-one calls with the counties. To quickly identify projects and accomplish goals, small work groups were created to work on items such as informational flyers, marketing, website impact, and template categories. Due to the collaboration, the group quickly designed and modified flyers for immediate use (Appendix E, Flyers).

Moving into the third and fourth quarters of FY 2022-23, the expectation is to meet with each county's priority population group, Peers, first responders, hospital staff, and family members to identify what the PAD's template will include. Since many versions of the template nationwide exist, this project is not about starting over but enhancing and fine-tuning what already exists. One item of note is that currently, a PAD is not widely used due to the length of the paper format. Due to the innovative nature of the project, paper is no longer in the equation. Of course, a person can still print out a PDF version of their completed PAD or even print and hand fill, but participating counties now have an opportunity to change the

conversation to PAD "components." The idea is to fill out as much or as little as an individual would opt to complete. One aspect of the project, however, is to identify what would be the most important questions or components to include in the event of a crisis (Appendix F, Components).

Along with the template identification, the conclusion of FY 2022-23 will facilitate Chorus Innovations' ability to engage stakeholders in practical conversations around technology build. What would a first responder need to access a PAD? How would a Peer enter the information or provide consent? In addition to these working aspects, BBI and RAND will begin their evaluation process of stakeholder engagement and the technical build. Painted Brain and CAMHPRO will engage Peers, and Idea Engineering will work towards completing the needed training videos. Each subcontractor has provided a write-up on their accomplishments to date and projected activities through FY 2022-23 (Appendix G-L).

As with any complex multi-County project, the fluid idea is that by the conclusion of FY 2022-23, the project will have completed PADs template components, PADs logo or marketing identification, evaluation focus groups held for both process and technology build, engagement of a variety of stakeholders, including but not limited to, Peers, family members, first responders, and hospital staff. It is the planning that Painted Brain will identify a training curriculum to include PADs understanding, digital literacy, and PADs facilitation. Chorus Incorporated will have accomplished the initial build and begin beta testing on the newly developed technological PADs platform. As the project evolves and due to the human and technological elements, we leave space for growth, change, and innovations.

Moving into the fiscal year 2023-2024, the project will train identified PADs teams, or priority population Peers and professionals, in the facilitation of a PAD, continue beta testing and fine-tuning the technology platform, Fresno will sunset June 2024, and new opportunities for additional counties to identify priority populations, be trained in the technology platform and continue testing the project will become an option. In addition, FY 2023-24 will begin a collaborative effort to address the legislation needs to move PADs forward in California, both in use and, most importantly, in consent and autonomy of the individualized PAD.

References

Choi. (2022, 6 20). *Assembly Bill No. 2288*. Retrieved from Leginfo.legislature.ca.gov

Consulting, C. F. (2021). *PADs Innovation Project v9 Final ks.* MHSOAC.ca.gov.

**See PADs Attachments in Appendixes*

Mariposa County Health and Human Services and Multi-County PADs Annual Report

Calendar Year 2023

Mariposa County
Health & Human
Services Agency
Healthy. Safe. Thriving.

CONCEPTS FORWARD CONSULTING

Multi-County PADs Innovation Project

Annual Report
Calendar Year 2023

Created by Kiran Sahota, President
Concepts Forward Consulting
Project Director

The Multi-County Mental Health Services Act (MHSA) Psychiatric Advance Directive (PADs) Innovation's project, with the seven collaborating counties of, Contra Costa, Fresno, Mariposa, Monterey, Orange, Shasta, and Tri-City Mental Health Authority completed two and a half years of the four-year project as of December 31, 2023. Please note, Fresno County began the project in 2019, and will finalize their participation in the Phase One build as of June 30, 2024.

The PADs project, initially approved by the Mental Health Oversight and Accountability Commission (MHSOAC) on June 24, 2021, continued the momentum of the previous year. The subcontractor timeline was followed to achieve a streamlined effort of activities and expectations of the participating counties. This was no easy task as there were many overlaying activities that had to happen simultaneously. In addition, many challenges arose throughout the year with the change of staffing in both the counties and within the subcontractors.

Though the project objectives remain the same, as with any innovative project, a realistic look at what can be accomplished has been part of the evaluation of accomplishments throughout the year. The proposed project, as originally written, will engage the expertise of ethnically and culturally diverse communities, threshold populations, consumers, peers with lived experience, consumer and family advocacy groups, and disability rights groups. The project proposes to meet several unmet needs throughout the state. These objectives continued as follows:

1. Provide a standardized level of training regarding PADS for both communities and stakeholders.
2. Standardize a statewide PADs template.
3. Allow PADs to be a separate recognized document from a medical advance directive.
4. Standardize a PADs training "toolkit" to be easily replicated from county to county.
5. Align behavioral health PADs with medical Advanced Directives so both physical and mental health needs are equally addressed.
6. Utilize a Learning Management System (LMS) for ease of county access to PADs training and materials.
7. Utilize peers to create PADs based on lived experience and understanding, which can lead to open dialog and trust.
8. Create infrastructure for a cloud-based data warehouse for ease of access to PADs in a crisis, providing mobility of PADs throughout the state.
9. Create legislation to enforce the use and acceptance of standardized PADs in California.
10. Create a continuous evaluation process that is outcome driven, evaluating training, PADs template ease of use, and PADs utilization.

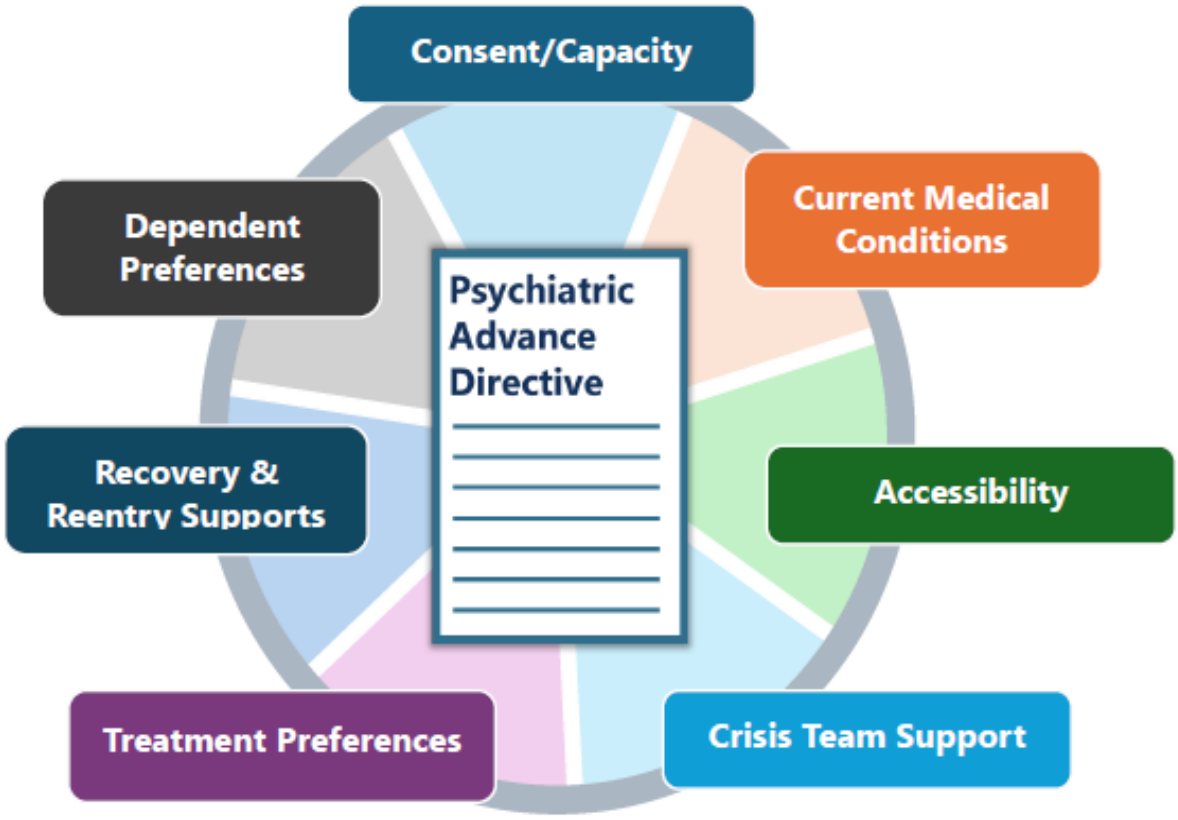
This annual report covers calendar year 2023, or fiscal years (FY) quarter three and four of FY 2022-23, and first and second quarter of FY 2023-24. The following is a recap of activities, with detailed subcontractor write-ups in the Appendix section at the of the report, with the fiscal intermediary review as concluding document.

In order to meet the requirement of ethnic and cultural diversity, the counties along with several subcontractors identified the need for ongoing translation and interpretative services that would fall outside of the scope of work and funding allocated by the counties. The project identified the ability to repurpose funding remaining from the previous FY. The company Alpha Omega was vetted and hired to create multi-lingual documents, interpretation, and interviews throughout the

project. Alpha Omega ensures the ability to address the multiple threshold languages identified within the participating counties.

Through the evaluation period it was clearly identified that this stage of the project is outlined as the technology platform build or Phase One PADs technology build. At no time during this phase of the project will the platform be "live" for access to the PAD in the public setting. The project's main priority continued with a build to streamline a PAD template/component(s) and move forward the components to be uploaded into the technology platform build.

Painted Brain and their subcontractor CAMHPRO worked with county peer support specialists, persons with a lived mental health condition, family member/caretakers and first responders in a series of listening sessions, ongoing workgroups, and cross-contractor collaboration. Painted Brain completed an exhaustive template review and submitted the components to Chorus for upload to the platform build. An idea of how the components will be address are as follows:



Their next step was to create a PADs facilitator curriculum to complement component understanding, digital literacy, and PADs within the platform. The curriculum was completed and submitted to counties for input. Once finalized, this curriculum will be part of the platform "toolkit."

The template components once sent to Chorus allowed for the ability to build the infrastructure of the digital PAD. Parallel to the digital formation of the PAD, the flow of use, and Terms of Services were identified as areas to address. A county workgroup was created to work with the teams to identify appropriate language. This remains an ongoing workgroup.

Monthly participatory and community-centered stakeholder workgroups continued throughout the year, to discuss the technology build with county peer specialists, persons with a lived mental health condition, family member/caretakers and first responders. Chorus was able to create a mock design using "Richard" as a sample of how the PAD could look in the digital format.

Feeding into the design of the platform is the parallel layer of branding and marketing. Idea Engineering, worked through the Marketing Sub-Workgroup to identify a PAD logo, a logo that was easily identifiable by a person filling out a PAD or for a first responder, as identification and recognition of a PAD. With county peers and Peer Specialist as the prominent voice, the outcome was as follows:

Idea Engineering updated all print material, and the public facing website to highlight the efforts of the project and the unified voice of what the PAD means to those involved in the project.

Evaluation of the project fell to both RAND and the Burton Blatt Institute (BBI), which both had to delay their work in waiting for sections of the project to be completed. RAND developed and finalized the training evaluation protocol and workflow to enable a "two-level" evaluation with PADs platform users. It is expected that this evaluation will take place beginning in April 2024.

Though the BBI evaluation is managed by Orange County, it has been identified to represent the project in totality. Working with all seven counties, BBI used a qualitative research approach and conducted individual semi-structured interviews throughout the year. The evaluation framework will be looking at the direct and indirect benefit of a web-based platform, how the development of the PAD impacts the rates of homelessness, incarceration, and hospitalization of those that fill out the PAD, in this first phase of the project build. As this is the initial build phase, in theory, this will impact systemwide change.

As overall Project Director, Concepts Forward Consulting continued to move the project through each phase by allowing for input from all entities involved, but also setting appropriate boundaries with regards to potential "scope-creep" and finalization of decisions. The counties

have all agreed to provide their input within the period requested, and if they do not the project must move on regardless, to accomplish our projected goals.

The Project Director began the process of engaging legislation. A time-limited workgroup was created that included the support from the Painted Brain peer run services, California Hospital Association, State Psychiatric Association representatives, NAMI California, MHSOAC, California Behavioral Health Directors, and Patient Rights and Lanterman Petris Short act knowledgeable attorneys. Through this group it has been identified that legislation to move the PAD forward will take a legislative champion, which is currently the highest priority to achieve within the next calendar year. The idea will be to align PAD's language within the Probate and Welfare and Institution codes to create a streamlined PAD's statute, one that recognizes a PAD as a document of self-determination and autonomy.

Discussions were also held with law enforcement and Executive Officer Council on Criminal Justice and Behavioral Health California Department of Corrections and Rehabilitation, as the project sought to engage the Department of Justice in the investigation of the integration of the PAD's platform into the California Law Enforcement Telecommunication System (CLETS). This one connection would allow crisis teams, first responders and dispatch in-the-moment access to a PAD when dispatched to a call for service. This activity will continue into the next year.

Throughout the project the importance of in-person discussions, learning, and planning has been showcased in bi-annual convenings. During the FY, two in-person convenings were held. Monterey County hosted in the spring and Orange County hosted in the fall. Both convenings were showcased on the project website www.padsCA.org.

There is a certain depth of learning and momentum that takes place after a convening. The counties decided that the Spring 2024 convening needed to allow for more discussion and planning, and not just updates from the subcontractors. The counties opted for a two-day event to create time for learning and further development of the project goals or adjustments. Sharing the hosting responsibilities with all participating counties, Shasta County was chosen to host the next convening.

The project has not been without challenges. As with many employers in California, our counties and subcontractors encountered several staffing challenges throughout the year, this impacted the timeliness of goals. Some counties are small and have a small community of stakeholders, or a high staffing vacancy rate. The subcontractors experienced staffing turnover which created a domino effect as each layer of the project relies on each other. Staffing challenges also arose in the lack of peer staff. This is where the peer contract was invaluable to enlist the voice of the peer/person(s) with lived mental health experience throughout the project.

As this project is innovative, timeliness of goal completion was also a challenge. Aspects of the time needed to complete activities could not have been calculated in advance. This can be seen in the amount of work Painted Brain needed to cull through multiple nationwide PAD documents to create meaningful template discussion and present the components. When Painted Brain submitted the component questions to Chorus, it could not be anticipated that to create the digital PAD, each component question needed meaning attached to determine the best phrasing and digital location. The delay of the template components delayed the creation of the

PAD facilitator training curriculum, which in turn delayed the ability to provide and evaluate the training.

The project has met challenges as referenced above and throughout FY 2023, each project goal has been addressed, completed, or will continue to be shaped in the coming year. As we plan for 2024, the following prospective activities are anticipated.

- Two-day Spring convening in Shasta County.
- Facilitator Train the Trainer completed, edited, and finalized.
- County pilot populations test usage of the digital PAD.
- RAND and BBI to continue their evaluation efforts.
- Information videos created in multiple threshold languages.
- A legislative champion is identified, and legislative language moves forward.
- Investigate the feasibility of the CLETS integration.
- Fresno County sunsets their Phase One participation.
- Phase Two "live" roll-out and training planning and write-up finalized.
- Continued improvement to the platform Phase One build.

The counties all continue in the most collaborative nature, meeting multiple times a month and sending a variety of staff to the following meetings: individual county meetings with subcontractors, large full project meeting, county to county, sub- workgroups in template creation, technology, terms of service, and marketing. In addition, providing staff or county collaborators time for interviews with project evaluators. Overall, the accomplishments of calendar year 2023 outweighed the challenges. The project remains challenging in commitment and time, yet the reward of an innovated digital PAD is truly on the horizon and will be accomplished within this project Phase One build.

Mariposa County Health and Human Services and Multi-County PADs Annual Report

Calendar Year 2024

CONCEPTS FORWARD CONSULTING

January 23, 2025

Subject: Mental Health Services Act Innovations: Multi-County Psychiatric Advance Directives (PADs) Project, 2024 Annual Update.

Dear County PADs liaison,

This letter is to inform you that the 2024 annual project repoting will now be incorporated into the final Phase One project evaluation report. The consolidated report is scheduled to be submitted for county review by the end of April 2025 and will be discussed during the upcoming May 2025 convening at Tri-City Mental Health Authority.

This arrangement makes most sense as the subcontractors would be required to provide their final Phase One documentation a mere four months after the annual update. By combining both requirements, the subcontractors can focus on a comprehensive project report.

Concept Forward Consulting will ensure the final Phase One project evaluation report is submitted to the Behavioral Health Services Oversight and Accountability Commission (BHSOAC, formerly MHSOAC) at the conclusion of Phase One.

Should you have any questions or require further clarification, please feel free to reach out to me. Thank you for your continued support and collaboration on this important initiative.
Sincerely,

Kiran Sahota, MA
President & CEO
805-409-0988
www.conceptsforward.com

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

BEHAVIORAL HEALTH BOARD MEETING
AGENDA

June 5th, 2024
12:30 p.m. – 2:30 p.m.
Mariposa County Health & Human Services
5362 Lemee Lane, Mariposa, California 95338

To attend in-person: Health & Human Services – Mariposa Conference Room
5362 Lemee Lane, Mariposa, California

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

Mission Statement: Our mission is to ensure high quality behavioral health services for all individuals in our community by evaluating the community's behavioral health services and needs, advocating for persons with behavioral health and substance use disorder needs, advising the Board of Supervisors and Behavioral Health Director on related issues and educating the public on the importance of behavioral health as a part of community health.

I. **Call to Order and Roll Call - Confirm Quorum**
II. **Public Hearing:** Conduct public hearing to receive public input, review and make recommendations, for submission of the Draft Mariposa County MHSA Annual Plan FY 2024-2025 (Attachment)

III. **Approval of Meeting Minutes: May 1st, 2024 (attachment)**

IV. **Public Comments**

Persons wishing to address any agenda item or comment on any item not on the agenda may do so at this time. Any comments will be limited to 5 minutes per person. Please state your name and address (optional). For items not on the agenda, no action will be taken at this time. If it requires action, it will be referred to staff and/or placed on the next agenda.

V. **Agenda Items**
- A. **Announcements**
- B. **Old Business**
  1. Review and vote on approval of 2023-2024 BHB Annual Report (Attachment)
- C. **New Business**
  1. Accept nominations and elect new Chair and Vice Chair for the Behavioral Health Board
- D. **Receive Staff Reports as Pertaining to Behavioral Health**
  1. Director of HHSA
  2. Director of Health Services

In compliance with the Americans with Disabilities Act, if special assistance is required to participate in this meeting, please contact Recording Secretary at 1-209-966-2000.

3. Deputy Director of Behavioral Health
4. Finances
5. Quality Assurance

E. Receive Committees and Community Partner Reports as Pertaining to Behavioral Health

1. Mariposa Heritage House
2. Mariposa Minds Matter
3. Connections
4. Probation
5. Native Solutions
6. Mariposa Safe Families
7. Family Recourse Center (Alliance)
8. CASA
9. Ethos
10. Mountain Crisis
11. Miwumati Healing Center
12. Discuss Policy/Legislative Issues Relevant to the BHB (Action Plan - Goal A4) From Supervisor Rosemarie Smallcombe

VI. Adjournment

Next Meeting: The next meeting will be held in the Mariposa County Health & Human Services Mariposa Conference Room and via teleconference, **July 3, 2024, at 12:30 p.m. to 2:00 p.m.**

Website Screenshot with Draft Posting

24-hour Crisis Response

ACEs - Adverse Childhood Experiences

Adult Services

Children & Family Services - Behavioral Health

Mental Health Services Act Information

Native American Programs

Non-Discrimination Policy & Language Access

Quality Assurance

Substance Use Disorders (SUD) & Services

Wellness Center

Mental Health Services Act (MHSA) Information

NOTICE OF PUBLIC HEARING

Notice of Public Hearing for The Mental Health Services Act Annual Update FY 24-25

Mental Health Services Act Plan for Fiscal Year 2023 to 2026

Mariposa Mental Health Services Act Three-Year-Plan 2023-2026 (PDF)

DRAFT Mariposa Mental Health Services Act Annual Update (2024-2025) & PEI Report (2022-2023) - Open for 30-day Public Comment Period

For questions about the Draft update please contact HHSAQA@mariposacounty.org

Mental Health Services Act Plan for Fiscal Year 2020 to 2023

2022-2023 Mental Health Services Act Annual Update (PDF)

2021-2022 Mental Health Services Annual Plan Update (PDF)

MHSA Annual Update (2021 - 2022) Amendment - WET Project FINAL (PDF)

2019-2020 Mental Health Services Act 2019-2020 Annual Plan Update (PDF)

Mental Health Services Act Annual Revenue and Expenditure Report

Mariposa FY 22-23 MHSA Annual Revenue and Expenditure Report (PDF)

Mariposa FY 21-22 MHSA Annual Revenue and Expenditure Report (PDF)

Mariposa FY 20-21 MHSA Annual Revenue and Expenditure Report (PDF)

Mariposa FY 19-20 MHSA Annual Revenue and Expenditure Report (PDF)

Mariposa FY18-19 MHSA Annual Revenue and Expenditure Report (PDF)

Appendix A: Stakeholder Survey (Page 1 of 8)

Mariposa County Health & Human Services Agency

Mental Health Services Act Stakeholder Survey 23-26

What is the Mental Health Services Act (MHSA)

Proposition 63 was passed in November 2004; this act imposes a 1% tax on personal income in excess of $1 million. MHSA's goal is to reduce the long-term impact on individuals and families resulting from untreated mental illness. MHSA provides funding to support county mental health programs for families, children, and transitional aged youth, adults, and older adults. This survey is for you to provide us with feedback regarding the mental health services available in Mariposa County.

Mariposa County Behavioral Health and Recovery Services (MCBHRS) is asking for feedback on the current programs and services for mental health services. Please take a couple of minutes to provide us with your comments. This survey is voluntary, and responses will be anonymous. Responses from this survey will inform the three- year Mental Health Services Act (MHSA) Plan.

1. Which of the following do you feel has the greatest needs or gaps in mental health services? (Rank the categories in order of importance - 1 being least important, and 4 being the most important.)

- ☐ Children (0-15 years)
- ☐ Youth (16-25 years)
- ☐ Adults (26-59 years)
- ☐ Older Adults (60+)

2. Which of the following has the greatest needs or gaps in mental health services?

- ☐ Parents
- ☐ Foster Youth
- ☐ Homeless
- ☐ Veterans
- ☐ LGBTQIA+
- ☐ Criminal Justice Involved
- ☐ Other (please specify) _____

Appendix A: Stakeholder Survey (Page 2 of 8)

3. Which communities have the greatest need for mental health services?

- ☐ Mariposa
- ☐ Cathey's Valley
- ☐ Coulterville
- ☐ Greeley Hill
- ☐ Don Pedro
- ☐ Yosemite
- ☐ El Portal
- ☐ Wawona
- ☐ Fish Camp
- ☐ Other (please specify) _____

4. How much do you agree with the following statements about the overall mental health system in Mariposa County?

	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
Mariposa County has mental health services that meet the needs of the community.	○	○	○	○	○
Mental health services in Mariposa County are easy for people to access.	○	○	○	○	○
The mental health services provided have been helpful to the community.	○	○	○	○	○
I am satisfied with the current mental health programs and services available.	○	○	○	○	○
Mariposa County can do more to support those in need of mental health services.	○	○	○	○	○

Appendix A: Stakeholder Survey (Page 3 of 8)

Help us evaluate our current mental health services and identify what programs have been the most helpful and effective.

5. Rank the following (1 being the least effective and 6 being the most effective)

	1	2	3	4	5	6
Adult System of Care – Intensive mental health services and supports for the adults and older adults in the community with serious mental illness.	○	○	○	○	○	○
Children's System of Care – Intensive mental health services and supports for the children and families in the community with serious emotional disturbances.	○	○	○	○	○	○
Mental Health First Aid – Training provided to community to increase recognition of early signs of mental illness.	○	○	○	○	○	○

Appendix A: Stakeholder Survey (Page 4 of 8)

Peer Support – An individual that runs the Wellness Center who has lived experience with mental health illness.	○	○	○	○	○	○
Wellness Center - Peer ran activities that help build meaningful relationships.	○	○	○	○	○	○
Suicide Prevention Hotline – Operates 24/7, 365 days per year.	○	○	○	○	○	○
School Based Early Mental Health Intervention Program – Designed to reduce the negative effects of mental illness.	○	○	○	○	○	○
Yosemite National Park Prevention – A counselor that provides mental health prevention programs in Yosemite National Park.	○	○	○	○	○	○

Appendix A: Stakeholder Survey (Page 5 of 8)

Mariposa Minds Matter Task Force – A committee that targets stigma reduction and discrimination related to mental health	○	○	○	○	○	○
Hope project – A school-based suicide prevention program that is designed to reach isolated schools in our outlying communities. (Yosemite, El Portal, Don Pedro, Greeley, Cathey's Valley and Wawona)	○	○	○	○	○	○

6. Mark the reason that best describes what needs improvement from your answers above.

- ☐ Communication about available mental health services
- ☐ Access to mental health information and services
- ☐ Technical access to mental health information and services
- ☐ Location of services or activities provided
- ☐ More culturally aware treatment
- ☐ More appropriate levels of care
- ☐ Other (please specify) _____

7. Rank the following mental health categories in order of the most important to the least important (1 being the least important and 5 being the most important).

- ☐ Suicide Prevention
- ☐ Reducing stigma and discrimination related to mental health
- ☐ Outreach for recognition of early signs of mental health illness
- ☐ Prevention Services
- ☐ Early Intervention Services

Appendix A: Stakeholder Survey (Page 6 of 8)

8. Please provide any additional comments on needs or gaps in mental health services in our community.

Please tell us about yourself

9. Which of the following describes you?

- ☐ Consumer
- ☐ Consumer Family Member
- ☐ Educator/Teacher
- ☐ Advocate
- ☐ Medical Provider
- ☐ Law enforcement
- ☐ Student
- ☐ Veteran
- ☐ Homeless
- ☐ Community Based Organization
- ☐ Faith Based Organization
- ☐ Decline to answer
- ☐ Other (please specify) _____

10. What is your zip code? _____

11. Do you live or work in Mariposa County (please circle one)? YES NO

12. What is your age?

- ☐ 0-15 years old
- ☐ 16-25 years old
- ☐ 26-59 years old
- ☐ 60+ years old
- ☐ Decline

Appendix A: Stakeholder Survey (Page 7 of 8)

13. What is your primary language?

- ☐ English
- ☐ Spanish
- ☐ Decline
- ☐ Other (please specify) _____

14. What was your gender assigned at birth?

- ☐ Male
- ☐ Female
- ☐ Decline

15. What is your current gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Queer
- ☐ Questioning or Unsure
- ☐ Other Gender Identity
- ☐ Decline

16. What is your sexual orientation?

- ☐ Gay or lesbian
- ☐ Heterosexual or straight
- ☐ Bisexual
- ☐ Questioning or unsure
- ☐ Queer
- ☐ Decline
- ☐ Other (please specify) _____

17. Are you a veteran please circle one)? YES NO DECLINE

18. Do you have any of the following disabilities?

- ☐ Difficulty seeing
- ☐ Difficulty hearing
- ☐ Mental illness
- ☐ Physical / Mobility Issues
- ☐ Chronic health conditions
- ☐ None
- ☐ Decline
- ☐ Other (please specify) _____

Appendix A: Stakeholder Survey (Page 8 of 8)

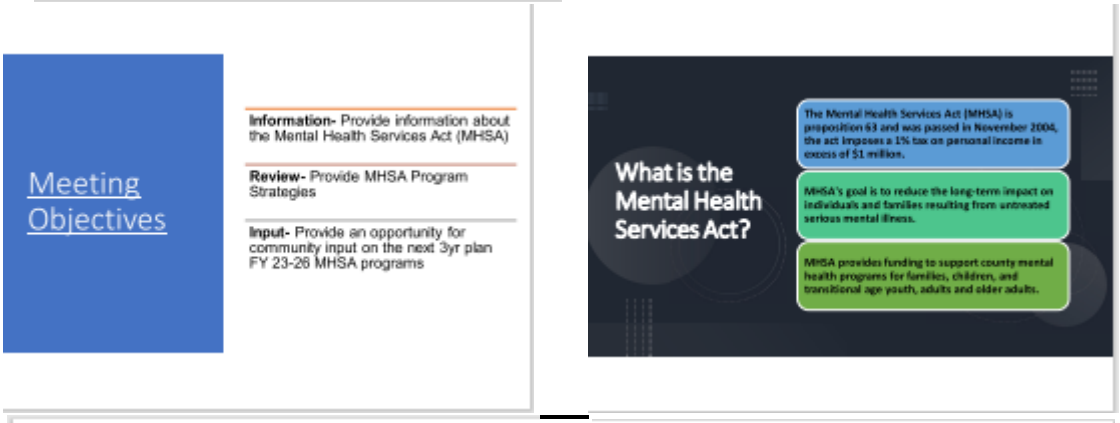
19. What is your race?

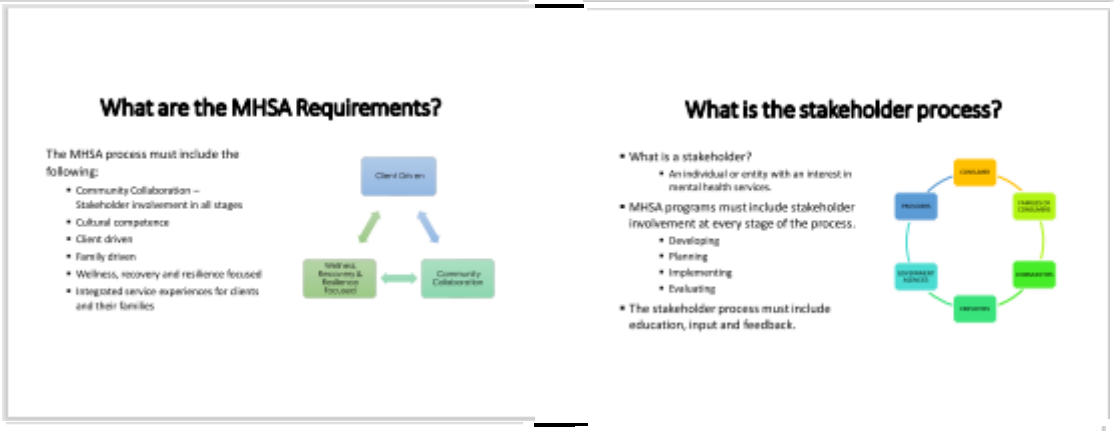
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Multiple Races
- ☐ Decline

20. What is your ethnicity?

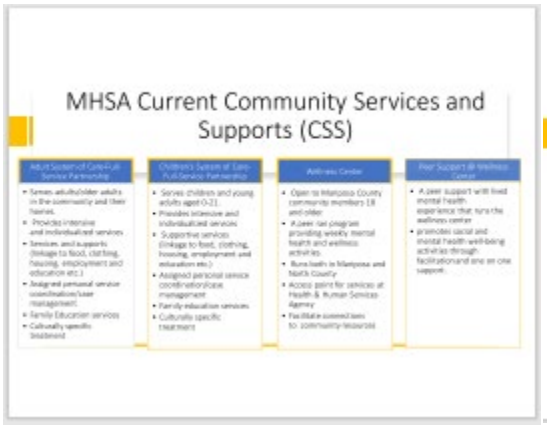
- ☐ Caribbean
- ☐ Central American
- ☐ Mexican/Mexican American – American/Chicano
- ☐ Puerto Rican
- ☐ South American
- ☐ Other Hispanic or Latino
- ☐ African
- ☐ Asian Indian / South Asian
- ☐ Cambodian
- ☐ Chinese
- ☐ Eastern European
- ☐ European
- ☐ Filipino
- ☐ Japense
- ☐ Korean
- ☐ Middle Eastern
- ☐ Vietnamese
- ☐ Other Non-Hispanic or Latino
- ☐ Multiple Ethnicities
- ☐ Decline

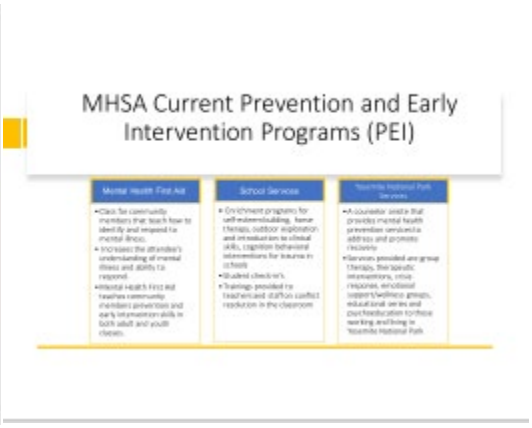
Appendix B: Stakeholder PPT (Page 1 of 2)

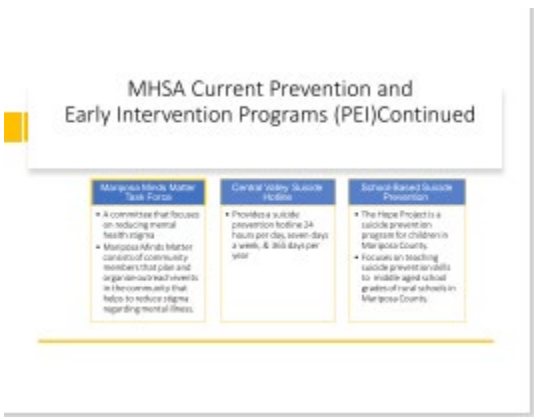


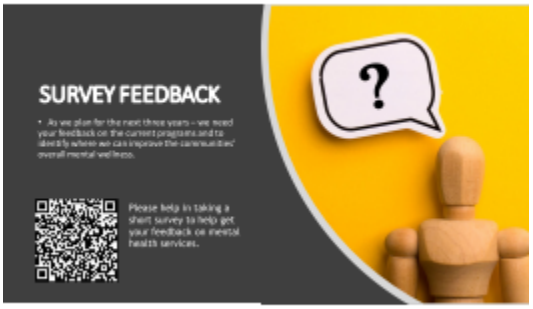


Appendix B: Stakeholder PPT (Page 2 of 2)









Appendix C: Stakeholder Flyer (1 page)

Mariposa County
Health & Human Services Agency
Healthy. Safe. Thriving.

Mental Health Services Act

Mariposa County Behavioral Health & Recovery Services is asking for feedback on current mental health programs and services, *And we want to hear from YOU!*

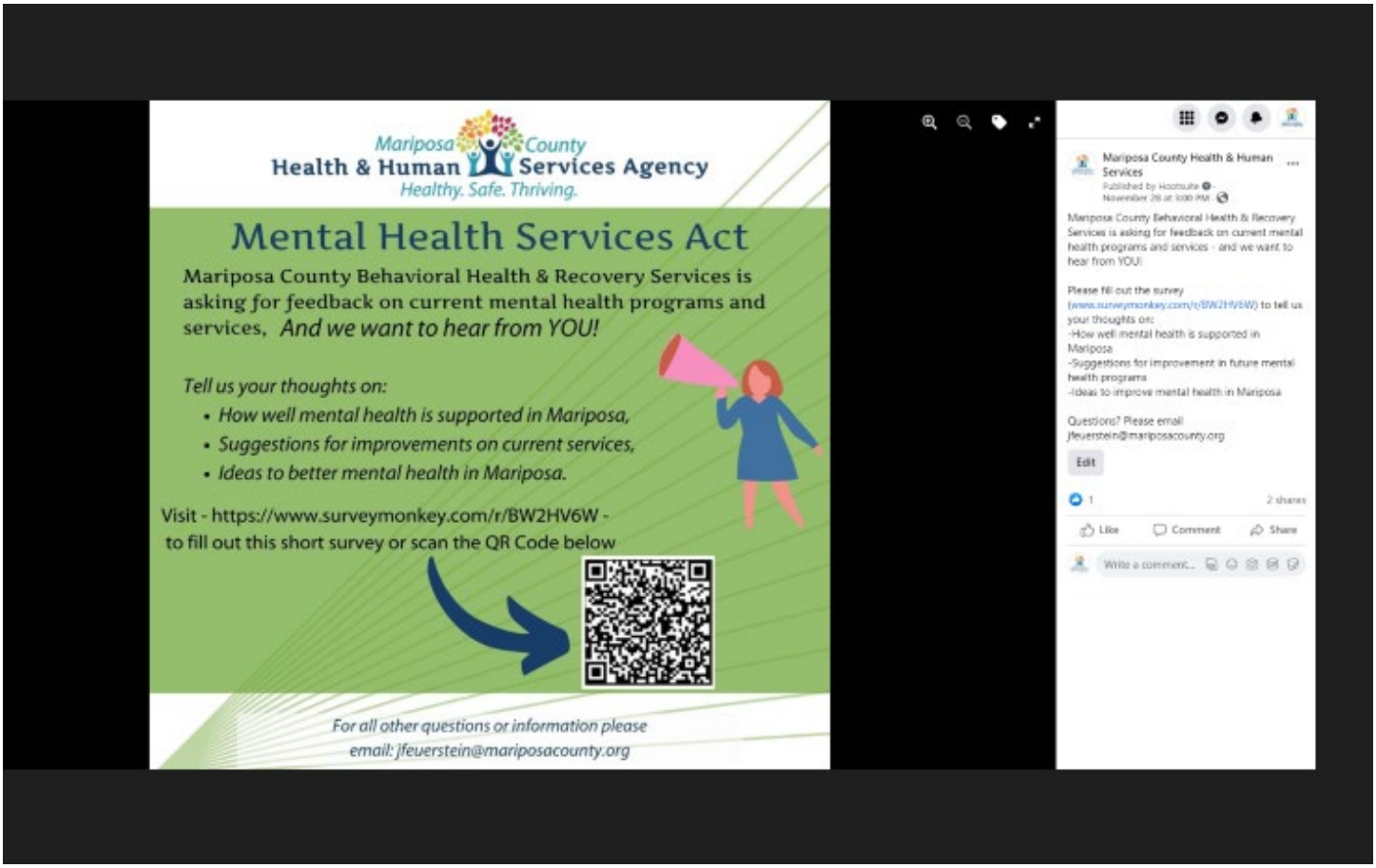
Tell us your thoughts on:

- *How well mental health is supported in Mariposa,*
- *Suggestions for improvement on future mental health programs,*
- *Ideas to better mental health in Mariposa.*

Visit - https://www.surveymonkey.com/r/BW2HV6W - to fill out this short survey or scan the QR Code below

For all other questions or information please email:
jfeuerstein@mariposacounty.org

Appendix D: Stakeholder Facebook Post (1 page)



Appendix E: Stakeholder Poppy/Health and Human Services Agency Post (1 page)

Mental Health Services Act

PT

Poppy Press Team

To: HHSAStaff

Mon 11/28/2022 2:47 PM

Mental Health Services Act

Do you have ideas about mental health in Mariposa County? Do you wish programs were different? Please see the attached flyer to take our Mental Health Services Survey.

Click here to view the full post.

Appendix F: MHSA- General Requirements Policy & Procedure (Page 1 of 4)

Mariposa County
Health & Human Services Agency

Policy / Procedure

Document Title:	Mental Health Services Act (MHSA) - General Requirements
Division:	Health Services
Branch / Unit / Program:	Behavioral Health and Recovery Services / Mental Health
Date Due for Review:	01/02/2022
Approval Date: **02/15/2021**	Dr. Eric Sergieko, MD, County Health Officer
Revised Date:	N/A
Supersedes:	N/A

Purpose: To communicate and inform employees about the policies and procedures regarding the Mental Health Services Act programs and services.

References/Regulations:

1. Welfare and Institutions Code § 5600.3, 5890 -5899.1
2. Title 9 California Code of Regulations § 3200.70, 3300, 3310, 3315, 3320, 3400, 3610

Definitions:

1. Mental Health Services Act (MHSA) - Proposition 63 that imposes a 1% income tax on personal income in excess of $1 million to be provided to county mental health programs to fund mental health services and programs. Programs are intended to reduce the impact of untreated serious mental illness, specifically those that are underserved and/or unserved.
2. Stakeholder - Any individuals or entities with an interest in mental health services in the State of California, including but not limited to: individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interest of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families.

Page 1

Appendix F: MHSA-General Requirements Policy & Procedure (Page 2 of 4)

Policy:

1. It is the policy of Mariposa County Behavioral Health and Recovery Services (MCBHRS) to strictly adhere to all applicable laws, regulations, and guidelines of the Mental Health Services Act (MHSA).

2. MCBHRS will comply with the requirements, principles and standards set forth in the MHSA in regards to planning, implementing, and evaluating the programs and/or services provided with MHSA funds. MCBHRS will ensure that all stages involve; community collaboration, cultural competence, client driven, family driven, wellness, recovery and are resiliency focused.

Procedure:

1. MHSA Structure: MCBHRS maintains the four main program components of the MHSA;
    a. Community Services and Supports (CSS)
    b. Prevention and Early Intervention (PEI)
    c. Workforce, Education and Training (WET)
    d. Innovation (INN)
2. Programs and Services provided with MHSA funds shall:
    a. Offer mental health services and/or supports to individuals/clients with serious mental illness and/or serious emotional disturbance, and when appropriate, their families. (The prevention and early intervention component is exempt from this requirement.)
    b. Be designed for voluntary participation, No person will be denied access based solely on his/her voluntary or involuntary legal status.

3. General Standards:
    a. MCBHRS will ensure the following standards are adopted in planning, implementing, and evaluating the programs and/or services provided with the MHSA funds. The planning, implementation and evaluation process includes, but is not limited to, the Community Program Planning Process; development of the Three Year Program and Expenditure Plans and Updates and the manner in which MCBHRS delivers services and evaluates service delivery.
        i. Community Collaboration
        ii. Cultural Competence
        iii. Client Driven
        iv. Wellness, Recovery, and Resilience Focus
        v. Integrated Service Experiences for clients and their families.
4. Three Year Program and Expenditure Plan / Annual Update: MCBHRS must submit a Three Year Program and Expenditure Plan or an Annual Update annually (See MHSA - Three Year Plan and Annual Update P&P).
    a. Each Plan or Update must address the following:
        i. Community Services and Supports
            1. Children and Youth
            2. Transitional Age Youth
            3. Adults
            4. Older Adults
        ii. Capital Facilities and Technological Needs
        iii. Workforce, Education and Training
        iv. Prevention and Early Intervention

Appendix F: MHSA-General Requirements Policy & Procedure (Page 3 of 4)

v. Innovative Programs

b. MCBHRS will update and submit the Three-Year Program and Expenditure Plan at least annually to the Department of Healthcare Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC). MCBHRS will update the plan in collaboration with stakeholders, through the Community Program Planning Process.

5. Community Program Planning Process (CPPP): MCBHRS will provide for a community planning process for the basis of developing the Three-Year Program and Expenditure Plans and updates. As part of the planning process, MCBHRS will ensure the following aspects are captured during every CPPP. The CPPP must include the following:
   a. Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the CPPP.
   b. Participation of stakeholders - MCBHRS will ensure stakeholders have the opportunity to participate in the CPPP, including representatives of underserved and/or underserved populations. Stakeholders must reflect the diversity of the current County demographics. MCBHRS will provide outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate.
   c. Training - as needed to stakeholders, clients, and when appropriate the client's family if participating in the CPPP.

6. Local Review Process: MCBHRS must conduct a local review process prior to the submission of the Three-Year Program and Expenditure Plan or Annual Updates. This process must include;
   a. A 30-day public comment period.
   b. A description of the methods used to circulate the Plan or Annual Update.
   c. Documentation that a public hearing was held by the local Behavioral Health Board.
   d. A summary and analysis of any substantive recommendations.
   e. A description of any changes made to the proposed Plan or Update that was circulated.

7. Revenue and Expenditure Report (RER): MCBHRS must submit an RER annually.
   a. MCBHRS will complete and submit an ARER to the Department of Healthcare Services and Mental Health Oversight and Accountability Commission by January 31st every year following the end of the reporting fiscal year.
      i. Fiscal will coordinate with Quality Assurance prior to the submission to ensure the ARER match the approved Three-Year Plan and/or Annual Update.
   b. The RER must include;
      i. Administration Expenditures - Actual total expenditures incurred and the revenues received for MHSA administration during the reporting fiscal year.
         1. Shall include system-wide one-time costs that cannot be assigned to a specific program.
      ii. Program expenditures - Actual total expenditures incurred by service or funding category and revenues received during the reporting fiscal year.
         1. Shall include one-time costs associated with a specific program.
      iii. One-Time Expenditures - MCBHRS must report the amount approved, and the actual expenditures incurred during the reporting fiscal year.
         1. Shall be included as either Program Expenditures or Administrative Expenditures.

8. Issue Resolution Process: MCBHRS is required to have a process for stakeholders to resolve concerns

Appendix F: MHSA-General Requirements Policy & Procedure (Page 4 of 4)

regarding the programs and services the MHSA. or receiving and processing of MHSA Grievances, see (Grievance and Appeal P&P).

9. Cost Allocation:
    a. MHSA funds may only be used to pay for mental health programs/services for which there is no other funding source available.
    b. MCBHRS shall NOT use MHSA funds for programs/services provided in juvenile halls and/or county jails except for the purpose of facilitating discharge.
    c. MCBHRS shall NOT provide MHSA funded services to individuals incarcerated in state/federal prisons or for parolless from state/federal prisons.

Responsibilities:

1. Quality Assurance is primarily responsible for drafting the Three Year Plans and Annual Updates with input from supervisors and ensuring the requirements of the CPPP.
2. The Health Services Director is primarily responsible for the implementation and administration of the MHSA funding consistent with the requirement of the MHSA.

Appendices:

1. Grievance log.

Appendix G: Social Worker Supervisor II Job Description (Page 1 of 2)

County of Mariposa

SOCIAL WORKER SUPERVISOR II

DEFINITION
Under direction, employees in this class plan, organize and direct the work of interdisciplinary service staff providing the most advanced social services; and perform related work as required.

SUPERVISION RECEIVED AND EXERCISED
The Social Worker Supervisor II is usually assigned to programs or staff positions that require extensive casework knowledge. Incumbents supervise a unit of caseworkers in specific programs identified as having a high proportion of complex and sensitive casework needs.

EXAMPLES OF ESSENTIAL FUNCTIONS
Plan, assign, direct, and review the work of employees providing the most advanced or complex casework such as adoptions and protective services.

May direct the work of social workers performing less complex services.

Assist in the development of community resources for all programs.

Assist and participate in the development of in-service training and staff development programs.

Refer problems to other agency staff.

Evaluate the effectiveness of policies and procedures.

Represent the social services department at conferences and address community groups.

Evaluate the performance of personnel and take or recommend appropriate courses of action.

May direct research studies and prepare reports.

Enter and retrieve information from an automated computer system.

EMPLOYMENT STANDARDS
Knowledge of:
Functions of public social services agencies and the principles of public social service administration.

Social research methods.

Laws, rules and regulations governing the operation of public social services agencies.

Principles, methods, and resources in the field of public health, mental hygiene, education, correction and rehabilitation as they relate to public social service.

Techniques of supervision, training and casework consultation.

Computer terminology and computer keyboard arrangement.

Principles of community organization.

Appendix G: Social Worker Supervisor II Job Description (Page 2 of 2)

Resources available in the community for referral or utilization in employment or social service programs.

Ability to:
Exercise sound judgment when organizing, directing, and prioritizing unit activities.

Select, train, supervise, evaluate, and discipline subordinate staff.

Classify case problems and evaluate the effectiveness of effort in solving problems.

Apply effective interpersonal skills.

Develop and maintain cooperative relationships with community groups and resource agencies.

Make oral and written presentations clearly and concisely.

Analyze a situation accurately and adopt an effective course of action.

TYPICAL WORKING CONDITIONS
Work is performed primarily in an office environment and includes continuous contact with staff and the public. Work may involve stressful situations and include dealing with erratic and sometimes threatening behavior. Work may include performing emergency response services during non-business hours.

TYPICAL PHYSICAL REQUIREMENTS
Sit for extended periods; frequently stand and walk; normal manual dexterity and eye-hand coordination; corrected hearing to normal range; corrected vision to normal range including ability to distinguish basic colors, shapes and depth perception; verbal communication; use of office equipment including computers and other related peripheral equipment such as printers, telephones, calculators, copiers and FAX.

MINIMUM QUALIFICATIONS
Education:
Master's degree in Social Work or a Master's degree from a two year counseling program.
Definition: Qualifying master's degrees from a two year counseling program are those which include a course of study with emphasis in vocational rehabilitation, family or marriage counseling, gerontology, or a closely related field. Qualifying two-year counseling degree programs must have included an internship or supervised fieldwork and completion of approximately 45 semester or 67 quarter units of graduate level courses. Completion of all of the requirements for a Licensed Marriage and Family Therapist (LMFT) license program may be substituted upon submission of verifying proof.

Experience:
One year of experience performing duties comparable to those of the Merit System Social Worker III or Social Worker IV class.

Additional Requirements:
Possession of a valid California driver's license. Under certain circumstances, the Human Resources Director may accept a valid driver's license from another state if applicant acknowledges his/her intent to acquire a California driver's license within three months by signing an acknowledgement form.

Revision Date: 02/06(B/S Res. 06-73)

Appendix H: Staff Services Analyst I/II Job Description (Page 1 of 6)

County of Mariposa

STAFF SERVICES ANALYST I/II
(non-Merit System Services)

DEFINITION

In the Human Services Department, the Staff Services Analyst I/II classes are responsible for performing professional level analytical duties involving general administrative, fiscal, and/or program analytical work. Incumbents gather, tabulate, analyze, and chart data; interview and consult with departmental officials, employees, community members, contractors, and others to give and receive information; prepare reports and make recommendations on procedures, policies, and program/functional area issues and alternatives; review and analyze proposed legislation and advise management on the potential impact; make decisions in financial, and other administrative systems of average to difficult complexity; prepare correspondence; monitor grants and contracts, and perform other related duties as assigned. Incumbents may supervise clerical and/or technical staff.

The Staff Services Analyst I level is the entry level into the professional Staff Services series. Incumbents work under close supervision. Assignments are generally limited in scope and under the direction of a higher-level employee. As experience is gained, the incumbent is granted more independence from supervision. Most incumbents are expected to promote to the II level after one year of satisfactory performance; however, positions limited to analytical duties of a more routine, repetitive nature will be permanently allocated to the Staff Services Analyst I level.

The Staff Services Analyst II is the journey level in the series. Incumbents work under direction and are responsible for performing the full range of duties at the journey level and working independently. Incumbents may be assigned to perform general duties that encompass a broad scope of administrative analytical functions and areas of responsibility. Staff Services Analyst I/II differs from Staff Services Analyst I/II (MSS) in that the MSS classes are only used for designated and appropriately funded positions under the Merit System Services contract.

SUPERVISION RECEIVED AND EXERCISED

Receives general supervision from assigned supervisory/management staff.

May exercise supervision over assigned staff.

EXAMPLES OF ESSENTIAL FUNCTIONS

These duties may apply to both levels in varying degrees of importance, frequency, or priority.

Performs, coordinates, monitors, and participates in various administrative analytical functions, typically within a departmental program or administrative section.

Appendix G: Staff Services Analyst I/II Job Description (Page 2 of 6)

Plans, identifies, and analyzes program administration problems and develops solutions.

Works with the community, agencies, schools, providers, and contractors on various projects such as program education, outreach, legislation/regulation implementation, etc. including participation on committees and ad hoc groups

Reviews existing and proposed local, state, and federal legislation/regulations for impact on the department's activities; consults with department personnel; develops recommendations; and prepares proposed changes.

Performs departmental quality assurance duties by reviewing/conducting audits, meeting with contractors/vendors for ensuring proper grant/contract performance, evaluating overall program performance, making on-site visits, analyzing time studies and product analyses, etc..

Extracts and reviews data to prepare reports consisting of specific program/caseload data to monitor progress toward goals.

Reviews program updates, letters, and notices for potential impact on various programs and activities; recommends and prepares policy and procedure changes to ensure compliance and provides training on new/revised regulations/policies if needed.

Compiles, maintains, and analyzes data; identifies trends, and makes recommendations involving the formulation of policy and procedures.

Serves as a resource and provides advice and information to supervisors, managers, and other internal staff, the public, contractors, providers, and other agencies in area(s) of assignment including the interpretation and explanation of a variety of programs, policies, rules, and regulations.

Conducts surveys and performs research and statistical analyses on administrative, fiscal, and/or programmatic problems.

Coordinates staff training by determining training needs, working with trainers, scheduling rooms and staff, and evaluating the content and results.

Makes presentations before committees, boards, commissions, departmental staff, advisory groups, or community groups to provide information and recommendations, advocate a position, encourage participation, and/or respond to questions.

Analyzes business process requirements and coordinates with information technology staff and/or consultants to develop automated solutions.

May plan and coordinate the design and implementation of new and revised programs, systems, procedures, methods of operation, and forms.

Appendix G: Staff Services Analyst I/II Job Description (Page 3 of 6)

Compiles materials; prepares analytical reports, manuals, and publications.

Prepares public relations materials (e.g. brochures, informational materials, customer satisfaction surveys).

Provides consultation and recommends solutions regarding research findings, organizational improvement initiatives and related issues concerning departmental effectiveness and goal attainment; evaluates effectiveness through performance measure development and monitoring activities and recommends modifications.

Collaborates with County departments and agencies on cross-functional projects.

Coordinates assigned activities with other departments, divisions, units, and with outside agencies; represents the division or department in committee meetings; responds to complaints and requests for information.

Establishes and maintains positive working relationships with co-workers; representatives of community organizations; state/local agencies and associations; internal management and staff; and the public by utilizing principles of effective customer service.

May supervise clerical and/or technical employees by assigning, monitoring, reviewing, and evaluating their work; may provide training to less experienced staff.

Performs related duties as assigned.

EMPLOYMENT STANDARDS
Note: The level and scope of the knowledge and abilities listed below are related to job duties as distinguished between the two levels in the Definition section.

Knowledge of:
Public and business administration principles and practices.

Pertinent federal, state and local laws, codes, ordinances and regulations.

Methods and techniques involved in conducting analytical studies of administrative and management practices, methods and procedures.

General research practices, techniques, and terminology to conduct research.

A variety of computer software applications, including database, graphics/presentation, word processing and spreadsheet software.

Methods and techniques of report preparation.

Appendix G: Staff Services Analyst I/II Job Description (Page 4 of 6)

English language (i.e., composition, spelling, grammar, and sentence structure).

Project management principles to ensure projects activities are conducted in a fiscally responsible and timely manner.

Principles and practices of effective customer service.

Principles of teamwork and teambuilding in order to work effectively as a member of a team and facilitate effective teamwork.

Principles and practices of leadership and supervision.

Community needs and resources.

Ability to:
Apply program planning principles and techniques to problems and issues.

Analyze a situation or problem, including stressful situations, accurately and objectively in order to identify alternative solutions and determine an effective course of action.

Collect and analyze data and information in order to derive logical conclusions.
Learn and interpret state and federal requirements and regulations that govern human services programs.
Formulate options and make recommendations based on data and information collected.

Analyze policies, procedures, and programs and make effective recommendations.

Make sound decisions and independent judgments within established guidelines.

Read, interpret, and apply a variety of information (e.g. laws, policies, procedures, legislations, directives) in order to provide information and ensure compliance.

Analyze and interpret basic statistics.

Perform arithmetic calculations, including ratios and percentages.

Operate a computer and use common software packages related to the work.

Express information and ideas orally in a clear, concise, organized manner by using proper diction, grammar and volume so that others will understand.

Work effectively with community groups while conducting education and outreach activities.

Appendix G: Staff Services Analyst I/II Job Description (Page 5 of 6)

Monitor contract performance and taken action to correct problems and deficiencies.

Make effective presentations and respond to questions from various groups, including boards, committees, and the public.

Compose business communications (e.g. letters, memos, notices) and reports, policies, and procedures, in a clear, concise, organized, and accurate manner.

Identify problems and central issues.

Reason logically and critically.

Perform, analyze, and document research.

Research legislative issues and read and understand legislation.

Recommend and implement changes/improvements.

Develop and maintain cooperative, effective working relationships with co-workers, representatives of community organizations, state/local agencies and associations, supervisors, internal management staff, employee representatives and the public.

Effectively mediate and resolve conflicts between/with individuals.

Work and interact with a variety of individuals from various socioeconomic, ethnic, and cultural groups in person and by telephone, including situations where relations may be strained or confrontational.

Work independently and accept increasing responsibility.

Prioritize, plan, coordinate, and organize simultaneous work assignments and projects to meet critical and competing deadlines.

Manage projects by developing project budgets, tasks, and timelines to ensure projects meet time and budget guidelines.

Work as a team member by keeping communication open, offering support, sharing knowledge, and contributing to and/or leading team efforts.

May supervise clerical and/or technical employees.

May monitor, plan, direct, assign and review the work of clerical and/or technical employees.

Appendix G: Staff Services Analyst I/II Job Description (Page 6 of 6)

MINIMUM QUALIFICATIONS
Education and Experience:
Staff Services Analyst I
Graduation from an accredited four year college or university with a bachelor's degree.
OR
Two years (60 semester or 90 quarter) of college units and two (2) years of full-time technical level experience involving general administrative, fiscal, or human services program work.

Staff Services Analyst II
Education and Experience:
One (1) year of full-time experience as a Staff Services Analyst I
OR
Graduation from an accredited college or university with a bachelor's degree and one (1) year of full-time professional experience performing general administrative, fiscal, or human services program work.

Substitution: *(Both Staff Services Analyst I and II)*
Additional technical or higher-level experience performing general administrative, fiscal, or human services program support work may substitute for up to two (2) years of the required education on a year-for-year basis.

Additional Requirements: (*Both Staff Services Analyst I and II*)
Possession of a valid California driver's license. Under certain circumstances, the Human Resources Director may accept a valid driver's license from another state if applicant acknowledges his/her intent to acquire a California driver's license within three months by signing an acknowledgement form.

This class specification lists the major duties and requirements of the job and is not all-inclusive. Incumbents may be expected to perform job-related duties other than those contained in this document.

Creation date: 02/14 (B/S Res. 14-56)
Revision date: 10/17 (B/S Res. 17-676)

Appendix I: Email of MHSA Stakeholder Correspondence (Page 1 of 1)

MHSA Stakeholder Presentation, Flyer and Survey

Jinger Feuerstein <JFeuerstein@mariposacounty.org>
Wed 10/19/2022 2:01 PM

To: first5mariposa@yahoo.com <first5mariposa@yahoo.com>
Bcc: Jinger Feuerstein <JFeuerstein@mariposacounty.org>

2 attachments (666 KB)
MHSA Stakeholder Presentation (23-26) (1).pdf; Mental Health Services Act Flyer.pdf;

Hi Nicki,
I have attached the Mental Health Service Act (MHSA) Stakeholder Presentation, QR code and weblink to the survey. Please pass this on to anyone who would like an opportunity to provide their input and feedback on Mariposa County's mental health programs and services. This can be staff and consumers. We want to reach a broad audience to implement this survey, as this feedback will determine our funding for the next three years. If you have any questions or concerns, please feel free to contact me.

Thank you for your time and participation,
Jinger

You can take the survey through this weblink
https://www.surveymonkey.com/r/BW2HV6W

Or scan this QR code

Health & Human Services Agency
Healthy. Safe. Thriving.

Jinger Feuerstein

Staff Services Analyst I
Health Services Division
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Appendix J: MHSA Stakeholder Survey Responses (Page 1 of 10)

Sample 1

Page 1

Q1

Which of the following do you feel has the greatest needs or gaps in mental health services? (Rank in order of importance - 1 being least important, and 4 being the most important.)

Children (0-15 years)	**2**
Youth (16-25 years)	**4**
Adults (26-59 years)	**3**
Older Adults (60+)	**1**

Q2

Which of the following has the greatest needs or gaps in mental health services?

Foster Youth,

Veterans

Q3

Which communities have the greatest need for mental health services?

Mariposa,

Other (please specify):

Midpines

Q4

How much do you agree with the following statements about the overall mental health system in Mariposa County?

Mariposa County has mental health services that meet the needs of the community.	**Don't Know**
Mental health services in Mariposa County are easy for people to access.	**Agree**
The mental health services provided have been helpful to the community.	**Agree**
I am satisfied with the current mental health programs and services available.	**Disagree**
Mariposa County can do more to support those in need of mental health services.	**Agree**

Appendix J: MHSA Stakeholder Survey Responses (Page 2 of 10)

Mental Health Services Act Stakeholder Survey 2023-2026

Q5

Rank the following (1 being the least effective and 6 being the most effective)?

Adult System of Care - Intensive mental health services and supports for the adults and older adults in the community with serious mental illness.	3
Children's System of Care - Intensive mental health services and supports for the children and families in the community with serious emotional disturbances.	4
Mental Health First Aid - Training provided to community to increase recognition of early signs of mental illness.	5
Peer Support - An individual that runs the Wellness Center who has lived experience with mental health illness.	5
Wellness Center - Peer ran activities that help build meaningful relationships.	5
Suicide Prevention Hotline - Operates 24/7, 365 days per year.	5
School Based Early Mental Health Intervention Program - Designed to reduce the negative effects of mental illness.	3
Yosemite National Park Prevention Program - A counselor that provides mental health prevention programs in Yosemite National Park.	4
Mariposa Minds Matter Task Force - A committee that targets stigma reduction and discrimination related to mental health	4
Hope Project - A school-based suicide prevention program that is designed to reach isolated schools in our outlying communities. (Yosemite, El Portal, Don Pedro, Greeley Hill, Cathey's Valley and Wawona)	4

Q6 **Communication about available mental health services**

Mark the reason that best describes what needs improvement from your answers above.

Q7

Rank the following mental health categories in order of the most important to the least important (1 being the least important and 5 being the most important).

Suicide Prevention	5
Reducing stigma and discrimination related to mental health	4
Outreach for recognition of early signs of mental illness	3
Preventative Services	1
Early Intervention Services	2

Appendix J: MHSA Stakeholder Survey Responses (Page 3 of 10)

Mental Health Services Act Stakeholder Survey 2023-2026

Q8

Please provide any additional comments on needs or gaps in mental health services in our community.

Need more clinicians and case managers.

Q9 Which of the following describes you?	**Advocate,** Other (please specify): Counselor
Q10 What is your zip code? 95338	
Q11 Do you live or work in Mariposa County?	**Yes**
Q12 What is your age?	**60+ years old**
Q13 What is your primary Language?	**English**
Q14 What was your gender assigned at birth?	**Male**
Q15 What is your current gender identity?	**Male**
Q16 What is your sexual orientation?	**Heterosexual or straight**
Q17 Are you a veteran?	**No**
Q18 Do you have any of the following disabilities?	**Chronic health conditions**

Mental Health Services Act Stakeholder Survey 2023-2026

Q19 What is your race?	**White**
Q20 What is your ethnicity?	**European**

Appendix J: MHSA Stakeholder Survey Responses (Page 4 of 10)

Sample 2

Page 1

Q1

Which of the following do you feel has the greatest needs or gaps in mental health services? (Rank in order of importance - 1 being least important, and 4 being the most important.)

Children (0-15 years)	**1**
Youth (16-25 years)	**2**
Adults (26-59 years)	**3**
Older Adults (60+)	**4**

Q2 **Homeless**

Which of the following has the greatest needs or gaps in mental health services?

Q3 **Mariposa**

Which communities have the greatest need for mental health services?

Q4

How much do you agree with the following statements about the overall mental health system in Mariposa County?

Mariposa County has mental health services that meet the needs of the community.	**Don't Know**
Mental health services in Mariposa County are easy for people to access.	**Don't Know**
The mental health services provided have been helpful to the community.	**Agree**
I am satisfied with the current mental health programs and services available.	**Disagree**
Mariposa County can do more to support those in need of mental health services.	**Strongly Agree**

Appendix J: MHSA Stakeholder Survey Responses (Page 5 of 10)

Q5

Rank the following (1 being the least effective and 6 being the most effective)?

Adult System of Care - Intensive mental health services and supports for the adults and older adults in the community with serious mental illness.	**4**
Children's System of Care - Intensive mental health services and supports for the children and families in the community with serious emotional disturbances.	**5**
Mental Health First Aid - Training provided to community to increase recognition of early signs of mental illness.	**6**
Peer Support - An individual that runs the Wellness Center who has lived experience with mental health illness.	**2**
Wellness Center - Peer ran activities that help build meaningful relationships.	**2**
Suicide Prevention Hotline - Operates 24/7, 365 days per year.	**3**
School Based Early Mental Health Intervention Program - Designed to reduce the negative effects of mental illness.	**5**
Yosemite National Park Prevention Program - A counselor that provides mental health prevention programs in Yosemite National Park.	**3**
Mariposa Minds Matter Task Force - A committee that targets stigma reduction and discrimination related to mental health	**4**
Hope Project - A school-based suicide prevention program that is designed to reach isolated schools in our outlying communities. (Yosemite, El Portal, Don Pedro, Greeley Hill, Cathey's Valley and Wawona)	**3**

Q6

Mark the reason that best describes what needs improvement from your answers above.

Communication about available mental health services,

Access to mental health information and services,

Technical access to mental health information and services

,

Location of services or activities provided,

More appropriate levels of care

Appendix J: MHSA Stakeholder Survey Responses (Page 6 of 10)

Q7

Rank the following mental health categories in order of the most important to the least important (1 being the least important and 5 being the most important).

Suicide Prevention	5
Reducing stigma and discrimination related to mental health	2
Outreach for recognition of early signs of mental illness	4
Preventative Services	1
Early Intervention Services	3

Q8

Please provide any additional comments on needs or gaps in mental health services in our community.

Outreach to bring those in need into existing services and additional services surrounding Community inclusion and socialization to reduce isolation across all ages, but especially the homeless and elderly.

Q9 — **Advocate**

Which of the following describes you?

Q10

What is your zip code?

95338

Q11 — **Yes**

Do you live or work in Mariposa County?

Q12 — **26-59 years old**

What is your age?

Q13 — **English**

What is your primary Language?

Q14 — **Female**

What was your gender assigned at birth?

Q15 — **Female**

What is your current gender identity?

Q16 — **Heterosexual or straight**

What is your sexual orientation?

Q17 — **No**

Are you a veteran?

Q18 — **Decline**

Do you have any of the following disabilities?

Q19 — **White**

What is your race?

Q20 — **Mexican/Mexican American - American/Chicano**

What is your ethnicity?

Appendix J: MHSA Stakeholder Survey Responses (Page 7 of 10)

Sample 3

Page 1

Q1

Which of the following do you feel has the greatest needs or gaps in mental health services? (Rank in order of importance - 1 being least important, and 4 being the most important.)

Children (0-15 years)	**4**
Youth (16-25 years)	**3**
Adults (26-59 years)	**2**
Older Adults (60+)	**1**

Q2

Which of the following has the greatest needs or gaps in mental health services?

Homeless,

LGBTQIA+,

Other (please specify):

Seniors

Q3

Which communities have the greatest need for mental health services?

Coulterville,

Greely Hill,

Don Pedro,

Yosemite,

El Portal,

Wawona,

Fish Camp

Appendix J: MHSA Stakeholder Survey Responses (Page 8 of 10)

Q4

How much do you agree with the following statements about the overall mental health system in Mariposa County?

Mariposa County has mental health services that meet the needs of the community.	**Disagree**
Mental health services in Mariposa County are easy for people to access.	**Agree**
The mental health services provided have been helpful to the community.	**Agree**
I am satisfied with the current mental health programs and services available.	**Disagree**
Mariposa County can do more to support those in need of mental health services.	**Strongly Agree**

Q5

Rank the following (1 being the least effective and 6 being the most effective)?

Adult System of Care - Intensive mental health services and supports for the adults and older adults in the community with serious mental illness.	**4**
Children's System of Care - Intensive mental health services and supports for the children and families in the community with serious emotional disturbances.	**5**
Mental Health First Aid - Training provided to community to increase recognition of early signs of mental illness.	**4**
Peer Support - An individual that runs the Wellness Center who has lived experience with mental health illness.	**4**
Wellness Center - Peer ran activities that help build meaningful relationships.	**4**
Suicide Prevention Hotline - Operates 24/7, 365 days per year.	**5**
School Based Early Mental Health Intervention Program - Designed to reduce the negative effects of mental illness.	**5**
Yosemite National Park Prevention Program - A counselor that provides mental health prevention programs in Yosemite National Park.	**1**
Mariposa Minds Matter Task Force - A committee that targets stigma reduction and discrimination related to mental health	**4**
Hope Project - A school-based suicide prevention program that is designed to reach isolated schools in our outlying communities. (Yosemite, El Portal, Don Pedro, Greeley Hill, Cathey's Valley and Wawona)	**4**

Appendix J: MHSA Stakeholder Survey Responses (Page 9 of 10)

Mental Health Services Act Stakeholder Survey 2023-2026

Q6

Mark the reason that best describes what needs improvement from your answers above.

Communication about available mental health services,

Technical access to mental health information and services

,

Location of services or activities provided,

More appropriate levels of care,

Other (please specify):

Being a rural area, connectivity issues are serious barriers.

Q7

Rank the following mental health categories in order of the most important to the least important (1 being the least important and 5 being the most important).

Suicide Prevention	**3**
Reducing stigma and discrimination related to mental health	**1**
Outreach for recognition of early signs of mental illness	**4**
Preventative Services	**2**
Early Intervention Services	**5**

Q8

Please provide any additional comments on needs or gaps in mental health services in our community.

Transportation. Case management/outreach to Seniors/Shut-ins. More effective communication and coordination.

Q9

Which of the following describes you?

Respondent skipped this question

Q10

What is your zip code?

Respondent skipped this question

Q11

Do you live or work in Mariposa County?

Respondent skipped this question

Q12

What is your age?

Respondent skipped this question

Q13

What is your primary Language?

Respondent skipped this question

Appendix J: MHSA Stakeholder Survey Responses (Page 10 of 10)

Mental Health Services Act Stakeholder Survey 2023-2026

Q14 Respondent skipped this question

What was your gender assigned at birth?

Q15 Respondent skipped this question

What is your current gender identity?

Q16 Respondent skipped this question

What is your sexual orientation?

Q17 Respondent skipped this question

Are you a veteran?

Q18 Respondent skipped this question

Do you have any of the following disabilities?

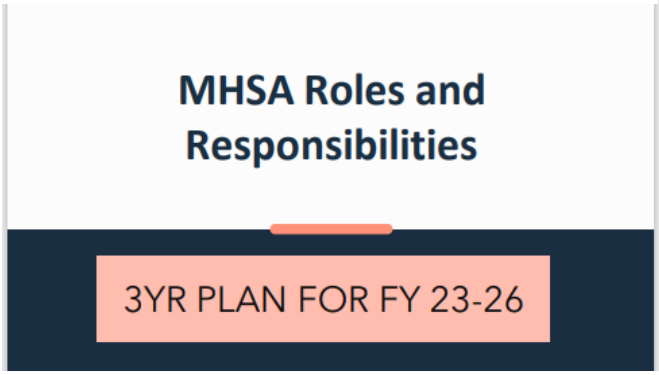
Q19 Respondent skipped this question

What is your race?

Q20 Respondent skipped this question

What is your ethnicity?

Appendix K: MHSA CPPP Staff Training PowerPoint (Page 1 of 2)



Mental Health Services Act Overview

- The Mental Health Services Act (MHSA) is proposition 63 and was passed in November 2004, the act imposes a 1% tax on personal income in excess of $1 million.
- MHSA funds are only to be used to pay for portions of mental health programs and services which there is no other source of funding
- Of the allocation MCBHRS receives:
  - 19% must be spent on PEI
  - 5% must be spent on INN
  - 76% must be spent on CSS
- Components of MHSA: CSS- Community Services and Supports
  - PEI- Prevention and Early Intervention
  - INN- Innovation
  - WET- Workforce, Education and Training
  - CFTN- Capital Facilities and Technological needs

MHSA Plan Requirements

- MHSA regulations require counties to prepare a three-year plan outlining programs and services that will be funded for the next three years. Counties are also required to provide subsequent annual updates to the three-year plan during that timeframe to address each component, and any changes.
- A three-year plan or annual update requires community stakeholders to participate in a community planning process that allows stakeholders an opportunity to provide feedback on the programs and services through the MHSA funding.
- The last 3-yr plan (FY 20-23) was submitted by MCBHRS in 2020
- Annual updates have been submitted for fiscal years 2021-2022 and 2022-2023
- Next three-year plan 2023-2026 will need to be submitted by June 30, 2023

Planning Stages

- **Stakeholder input/feedback-** must gather stakeholder input of the programs and services proposed to allocate funding

30-day public comment- must post a draft copy of the MHSA plan including feedback for a period of no less than 30 days prior to the public hearing

Planning Stages

Public hearing- must be held following the 30-day public comment period and before the Board of Supervisors approval.

Board of supervisor's approval- must be approved no later than two weeks before June 30th

Submission of DHCS and MHSOAC- must be submitted to DHCS and MHSOAC no later than June 30th.

3-yr Planning Process

Planning/Development Stage (July-October)

- Begin developing a robust list of stakeholders
- Develop an extensive stakeholder survey
- Begin planning for stakeholder meetings

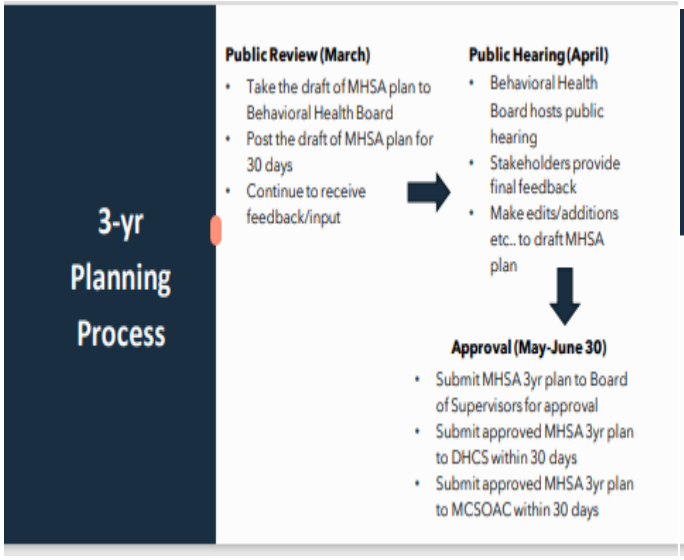
Stakeholder Input/Feedback (October-November)

- Conduct stakeholder meetings
- Receive feedback
- Begin gathering data

Draft Three-Year Plan (November-February)

- Continue to receive stakeholder feedback
- Evaluate all stakeholder feedback
- Draft Request for proposals (RFP)
- Solicit Request for proposals (RFP)
- Plan and execute draft MHSA plan

Appendix K: MHSA CPPP Staff Training PowerPoint (Page 2 of 2)



Appendix L: 2020 WET Assessment (Page 1 of 2)

Mariposa County Workforce, Education, and Training Assessment 2020

Mariposa County Health & Human Services Agency

EXHIBIT 1: WORKFORCE FACE SHEET

Mariposa County Mental Health Services Act (MHSA) Workforce Education and Training Component – Workforce Assessment

County: Mariposa **Date:** February 28th, 2020

This County's Workforce, Education and Training component of the Three Year Program and Expenditure Plan will address, when fully implemented, the shortage of qualified individuals who provide services in this County's Public Mental Health System. This includes community based organizations and individuals in solo or small group practices who provide publicly funded mental health services to the degree they comprise this County's Public Mental Health System workforce.

Mariposa County's Workforce Education and Training (WET) Plan will be consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of California's MHSA Workforce Education and Training Five-Year Strategic Plan (Five-Year Plan

Funds do not supplant existing workforce development and/or education and training activities. Funding will also be used to modify and/or expand existing programs and services to fully meet the fundamental principles contained in the Act.

All proposed programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience who are capable of providing client and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes.

The WET Plan will be developed with stakeholders and public participation. Progress and outcomes of education and training programs will be reported and shared on an annual basis with stakeholders.

County Mental Health Director

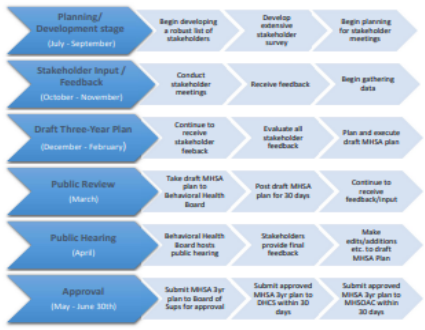
Printed Name: Chevon Kothari **Signature:** _____

Phone: 209-966-2000 **Email:** ckothari@mariposahsc.org **Address:** PO Box 99, Mariposa, CA 95338

Contact Person: Laura Glenn ---- Phone: 209-742-0823 --- Email: lglenn@mariposahsc.org

EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

All of Mariposa County's MHSA planning processes are designed to facilitate a meaningful participation from stakeholders, including underserved and un-served populations. Below represents the planning structure created for MHSA three-year plans and annual updates. The 2020 WET assessment is incorporated with the three-year planning process for the 2020-2023 MHSA three-year plan. The draft plan will be posted for 30 – day public review beginning on 05/08/2020. Hard copies of the plan will be made available to the public at various locations throughout the community.



After a 30 day public review, a Public Hearing will be held on 06/09/2020 by the Behavioral Health Board. A notification of a Public Hearing will be incorporated in the draft MHSA plan, as well as being posted in the local newspaper and on the County website.

The final draft MHSA plan will be presented to the Board of Supervisors on June 9th, 2020.

The WET assessment will reviewed and used to develop a workforce-training plan to address our workforce needs.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. Workforce Needs Assessment by Occupational Category:

	Est. # FTE	Pos. Hard to fill? 1 = Yes 2 = No	Addt'l # of FTE required to meet the need	White/ Cauc	Hispanic/ Latino	African American/ Black	Asian/ Pacific Islander	Native American	Multi Race / Other	Total Ethnicities by Category
A. Licensed Mental Health Staff who provide direct services to clients				Missing one staff member						
County Employees										
Licensed Clinical Social Worker (LCSW)	1									
Licensed Marriage and Family (LMFT)	1									
Licensed Professional Counselor (LPCC)	0									
Associate Marriage and Family Therapist	5.8									
Associate Clinical Social Worker	1									
Psychiatrist	.25	1								
Nurse Practitioner	.25	1								
Subtotals	**9.3**	**2**	**3**	7.05	.25				1	**8.3**
Contract Providers				Missing three staff members – Two clinicians and one psychiatrist.						
Licensed Clinical Social Worker (LCSW)	1									
Licensed Marriage and Family (LMFT)	0									
Licensed Professional Counselor (LPCC)	2									
Associate Marriage and Family Therapist	3									
Associate Clinical Social Worker	2									
Nurse Practitioner	0									
Psychiatrist	1									
Subtotals	**9**			5	1					**6**
Total A (Licensed Staff)	**18.3**									**14.3**

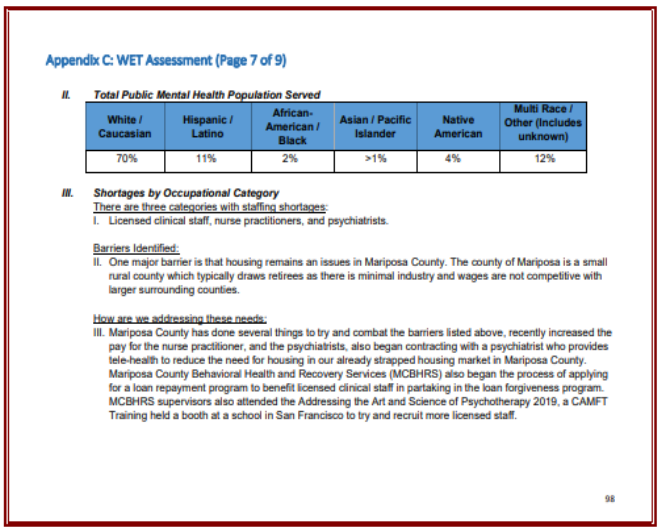
B. Unlicensed Mental Health Staff who provide direct services to clients				Missing on peer support						
County Employees										
Case Manager (MHA I/II/III)	10									
Peer Support – Client Recovery (MH Aid)	1									
Subtotals	**11**		**1**	4	4		1		1	**10**
Contract Providers				Missing four staff members						
Case Manager (MHA I/II/III)	2									
Rehabilitation Specialist	2									
After Hours- Crisis Worker	3									
Subtotals	**7**			3						**3**
Total B (Unlicensed Staff)	**18**									**13**
C. Other health care providers that provide direct services to clients										
County Employees										
Licensed Vocational Nurse	1.5									
Other	0									
Subtotals	**1.5**			1.5						**1.5**
Contract Providers										
Licensed Vocational Nurse	0									
Other	0									
Subtotals	**0**									**0**
Total C (Other direct services staff)	**1.5**									**1.5**
D. Managerial and Supervisory				Missing one staff member						
County Employees										
CEO or manager above direct Supervisor	2									
Licensed Supervising Clinician	5									
Other Managers and Supervisors	3									
Subtotals	**10**			7	1	1				**9**

Contract Providers				Missing one staff						
CEO or manager above direct Supervisor	2									
Licensed Supervising Clinician	1									
Other Managers and Supervisors	0									
Subtotals	**3**			2						**2**
Total D (Managerial & Supervisors)	**13**									**11**
E. Support Staff (non-direct service)										
County Employees										
Analyst, tech support, quality assurance	4.5									
Clerical, secretary, administrative assistants	6.5									
Other support staff	0									
Subtotals	**11**		**2**	8.5	1.5				1	**11**
Contract Providers										
Analyst, tech support, quality assurance										
Clerical, secretary, administrative assistants	1									
Other support staff										
Subtotals	**1**			1						**1**
Total E (Support Staff)	**12**		**.5**	**9.5**	**1.5**	**0**	**0**	**0**	**1**	**12**

	Est. # FTE	Pos. Hard to fill? 1 = Yes 2 = No	Addt'l # of FTE required to meet the need	White/Cauc	Hispanic/ Latino	African American/ Black	Asian/ Pacific Islander	Native American	Multi Race / Other
County Employees	42.8	5	6	28.55	6.75	1	1	0	3
Contract Providers	20	0	0	11	1	0	0	0	0
Grand Total Workforce	**62.8**	**5**	**6**	**39.55**	**7.75**	**1**	**1**	**0**	**3**

****18% of the workforce did not respond to the information requested.***

Appendix L: 2020 WET Assessment (Page 2 of 2)



Appendix C: WET Assessment (Page 7 of 9)

II. *Total Public Mental Health Population Served*

White / Caucasian	Hispanic / Latino	African-American / Black	Asian / Pacific Islander	Native American	Multi Race / Other (Includes unknown)
70%	11%	2%	>1%	4%	12%

III. *Shortages by Occupational Category*

There are three categories with staffing shortages:

I. Licensed clinical staff, nurse practitioners, and psychiatrists.

Barriers Identified:

II. One major barrier is that housing remains an issues in Mariposa County. The county of Mariposa is a small rural county which typically draws retirees as there is minimal industry and wages are not competitive with larger surrounding counties.

How are we addressing these needs:

III. Mariposa County has done several things to try and combat the barriers listed above, recently increased the pay for the nurse practitioner, and the psychiatrists, also began contracting with a psychiatrist who provides tele-health to reduce the need for housing in our already strapped housing market in Mariposa County. Mariposa County Behavioral Health and Recovery Services (MCBHRS) also began the process of applying for a loan repayment program to benefit licensed clinical staff in partaking in the loan forgiveness program. MCBHRS supervisors also attended the Addressing the Art and Science of Psychotherapy 2019, a CAMFT Training held a booth at a school in San Francisco to try and recruit more licensed staff.

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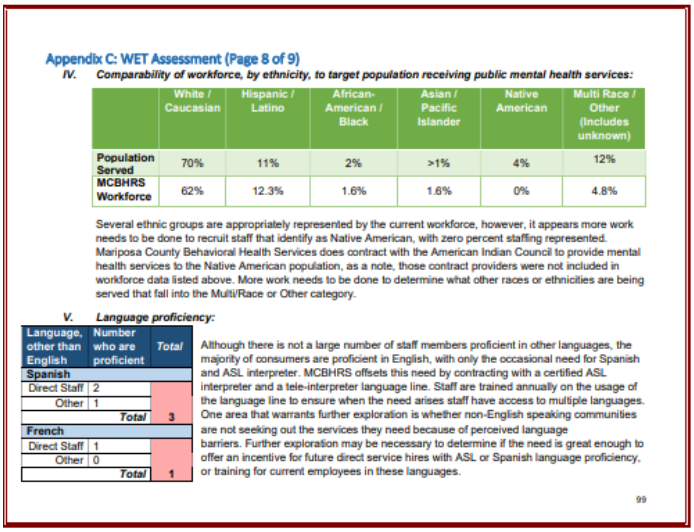

Appendix C: WET Assessment (Page 8 of 9)

IV. *Comparability of workforce, by ethnicity, to target population receiving public mental health services:*

	White / Caucasian	Hispanic / Latino	African-American / Black	Asian / Pacific Islander	Native American	Multi Race / Other (Includes unknown)
Population Served	70%	11%	2%	>1%	4%	12%
MCBHRS Workforce	62%	12.3%	1.6%	1.6%	0%	4.8%

Several ethnic groups are appropriately represented by the current workforce, however, it appears more work needs to be done to recruit staff that identify as Native American, with zero percent staffing represented. Mariposa County Behavioral Health Services does contract with the American Indian Council to provide mental health services to the Native American population, as a note, those contract providers were not included in workforce data listed above. More work needs to be done to determine what other races or ethnicities are being served that fall into the Multi/Race or Other category.

V. *Language proficiency:*

Language, other than English	Number who are proficient	*Total*
Spanish		
Direct Staff	2	
Other	1	
	Total	**3**
French		
Direct Staff	1	
Other	0	
	Total	**1**

Although there is not a large number of staff members proficient in other languages, the majority of consumers are proficient in English, with only the occasional need for Spanish and ASL interpreter. MCBHRS offsets this need by contracting with a certified ASL interpreter and a tele-interpreter language line. Staff are trained annually on the usage of the language line to ensure when the need arises staff have access to multiple languages. One area that warrants further exploration is whether non-English speaking communities are not seeking out the services they need because of perceived language barriers. Further exploration may be necessary to determine if the need is great enough to offer an incentive for future direct service hires with ASL or Spanish language proficiency, or training for current employees in these languages.

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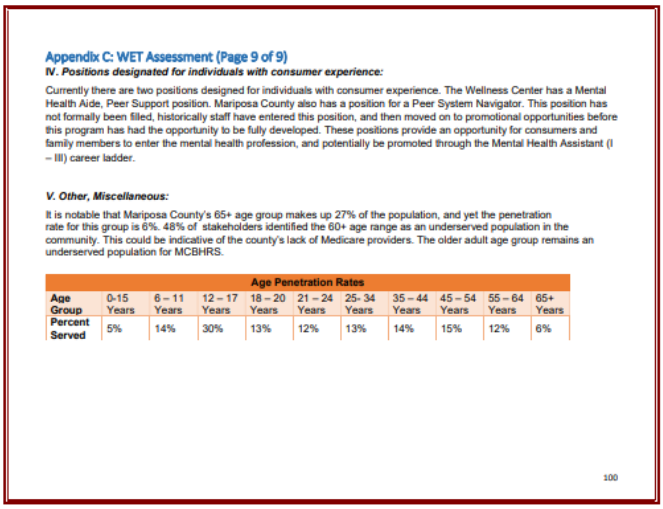


Appendix C: WET Assessment (Page 9 of 9)

IV. Positions designated for individuals with consumer experience:

Currently there are two positions designed for individuals with consumer experience. The Wellness Center has a Mental Health Aide, Peer Support position. Mariposa County also has a position for a Peer System Navigator. This position has not formally been filled, historically staff have entered this position, and then moved on to promotional opportunities before this program has had the opportunity to be fully developed. These positions provide an opportunity for consumers and family members to enter the mental health profession, and potentially be promoted through the Mental Health Assistant (I – III) career ladder.

V. Other, Miscellaneous:

It is notable that Mariposa County's 65+ age group makes up 27% of the population, and yet the penetration rate for this group is 6%. 48% of stakeholders identified the 60+ age range as an underserved population in the community. This could be indicative of the county's lack of Medicare providers. The older adult age group remains an underserved population for MCBHRS.

Age Penetration Rates										
Age Group	0-15 Years	6 – 11 Years	12 – 17 Years	18 – 20 Years	21 – 24 Years	25- 34 Years	35 – 44 Years	45 – 54 Years	55 – 64 Years	65+ Years
Percent Served	5%	14%	30%	13%	12%	13%	14%	15%	12%	6%

100

Appendix M: Personal Services Agreement – Syracuse University and Mariposa County (PADS) (Page 1 of 14)

PERSONAL SERVICES AGREEMENT BETWEEN
SYRACUSE UNIVERSITY AND THE COUNTY OF _____

This **Agreement** is made by and between the County of _____ a political subdivision of the State of California (hereinafter "COUNTY") and Syracuse University, on behalf of its Burton Blatt Institute (hereinafter "UNIVERSITY"). COUNTY and UNIVERSITY being collectively referred to as the "Parties" and each individually a "Party."

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

1.0 GENERAL DESCRIPTION.

1.01 The COUNTY hereby engages UNIVERSITY to perform, and UNIVERSITY hereby agrees to perform, the services described in **Exhibit A, Statement of Work,** in conformity with the terms of this Agreement. The goods and/or services are generally described as follows:

1.02 The Psychiatric Advance Directives Project (PADS), a multi-county collaborative mental health services act innovation project in the State of California, will engage UNIVERSITY, whose Burton Blatt Institute has expertise in the field of evaluation, disability rights, technology, and legislative efforts at the request of counties may assist in the development and implementation of the PADS Project. Professor Peter Blanck, PhD., J.D. of the Burton Blatt Institute will lead these efforts on behalf of the UNIVERSITY. In addition, UNIVERSITY will provide fiscal and administrative support and oversight of PADS UNIVERSITY subcontractors and/or consultants.

2.0 PAYMENT PROVISIONS.

2.01 COUNTY shall pay the UNIVERSITY in accordance with the payment provisions set forth in **Exhibit A** subject to the limitations set forth in this Agreement.

3.0 TERM OF AGREEMENT.

3.01 The term of this Agreement is from January 1, 2022 to June 30, 2025 unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both UNIVERSITY and COUNTY and with COUNTY signing last, and **UNIVERSITY may not commence work before COUNTY signs this Agreement.**

4.0 SCOPE OF SERVICES AND ADDITIONAL PROVISIONS.

4.01 The following attached exhibit is incorporated herein by reference and constitute a part of this Agreement: **Exhibit A, Statement of Work,** which includes the following components: 1) Scope of Services, 2) Approved Budget, including budget detail and budget narrative, and 3) Payment Terms**.**

Appendix M: Personal Services Agreement-Syracuse University & Mariposa County (PADS) (Page 2 of 14)

5.0 PERFORMANCE STANDARDS.

5.01 UNIVERSITY provides reasonable assurance that UNIVERSITY and UNIVERSITY's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and, to the best of its knowledge, are not employees of the COUNTY, or immediate family of an employee of the COUNTY.

5.02 UNIVERSITY, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.

5.03 UNIVERSITY shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement. UNIVERSITY shall not use COUNTY premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

6.0 PAYMENT CONDITIONS.

6.01 Prices shall remain firm for the initial term of the Agreement and, thereafter, may be adjusted annually as provided in Paragraph 6.02. In no event shall the maximum amount payable under this Agreement exceed $_____.

6.02 Negotiations for rate changes shall be commenced, by UNIVERSITY, a minimum of ninety days (90) prior to the expiration of the Agreement. Rate changes are not binding unless mutually agreed upon in writing by the COUNTY and the UNIVERSITY.

6.03 UNIVERSITY shall submit such invoice not more frequently than monthly, but at least quarterly, or at the completion of services, but in any event, not later than 60 days after completion of services.

6.04 UNIVERSITY's invoice shall be on a form approved or supplied by COUNTY and provide such information as is required by COUNTY. Payments to UNIVERSITY should be released by COUNTY no later than thirty (30) calendar days after receipt of the correctly completed invoice.

6.05 All invoices to COUNTY shall be supported, at UNIVERSITY, by source documentation including, but not limited to, ledgers, journals, time sheets, invoices, bank statements, canceled checks, receipts, receiving records and records of services will be provided upon request.

6.06 County may withhold or delay any payment if UNIVERSITY fails to comply with any provision of the Contract.

6.07 COUNTY shall not reimburse UNIVERSITY for services provided beyond the expiration and/or termination of the Contract, except as may otherwise be provided under the Contract, or specifically agreed upon in a subsequent Contract.

6.08 Payment Terms specific to the services provided by the UNIVERSITY are located in Exhibit A, Statement of Work, of this Agreement. To the extent inconsistency exists between Article 6.0, Payment Conditions, and Exhibit A Payment Terms of this Agreement, the Payment Terms of Exhibit A shall prevail in the order of precedence.

7.0 TERMINATION.

7.01 During the term of this Agreement, either Party may terminate the Agreement with cause, with 30 calendar days written prior notice to the other Party. "Cause" shall include, but is not limited to, the failure of UNIVERSITY to perform the required services in a manner materially inconsistent with this Agreement. In the event of termination for cause, the Party alleged to be in failure of performance shall have 20 calendar days from the date of notice to cure the stated failure in performance ("Cure Period"). To the extent a longer period of cure may be reasonably necessary, the Parties may agree to extend the Cure Period beyond the initial 20 calendar days. If the Party fails to cure the breach within the Cure Period, or its extension as applicable, the Agreement shall be deemed terminated as of the date the Cure Period expires.

7.02 In the event of termination for cause by COUNTY, the amount payable to UNIVERSITY under this Agreement shall be reduced in proportion to the services provided, including non-cancelable commitments, prior to the date of termination. In the event of termination for cause, the County may proceed with the work in any manner which the County deems proper. Any costs incurred by and/or owed to the County as a result of the termination for cause, including procuring a new provider to complete the Agreement, shall be deducted from any sum due the UNIVERSITY under this Agreement.

7.03 The County reserves the right to terminate this Agreement without cause upon 30 calendar days prior written notice to UNIVERSITY. In the event of such a termination, the UNIVERSITY shall be paid for all work performed, all costs incurred, and all non-cancelable commitments in place up to and including the date of termination. The UNIVERSITY may terminate this Agreement without cause in the event of the departure from employment of UNIVERSITY key personnel, such that UNIVERSITY would no longer possess the expertise to the complete the services hereunder.

7.04 The County's payments to UNIVERSITY under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for the County's purchase of the indicated quantity of services, then the County may give written notice of this fact to UNIVERSITY, and the obligations of the Parties under this Agreement shall terminate immediately, or on such date thereafter as the County may specify in its notice, unless in the meanwhile the patties enter into a written amendment modifying this Agreement. In the event of such a termination, County shall pay UNIVERSITY for all services provided and any non-cancelable commitments made prior to the date of termination.

8.0 INDEMNIFICATION.

8.01 UNIVERSITY shall indemnify, defend with counsel approved in writing by County, and hold harmless the County, its officers, agents, and employees from and against any and all third-party claims, liabilities and losses arising out of or related to the UNIVERSITY's negligence or more culpable conduct in connection with the UNIVERSITY's performance of work under this Agreement (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees), unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of the County.

9.0 INSURANCE REQUIREMENTS.

9.01 Evidence of Coverage:

Prior to commencement of this Agreement, the UNIVERSITY shall provide a "Certificate of Insurance" or evidence of self-insurance certifying that all coverage and endorsements as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate.

UNIVERSITY agrees to keep such insurance coverage, Certificates of Insurance, evidence of self-insurance and endorsements on deposit with the County during the entire term of this Contract. In addition, all subcontractors performing work on behalf of UNIVERSITY pursuant to this Contract shall obtain insurance subject to the same terms and conditions as set forth herein for UNIVERSITY.

UNIVERSITY shall ensure that all subcontractors performing work on behalf of UNIVERSITY pursuant to this Contract shall be covered under UNIVERSITY's insurance as an Additional Insured or maintain insurance subject to the same terms and conditions as set forth herein for UNIVERSITY. UNIVERSITY shall not allow subcontractors to work if subcontractors have less than the level of coverage required by County from UNIVERSITY under this Contract. It is the obligation of UNIVERSITY to provide notice of the insurance requirements to every subcontractor and to receive proof of insurance prior to allowing any subcontractor to begin work. Such proof of insurance must be maintained by UNIVERSITY through the entirety of this Contract for inspection by County representative(s) at any reasonable time.

This verification of coverage shall be sent to the County's Contracts/Purchasing Department unless otherwise directed. The UNIVERSITY shall not receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and the County has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the UNIVERSITY.

9.02 Qualifying Insurers:

All coverages, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A-VIII, according to the current A.M. Best's Key Rating Guide or a company of equal financial stability.

If the insurance carrier does not have an A.M. Best Rating of A-/VIII, the CEO/Office of Risk Management retains the right to approve or reject a carrier after a review of the company's performance and financial ratings.

9.03 Insurance Coverage Requirements: Without limiting UNIVERSITY's duty to indemnify, UNIVERSITY shall maintain in effect throughout the term of this Agreement a policy or policies of insurance or self-insurance with the following minimum limits of liability:

Commercial General Liability Insurance, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than $1,000,000 per occurrence.

Professional Liability Insurance, $1,000,000 per claims made with $1,000,000 aggregate.

Workers' Compensation Insurance, if UNIVERSITY employs others in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer' s Liability limits not less than $1,000,000 each person, $1,000,000 each accident and $1,000,000 each disease.

9.04 Other Requirements:

All insurance required by this Agreement shall be with a company acceptable to the County and issued and executed by an admitted insurer authorized to transact Insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date UNIVERSITY completes its performance of services under this Agreement.

Each liability policy shall provide that the County shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit cancellation or intended non-renewal thereof. UNIVERSITY shall notify County in writing within thirty ten (10) days for non-payment of premium and provide a copy of the cancellation notice to County. Failure to provide written notice of cancellation may constitute a material breach of the Contract, upon which the County may suspend or terminate this Contract.

Each policy shall provide coverage for UNIVERSITY and additional insureds with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements. Commercial general liability shall provide an endorsement naming the County of _____, its elected and appointed officials, officers, agents, and

employees as Additional Insureds or provide blanket coverage, which will state AS REQUIRED BY WRITTEN CONTRACT with respect to liability arising out of the UNIVERSITY's work, including ongoing and completed operations and shall further provide that such insurance is primary. Any insurance or self-insurance maintained by the County shall be excess and non-contributing. and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the UNIVERSITY'S insurance. The required endorsement form for Commercial General Liability Additional Insured is ISO Form CG 20 10 11-85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000) or a form at least as broad. The required endorsement for primary non-contributing is ISO form CG 20 01 04 13, or a form at least as broad.

The Workers' Compensation policy shall contain a waiver of subrogation endorsement waiving all rights of subrogation against the County of _____, its elected and appointed officials, officers, agents and employees or provide blanket coverage, which will state AS REQUIRED BY WRITTEN CONTRACT.

All insurance policies required by this Contract shall waive all rights of subrogation against the County of _____, its elected and appointed officials, officers, agents and employees when acting within the scope of their appointment or employment.

The Commercial General Liability policy shall contain a severability of interests clause also known as a "separation of insureds" clause (standard in the ISO CG 0001 policy).

Prior to the execution of this Agreement by the County, UNIVERSITY shall file certificates of insurance with the County's contract administrator and County's Contracts/Purchasing Division, showing that the UNIVERSITY has in effect the insurance required by this Agreement. The UNIVERSITY shall file a new or amended certificate of insurance within five calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file.

Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

UNIVERSITY shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by County, annual certificates to County's Contract Administrator and County's Contracts/Purchasing Division. If the certificate is not received by the expiration date, County shall notify UNIVERSITY and UNIVERSITY shall have five business days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by UNIVERSITY to maintain such insurance is a default of this Agreement, which entitles County, at its sole discretion, to terminate this Agreement immediately.

All self-insured retentions (SIRs) shall be clearly stated on the Certificate of Insurance. Any self-insured retention (SIR) in an amount in excess of Fifty Thousand Dollars ($50,000) shall specifically be approved by the County's Risk Manager, or designee, upon

review of University's current audited financial report. If University's SIR is approved, University, in addition to, and without limitation of, any other indemnity provision(s) in this Agreement, agrees to all of the following:

1) In addition to the duty to indemnify and hold the County harmless against any and all liability, claim, demand or suit resulting from University's, its agents, employee's or subcontractor's performance of this Agreement, University shall defend the County at its sole cost and expense with counsel approved by Board of Supervisors against same; and
2) University's duty to defend, as stated above, shall be absolute and irrespective of any duty to indemnify or hold harmless; and
3) The provisions of California Civil Code Section 2860 shall apply to any and all actions to which the duty to defend stated above applies, and the University's SIR provision shall be interpreted as though the Agreement was an insurer and the County was the insured.

County expressly retains the right to require Contractor to increase or decrease insurance of any of the above insurance types throughout the term of this Contract. Any increase or decrease in insurance will be as deemed by County of _____ Risk Manager as appropriate to adequately protect County.

County shall notify Contractor in writing of changes in the insurance requirements. If Contractor does not deposit copies of acceptable Certificates of Insurance and endorsements with County incorporating such changes within thirty (30) days of receipt of such notice, this Contract may be in breach without further notice to Contractor, and County shall be entitled to all legal remedies.

If the University fails to maintain insurance acceptable to the County for the full term of this Agreement, the County may terminate this Agreement for cause.

10.0 RECORDS AND CONFIDENTIALITY.

10.01 Confidentiality. UNIVERSITY and its officers, employees, agents, and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. UNIVERSITY shall not disclose any confidential records or other confidential information received from the County or prepared in connection with the performance of this Agreement unless County specifically permits UNIVERSITY to disclose such records or information, provided, however, that UNIVERSITY may make any disclosures required by and law and respond to a subpoena lawfully issued by a court of competent jurisdiction. UNIVERSITY shall promptly transmit to County any and all requests for disclosure of any such confidential records or information. UNIVERSITY shall not use any confidential information gained by UNIVERSITY in the performance of this Agreement except for the sole purpose

of carrying out UNIVERSITY's obligations under this Agreement.

10.02 County Records. When this Agreement expires or terminates UNIVERSITY shall upon County's request, return to County any County records which UNIVERSITY used or received from County to perform services under this Agreement.

10.03 Maintenance of Records. UNIVERSITY shall prepare, maintain, and preserve all reports and records that may be required by federal, state and County rules and regulations related to services performed under this Agreement. UNIVERSITY shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception or other action relating to this Agreement is pending at the end of the three year period, then UNIVERSITY shall retain said records until such action is resolved.

10.04 Access to and Audit of Records. With reasonable prior written notice, and at times during UNIVERSITY's normal business hours, the County shall have the right to examine, monitor and audit those records, documents, conditions and activities of the UNIVERSITY and its subcontractors that are directly related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess of $10,000, the Parties to this Agreement may be subject, at the request of the County or as part of any audit of the County, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.

10.05 Royalties and Inventions. County shall have a royalty-free, non-exclusive and irrevocable license to reproduce, publish, and use, and authorize others to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced by UNIVERSITY under this Agreement. UNIVERSITY shall not publish any material containing any confidential information the County disclosed in connection with this Agreement without the prior written approval of County.

11.0 NON-DISCRIMINATION.

11.01 Non-Discrimination. In the performance of this Contract, UNIVERSITY agrees that it will comply with the requirements of Section 1735 of the California Labor Code and not engage nor permit any subcontractors to engage in discrimination in employment of persons because of the race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, or sex of such persons. UNIVERSITY acknowledges that a violation of this provision shall subject UNIVERSITY to penalties pursuant to Section 1741 of the California Labor Code.

12.0 COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANTS.

12.01 If this Agreement has been or will be funded with monies received by the County pursuant to a contract with the state or federal government in which the County is the

grantee, UNIVERSITY will comply with all the provisions of said contract, to the extent applicable to UNIVERSITY as a subgrantee under said contract and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, County will deliver a copy of said contract to UNIVERSITY, at no cost to UNIVERSITY.

13.0 INDEPENDENT CONTRACTOR.

13.01 In the performance of work, duties, and obligations under this Agreement, UNIVERSITY is at all times acting and performing as an independent contractor and not as an employee of the County. No offer or obligation of permanent employment with the County or particular County department or agency is intended in any manner, and UNIVERSITY shall not become entitled by virtue of this Agreement to receive from County any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. UNIVERSITY shall be solely liable for and obligated to pay directly all applicable taxes including federal and state income taxes and social security, arising out of UNIVERSITY's performance of this Agreement. In connection therewith, UNIVERSITY shall defend, indemnify, and hold County harmless from any and all liability which County may incur because of UNIVERSITY' s failure to pay such taxes.

14.0 NOTICES.

14.01 Notices required under this Agreement shall be delivered personally or by first-class, postage pre-paid mail to the County and UNIVERSITY' S contract administrators at the addresses listed below:

FOR COUNTY	**FOR UNIVERSITY**
Lesa Weinert 200 W. Santa Ana Blvd., Suite #650 Santa Ana, CA 92701	Stuart Taub, Director 211 Lyman Hall Syracuse, NY 13244
714-834-5244	315-443-9356

15.0 MISCELLANEOUS PROVISIONS.

UNIVERSITY shall exercise reasonable care and diligence to prevent any actions or conditions that could result in a conflict with County interests. In addition to UNIVERSITY, this obligation shall apply to UNIVERSITY's employees, agents, and subcontractors associated with the provision of goods and services provided under this Agreement. UNIVERSITY's efforts shall include, but not be limited to establishing rules and procedures preventing its employees, agents, and subcontractors from providing or offering gifts, entertainment, payments, loans or other considerations which could be deemed to influence or appear to influence County staff or elected officers in the performance of their duties.

Appendix M: Personal Services Agreement-Syracuse University & Mariposa County (PADS) (Page 10 of 14)

15.01 Consent to Breach Not Waiver: No term or provision of this Contract shall be deemed waived and no breach excused, unless such waiver or consent shall be in writing and signed by the Party claimed to have waived or consented. Any consent by any Party to, or waiver of, a breach by the other, whether express or implied, shall not constitute consent to, waiver of, or excuse for any other different or subsequent breach.

15.02 Amendment. This Agreement may be amended or modified only by an instrument in writing signed by the County and the UNIVERSITY.

15.03 Waiver. Any waiver of any terms and conditions of this Agreement must be in writing and signed by the County and the UNIVERSITY. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.

15.04 UNIVERSITY. The term "UNIVERSITY" as used in this Agreement includes UNIVERSITY's officers, agents and employees acting on UNIVERSITY's behalf in the performance of this Agreement.

15.05 Dispute Resolution. Any dispute or disagreement among the Parties in relation to this Agreement (a "Dispute") shall initially be referred to senior representatives of each Party with authority to resolve such Dispute, who shall use good faith efforts to resolve such Dispute. In the event that the parties' representatives are unable to resolve a Dispute pursuant to the foregoing sentence within thirty (30) days, before resorting to any other legal remedy (other than provisional equitable remedies such as temporary injunction and/or restraining order), the parties shall attempt in good faith to resolve any such controversy or claim by mediation before and in compliance with the rules established by any mutually acceptable alternative dispute resolution organization, including, but not limited to the CPR Institute for Dispute Resolution ("CPR"). If the matter has not been resolved by mediation within sixty (60) days of the commencement of such procedure (which period may be extended by mutual agreement), either party may seek relief in a court of competent jurisdiction.

15.06 Successors and Assignment. The terms, covenants, and conditions contained herein shall apply to and bind the heirs, successors, executors, administrators and assigns of the Parties. Furthermore, neither the performance of this Contract nor any portion thereof may be assigned by UNIVERSITY without the express written consent of County. Any attempt by UNIVERSITY to assign the performance or any portion thereof of this Contract without the express written consent of County shall be invalid and shall constitute a breach of this Contract.

15.07 Compliance with Applicable Law. The parties shall comply with all applicable federal, state, and local laws and regulations in performing this Agreement.

15.08 Headings. The headings are for convenience only and shall not be used to interpret the terms of this Agreement.

15.09 Time is of the Essence. Time is of the essence in each and all of the provisions of this Agreement.

15.11 Governing Law. This Agreement shall be governed by and interpreted under the laws of the State of California.

15.12 Non-exclusive Agreement. This Agreement is non-exclusive and both County and UNIVERSITY expressly reserve the right to contract with other entities for the same or similar services.

Appendix M: Personal Services Agreement-Syracuse University & Mariposa County (PADS) (Page 11 of 14)

15.13 Construction of Agreement. The County and UNIVERSITY agree that each Party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.

15.14 Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.

15.15 Authority. Any individual executing this Agreement on behalf of the County, or the UNIVERSITY represents and warrants hereby that he or she has the requisite authority to enter into this Agreement on behalf of such party and bind the patty to the terms and conditions of this Agreement.

15.16 Integration. This Agreement, including the exhibits, represent the entire Agreement between the County and the UNIVERSITY with respect to the subject matter of this Agreement and shall supersede all prior negotiations, representations, or agreements, either written or oral, between the County and the UNIVERSITY as of the effective date of this Agreement which is the date that the County signs the Agreement.

15.17 Interpretation of Conflicting Provisions. Except for Article 6.00 Payment Provisions, where Exhibit A Payment Terms shall prevail, in the event of any conflict or inconsistency between any other provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

15.18 Force Majeure. The UNIVERSITY will not be liable for any failure or delay in performing its obligations under this Agreement due to any cause, event or circumstance beyond its or its subcontractors' reasonable control, including without limitation, acts of God, riots, war, terrorist act, epidemic, pandemic, quarantine, civil commotion, breakdown of public utilities or internet service providers, natural catastrophes, governmental acts or omissions or fire. County acknowledges and agrees that COVID-19 is and shall continue to be a force majeure event to the extent that any law, regulation, governmental order, quarantine requirement or health or safety concern affects the UNIVERSITY's or its subcontractors' ability to perform the services set forth in this Agreement.

15.19 Severability. If any term, covenant, condition or provision of this Contract is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired or invalidated thereby.

15.20 Debarment. UNIVERSITY shall certify that neither UNIVERSITY nor its principles are presently debarred, proposed for debarment, declared ineligible or voluntarily excluded from participation in the transaction by any federal department or agency. Where UNIVERSITY as the recipient of federal funds, is unable to certify to any of the statements in the certification, UNIVERSITY must include an explanation with their bid/proposal. Debarment, pending debarment, declared ineligibility or voluntary exclusion from participation by any federal department or agency may result in the bid/proposal being deemed non-responsible.

Appendix M: Personal Services Agreement-Syracuse University & Mariposa County (PADS) (Page 12 of 14)

15.21 Lobbying. On best information and belief, UNIVERSITY certifies no federal appropriated funds have been paid or will be paid by, or on behalf of, UNIVERSITY to any person for influencing or attempting to influence an officer or employee of Congress; or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

15.22 Taxes. Unless otherwise provided herein or by law, price quoted does not include California state sales or use tax. Out-of-state contractors shall indicate California Board of Equalization permit number and sales permit number on invoices, if California sales tax is added and collectable. If no permit numbers are shown, sales tax will be deducted from payment. The Auditor-Controller will then pay use tax directly to the State of California in lieu of payment of sales tax to the UNIVERSITY.

15.23 Patent/Copyright Materials/Proprietary Infringement. Unless otherwise expressly provided in this Contract, UNIVERSITY shall be solely responsible for clearing the right to use any patented or copyrighted materials in the performance of this Contract. UNIVERSITY warrants that any software as modified through services provided hereunder will not infringe upon or violate any patent, proprietary right, or trade secret right of any third party. UNIVERSITY agrees that, in accordance with the more specific requirement contained in Section 8, above, it shall indemnify, defend and hold County and County Indemnitees harmless from any and all such infringement claims.

15.24 Changes. UNIVERSITY shall make no changes in the work or perform any additional work without the County's specific written approval.

15.25 Change of Ownership/Name, Litigation Status, Conflicts with County Interests. UNIVERSITY agrees that if there is a change or transfer in ownership of UNIVERSITY's business prior to completion of this Contract, and the County agrees to an assignment of the Contract, the new owners shall be required under the terms of sale or other instruments of transfer to assume UNIVERSITY's duties and obligations contained in this Contract, and complete them to the satisfaction of the County.

In addition, UNIVERSITY has the duty to notify the County in writing of any change in the UNIVERSITY's status with respect to name changes that do not require an assignment of the Contract. The UNIVERSITY is also obligated to notify the County in writing if the UNIVERSITY becomes a party to any litigation against the County, or a party to litigation that may reasonably affect the UNIVERSITY's performance under the Contract, as well as any potential conflicts of interest between UNIVERSITY and County that may arise prior to or during the period of Contract performance. While UNIVERSITY will be required to provide this information without prompting from the County any time there is a change in UNIVERSITY's name, conflict of interest or litigation status, UNIVERSITY must also provide an update to the County of its status in these areas whenever requested by the County.

Appendix M: Personal Services Agreement-Syracuse University & Mariposa County (PADS) (Page 13 of 14)

The UNIVERSITY shall exercise reasonable care and diligence to prevent any actions or conditions that could result in a conflict with County interests. In addition to the UNIVERSITY, this obligation shall apply to the UNIVERSITY's employees, agents, and subcontractors associated with the provision of goods and services provided under this Contract. The UNIVERSITY's efforts shall include, but not be limited to establishing rules and procedures preventing its employees, agents, and subcontractors from providing or

15.26 Compliance with Laws. UNIVERSITY represents and warrants that services to be provided under this Contract shall materially comply, at UNIVERSITY's expense, with all, laws, statutes, restrictions, ordinances, , and regulations (collectively "laws"), including, but not limited to those issued by County in its governmental capacity and all other laws applicable to the services at the time services are provided to and accepted by County. Contractor acknowledges that County is relying on UNIVERSITY to ensure such compliance, and pursuant to the requirements of paragraph 8.0. UNIVERSITY agrees that it shall defend, indemnify and hold County and County Indemnitees harmless from all liability, damages, costs and expenses arising from or related to a violation of such laws.

15.27 Attorney Fees. In any action or proceeding to enforce or interpret any provision of this Contract, each Party shall bear their own attorney's fees, costs and expenses.

15.28 Interpretation. This Contract has been negotiated at arm's length and between persons sophisticated and knowledgeable in the matters dealt with in this Contract. In addition, each Party had been represented by experienced and knowledgeable independent legal counsel of their own choosing or has knowingly declined to seek such counsel despite being encouraged and given the opportunity to do so. Each Party further acknowledges that they have not been influenced to any extent whatsoever in executing this Contract by any other Party hereto or by any person representing them, or both. Accordingly, any rule or law (including California Civil Code Section 1654) or legal decision that would require interpretation of any ambiguities in this Contract against the Party that has drafted it is not applicable and is waived. The provisions of this Contract shall be interpreted in a reasonable manner to effect the purpose of the Parties and this Contract.

15.29 Employee Eligibility Verification. The UNIVERSITY warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this Contract meet the citizenship or alien status requirement set forth in Federal statutes and regulations. The UNIVERSITY shall obtain, from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by Federal or State statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, 8 U.S.C. §1324 et seq., as they currently exist and as they may be hereafter amended. The UNIVERSITY shall retain all such documentation for all covered employees for the period prescribed by the law. The UNIVERSITY shall indemnify and hold harmless the County, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against the UNIVERSITY or the County or both in connection with any alleged violation of any Federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Contract.

15.30 COUNTERPARTS/ELECTRONIC, FACSIMILE, AND PDF SIGNATURES. This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures,

Appendix M: Personal Services Agreement-Syracuse University & Mariposa County (PADS) (Page 14 of 14)

such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

16.0 SIGNATURE PAGE.

IN WITNESS WHEREOF, County and UNIVERSITY have executed this Agreement as of the day and year written below.

COUNTY OF _____

By: _____

Agency Director

Date: _____

SYRACUSE UNIVERSITY

By: _____

Date: _____

Statement of Work

Psychiatric Advanced Directives (PADs)

Mental Health Services Act INNovations Project Activities in

_____ County, California

I. SCOPE OF WORK

A. With assistance and approval from the Multi- County PADs approved Project Manager, BBI will engage multiple subcontracts on the County's behalf and provide oversight of Subcontractors' budgets and invoices including approved direct and indirect costs. The administrative staff of BBI (under the direction of Ms. Foote and in coordination with the Project Manager) will provide detailed first level of oversight for all financial transactions of the project. All related operational, legal, fiscal activities are coordinated with departments of SU Offices of Sponsored Programs and Sponsored Accounting, Human Resources, Payroll, Purchasing, Disbursements and Information Technology Services. These activities include:

- Review of Subcontracts with outside parties to ensure completeness, accuracy, and conformity with County policies and applicable California State and Federal regulations.
- Review of Subcontracts to ensure alignment with the Approved MHSA PADs INNovation project dated June 24, 2021.
- Background vetting and checks of potential vendors.
- Obtaining and issuing required tax forms.
- Review of invoices for accuracy and compliance and within the scope of the project.
- Ensure that payments to vendors made accurately and timely.

B. BBI will serve as a subject matter expert in the fields of evaluation, disability rights, technology, legislation and policy advocacy, and other areas, to assist all parties, upon request and as needed and appropriate, in the development and implementation of this project. Peter Blanck, Ph.D, J.D. (Principal Investigator), and Jonathan Martinis, J.D., will lead this effort for BBI, along with other staff as needed.

II. APPROVED BUDGET, BUDGET NARRATIVE, AND PAYMENT TERMS

A. Operating Costs

Direct Operating Costs include salary and fringe costs for personnel and related costs to accomplish the objectives as described above. Peter Blanck, Ph.D., J.D., Principal Investigator will

provide .7 summer months of effort and similar time as in-kind to the project during academic months in each of the four years of the project to direct oversight of all project activities.

Jonathan Martinis, J.D., Esq., will serve as Co-Project Director and subject matter expert in an advisory capacity, providing 1.2 calendar months of effort in each of the four years of the project.

Michael Morris, J.D., BBI Senior Advisor and Diana Foote, M.B.A., Director of Operations and Business Manager will provide 1.8 calendar months and .6 calendar months, respectively, in each year of the project. They will provide oversight to the Project Coordinator and coordinate with SU departments to ensure fiscal activities are in compliance with all applicable regulations, and all required forms are obtained and filed.

A Project Coordinator (TBD) will provide support to the project leads, preparing and maintaining detailed documents necessary for the financial transactions of the project, and maintain project scheduling and draft project related documents.

Other Direct Operating Costs include the project specific supplies, materials and software at an average of _____ each year, and travel anticipated for project staff to attend project meetings with the County and Project Subcontractors budgeted at $_____ per year.

Direct Operating Costs are budgeted at $_____ in Year 1, $_____ in Year 2, $_____ in Year 3, and $_____in Year 4 for a four-year total of $_____.

2. Indirect Operating Costs are generally calculated in accordance with Syracuse University's federally negotiated indirect cost rate agreement (Department of Health and Human Services, effective 05/21/2021), which is currently 26% of modified total direct costs (MTDC) for other, off- campus activities.

For this proposal, Syracuse University (BBI) is applying a reduced rate of 9% of modified total direct costs (MTDC) per the requirement.

Indirect Costs are budgeted at $_____ in Year 1, $_____in Year 2, $_____in Year 3, and $-

_____ in Year 4 for a four-year total of $_____.

B. Subcontract Costs include the direct and indirect costs for the following activities. The proposed Subcontractor for each activity is subject to change at the discretion of the County.

1. **Project Management –** the budget for case management and full project oversight is $_____ in Year 1, $_____in Year 2, $_____ in Year 3, and $_____ in Year 4 for a four-year total of $v_____ The currently proposed Project Manager Contractor is Concepts Forward Consulting.
2. **PAD Training** – the total budget for training in PADs, participation in stakeholder discussion, county technical assistance, legislation expertise, personnel stipends and PADs presentations is $_____ in Year 1, $_____ in Year 2, $_____ in Year 3, and $_____ in Year 4 for a four-year total of $_____. The currently proposed PAD Training Contractor is Laurie Hallmark.

Appendix N: Burton Blatt Institute Scope of Work (PADS) (Page 3 of 5)

3. **Evaluation** – the evaluation activities are budgeted at $_____ in Year 1, $_____ in Year 2, $_____ in Year 3, and $_____ in Year 4 for a four-year total of $_____. The currently proposed Evaluation contractor is RAND Corporation

4. **Media/Marketing** – contractor costs to provide expert consultation with stakeholders and create a statewide platform to educate about PADs are budgeted at $_____in Year 1, $-_____in Year 2, $_____ in Year 3, and $_____ in Year 4 for a four-year total of $_____. The currently proposed Media/Marketing contractor is Idea Engineering.

5. **Technology Platform** – contractor costs to develop a secure, private and accessible PADs technology platform are $_____ in all four years of the project for a total of $_____. The currently proposed Technology Platform contractor is Chorus.

Total costs for Contracts are in Year 1, $_____in Year 2, $___ in Year 3, and $_____ in Year 4 for a four-year total of __.

Appendix N: Burton Blatt Institute Scope of Work (PADS) (Page 4 of 5)

III. APPROVED BUDGET: BUDGET SUMMARY

III. APPROVED BUDGET: BUDGET SUMMARY

_____ COUNTY – BBI – BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY						
EXPENDITURES						
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Salaries					
2.	Direct Costs					
3.	Indirect Costs					
4.	**Total Personnel Costs**					$
	OPERATING COSTS					
5.	Direct Costs					
6.	Indirect Costs					
7.	**Total Operating Costs**					
	NON-RECURRING COSTS (equipment, technology)					
8.	Equipment – laptop					
10.	**Total non-recurring costs**					$
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)					
11.	Project Management					
11.	PAD Trainer					
11.	Evaluation					
11.	Media/Marketing					
11.	Technology Platform					
13.	**Total Consultant Costs**					
	OTHER EXPENDITURES (please explain in budget narrative)					
14.	Direct Costs					
15.	Indirect Costs					
16.	**Total Other Expenditures**					$

	BUDGET TOTALS					
	Personnel (total of line 1)					
	Direct Costs (add lines 2, 5, and 11 from above)					
	Indirect Costs (add lines 3, 6, and 12 from above)					
	Non-recurring costs (total of line 10)					
	Other Expenditures (total of line 16)					
	TOTAL INNOVATION BUDGET					

Appendix N: Burton Blatt Institute Scope of Work (PADS) (Page 5 of 5)

IV. PAYMENT TERMS: COST REIMBURSEMENT

It is agreed to and understood by the Parties that the University shall be reimbursed for all costs incurred in connection with this project up to the amount of $_____ (the "Project Cost") as established by the Statement of Work and Approved Budget in this Exhibit A. It is estimated that the amount designated as the Project Cost is sufficient to support Project expenses. Unspent budgeted funding is automatically carried forward to the next budget year and available for project expenditure without the need for County prior approval.

Reimbursement shall be made by the County upon receipt of itemized invoices. Each invoice must reference the County account number. Invoices shall be submitted not more frequently than monthly, but must be submitted at least quarterly in accordance with the Approved Budget.

The County shall not be liable for any payment in excess of the Project Cost unless this Agreement Exhibit A is modified in writing. Within sixty (60) days after the termination of this Agreement the University shall submit a final financial report setting forth costs incurred.

Checks shall be made payable to 'Syracuse University' and shall be sent to:

Syracuse University

Bursar's Office

Attn: Director, Sponsored Accounting
119 Bowne Hall

Syracuse, NY 13244
Email: contacct@syr.edu
Tel: 315-443-2089

For the purposes of identification, each payment shall include the title of the project and the name of the Principal Investigator.

Appendix O: Subcontractor Standard Agreements (PADs) (Page 1 of 12)

SUBAWARD AGREEMENT

Subaward #32789-Multi-S06

This Subaward Agreement (the "Agreement") is entered into between Syracuse University ("SU"), a private institution of higher education with an office at 211 Lyman Hall, Syracuse, New York 13244-1200, and _____ ("Subrecipient"), a _____ organization with offices located at _____. SU and Subrecipient being collectively referred to as the "Parties" and each individually a "Party."

WHEREAS multiple counties in the State of California, ("Sponsors") as part of a multi-county collaborative mental health services act innovation project in the State of California, have awarded SU county specific service awards, ("Prime Agreements"), to conduct a service project entitled "Psychiatric Advance Directives Project (PADS)". The responsible counties in the collaborative mental health services act innovation project in the State of California are as follows:

County	Award Number

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

I. GENERAL DESCRIPTION

A. SU hereby engages Subrecipient to perform, and Subrecipient hereby agrees to perform, the services described in **Exhibit A, Statement of Work**, in conformity with the terms of this Agreement.

II. TERM OF AGREEMENT

A. The overall term of this Agreement is from _____ to _____ unless sooner terminated pursuant to the terms of this Agreement.

B. This Agreement and subsequent amendments are of no force or effect until signed by both Subrecipient and SU and with SU signing last.

III. CONTRACT TYPE, VALUE, AND FUNDING

A. The total value of this cost reimbursable Subaward Agreement is $____ for an overall term of _____ - _____. Budget periods applicable to this Agreement are outlined below. This Agreement is incrementally funded for Budget Period 1 in the amount of **$_____**.

1. BUDGET PERIODS
   a) *Budget Period 1 –* _____ - _____
   b) *Budget Period 2 –*_____ - _____
   c) *Budget Period 3 –* _____ - _____

B. It is anticipated that subaward amendments will be issued to provide additional funding for the remaining budget periods to cover the fully estimated cost for the entire period of performance.

C. SU is not obligated to reimburse the Subrecipient in excess of the funding amount allotted to the contract.

D. Carryover of funds from one budget period to the next is automatic and does not require prior approval.

E. Exhibit B provides budget detail for Budget Periods 1-3.

IV. SCOPE OF SERVICES AND ADDITIONAL PROVISIONS.

A. The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

1. **Exhibit A, Statement of Work**, which describes the Scope of Services to be provided under this Agreement.

2. **Exhibit B, Approved Budget**, including line-item budget detail and budget narrative. The Subrecipient is authorized to manage expenditures in accordance with the overall budget amount.

B. Research Involving Human Subjects - If human subjects are used in this research:

1. Subrecipient agrees to provide SU with:

   a) *Certification that an appropriate institutional committee has reviewed and approved the procedures, which involve human subjects; or*

   b) *A reliance agreement documenting review and approval by an independent IRB or an IRB of another institution.*

2. The Subrecipient certifies that any submitted IRB approval represents a valid, approved protocol that is entirely consistent with the Project associated with this subaward.

3. In no event shall Subrecipient submit invoices or be reimbursed for any human subjects related expenses incurred in a period where any applicable IRB approval is not properly in place.

4. The Subrecipient agrees that the rights and welfare of human subjects will be protected in accordance with policies established by Title 45, CFR, Part 46, Protection of Human Subjects.

5. Subrecipient shall bear full responsibility for the proper and safe performance of its work and services involving the use of human subjects under this Agreement.

C. The Subrecipient shall render reports as required by the Lead Project Manager including:

1. An annual Summary Report which shall be included in the progress report required under the Prime Agreements and

2. A Final Progress Report due at the end of the final project period.

3. The Lead Project Manager shall notify the Project Director of the format and timing of such required Technical Reports and any other such reports as may be required.

V. Appendix O: Subcontractor Standard Agreements (PADS) (Page 3 of 12)

VI. PERSONNEL

A. The Principal Investigator of the Prime Agreements is **Peter Blanck**, who shall be responsible for:

1. Issuing multiple subawards and working in tandem with the Lead Project Manager, to provide oversight of Subrecipients' operational, legal, and fiscal activities related of the work to be performed under the Prime Agreements.

2. Providing first level of oversight of all financial transactions; budgets and invoices including approved direct and indirect costs on the Sponsor's behalf.

B. Subrecipient's Project Director for the Statement of Work shall be _____, who shall not be replaced without prior written approval of SU and Sponsors.

C. Sponsors have identified **Kiran Sahota of Concepts Forward Consulting** as the Lead Project Manager to act as liaison to the Sponsors, Subrecipients and outside collaborators. She will organize and oversee the progress on the Scopes of Work and work product of all subrecipients; ensuring all tasks are completed; review all subrecipient invoicing prior to payment approval; act as point of contact between participating counties and all subrecipients; and will facilitate operational requests and/or mitigate challenges with subrecipients.

D. Subrecipient provides reasonable assurance that its agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required.

E. Subrecipient, its agents, employees, and contractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.

F. Subrecipient shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement.

VII. PAYMENT TERMS

B. SU shall reimburse Subrecipient for allowable costs incurred in accordance with the terms of this Agreement, up to the total funded amount as indicated in **III-Contract Type, Value, and Funding** and in accordance with Exhibit B.

A. Reimbursement shall be made by SU upon receipt of itemized invoices prepared in accordance with payment terms below and the Statement of Work – Exhibit A.

B. Invoices should be sent directly

to: Syracuse University
Office of Sponsored Programs
211 Lyman Hall
Syracuse, NY 13244
Heather DiBlasi, Subaward Administrator

Email: subawardadmin@syr.edu

C. Invoices shall be submitted not more frequently than monthly but must be submitted at least quarterly in arrears and in accordance with the Approved Budget, attached as **Exhibit B**.

D. Invoices must be submitted no later than 60 days after the completion of services. If there has been no activity for the quarter, a $0 invoice or correspondence indicating that there have been no expenditures for the period is required.

E. Each invoice shall contain a minimum of the following information: Subrecipient name, invoice number and date; remittance address and phone number; the service period; remittance address and Subrecipient Subaward Number. Invoices must also include current and cumulative costs, cost breakdown by major cost category, and a signed certification acknowledging the truth and accuracy of the contents.

F. Subrecipient shall retain records of such expenditures for examination by SU.

G. The final invoice must be submitted promptly following completion of the work under this Agreement but in no event later than 45 days (or such longer period as SU may in its discretion approve in writing) from the date of such completion.

H. Payment to Subrecipient shall be contingent upon the availability of funding from the Sponsors under the Prime Agreements and upon Subrecipient spending funds in accordance with the Approved Budget in Exhibit B. SU shall promptly notify the Subrecipient if SU is notified that funding from the Sponsors is no longer available or is reduced and may terminate or modify this Agreement in accordance with Sponsor instructions.

I. SU reserves the right to withhold payment pending receipt of the Final Report.

II. PRIOR APPROVAL REQUIREMENTS

A. All subrecipients will work in unison for the overall benefit of participating Sponsors, with the goal of statewide systemic change. In accordance with rules set forth in the approved state project, if at any time a subrecipient fails to complete their duties or is unable to fulfill contractual obligations, the subrecipient may be terminated with prior notification to and approval of the Lead Project Manager, Sponsors, MHSOAC, and SU.

B. Any significant change to the scope of work or budget must be approved by Lead Project Manager, Sponsors, MHSOAC and SU.

C. Any re-allocation of funds between Expense Categories in the approved Budget Period will require prior approval. An Expense Category is defined as Total Personnel Costs, Total Services and Supplies, Total Other Direct and Total Contractors. Any re-allocation of more than 20% of an Expense Category would require prior approval and an amendment to the agreement. Line items changes within approved Expense Categories do not require prior approval.

I. TERMINATION

A. During the term of this Agreement, either Party may terminate the Agreement with cause, with 30 calendar days written prior notice to the other Party. "Cause" shall include, but is not limited to, the failure of Subrecipient to perform the required services in a manner materially consistent with this Agreement. In the event of termination for cause, the Party alleged to be in failure of performance shall have 20 calendar days from the date of notice to cure the stated failure in performance ("Cure Period"). To the extent a longer period of cure may be reasonably necessary, the Parties may agree to extend the Cure Period beyond the initial 20 calendar days. If the Party fails to cure the breach within the Cure Period, or its extension as applicable, the Agreement shall be deemed terminated as of the date the Cure Period expires.

B. In the event of termination for cause by SU, the amount payable to Subrecipient under this Agreement shall be reduced in proportion to the services provided, including non-cancelable commitments, prior to the date of termination. In the event of termination for cause, SU may proceed with the work in any manner which the SU deems proper. Any costs incurred by and/or owed to SU as a result of the termination for cause, including procuring a new provider to complete the Agreement, shall be deducted from any sum due the Subrecipient under this Agreement.

C. Either Party has the right to terminate this Agreement without cause upon 30 calendar days prior written notice. In the event of such a termination, the Subrecipient shall be paid for all work performed, all costs incurred, and all non-cancelable commitments in place up to and including the date of termination.

D. In the event of termination, the effective date of termination will be the thirtieth (30th) day after the delivery of written notice of termination unless an alternative date is agreed to by both parties.

E. SU's payments to Subrecipient under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for SU's purchase of the indicated quantity of services, then SU may give written notice of this fact to Subrecipient, and the obligations of the Parties under this Agreement shall terminate immediately, or on such date thereafter as SU may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement. In the event of such a termination, SU shall pay Subrecipient for all services provided and any non-cancelable commitments made prior to the date of termination.

II. INDEMNIFICATION

Subrecipient shall indemnify and hold harmless SU, its officers, agents, and employees from and against any and all third-party claims, liabilities and losses arising out of or related to the Subrecipient's negligence or more culpable conduct in connection with the Subrecipient's performance of work under this Agreement (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees), unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of SU.

III. INSURANCE REQUIREMENTS.

A. Evidence of Coverage:

1. Prior to the execution of this Agreement by SU, the Subrecipient shall file certificates of insurance with SU's Office of Sponsored Programs, showing that the Subrecipient has in effect the insurance required by this Agreement.

2. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

3. Subrecipient shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and upon request by SU, provide annual certificates to SU's Office of Sponsored Programs. If the certificate is not received by the expiration date, SU shall notify the Subrecipient and the Subrecipient shall have five business days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by the Subrecipient to maintain such insurance is a default of this Agreement, which entitles SU, at its sole discretion, to terminate this Agreement immediately.

4. Subrecipient shall ensure that all subcontractors performing work on behalf of the Subrecipient pursuant to this Agreement shall be covered under the Subrecipient's insurance as an Additional Insured or maintain insurance subject to the same terms and conditions as set forth herein for the Subrecipient. Subrecipient shall not allow subcontractors to work if subcontractors have less than the level of coverage required by SU from the Subrecipient under this Agreement. It is the obligation of the subrecipient to provide notice of the insurance requirements to every subcontractor and to receive proof of insurance prior to allowing any subcontractor to begin work. Such proof of insurance must be maintained by the Subrecipient through the entirety of this Agreement for inspection by SU representative(s) at any reasonable time.

B. Qualifying Insurers:

1. All insurance required by this Agreement shall be with a company acceptable to SU.

2. All coverages, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A-VIII, according to the current A.M. Best's Key Rating Guide or a company of equal financial stability.

C. Insurance Coverage Requirements:

1. Without limiting the Subrecipient's duty to indemnify, the Subrecipient shall maintain in effect throughout the term of this Agreement a policy or policies of insurance or self-insurance with the following minimum limits of liability:

   a) *Commercial General Liability Insurance, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than*
   $1,000,000 per occurrence.

   b) *Professional Liability Insurance, $1,000,000 per claims made with $1,000,000 aggregate.*

a) Workers' Compensation Insurance, if Subrecipient employs others in the performance of this Agreement, limits not less than $1,000,000 each person, $1,000,000 each accident and

a. *$1,000,000 each disease.* Other Requirements:

i. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date the Subrecipient completes its performance of services under this Agreement.

ii. Each liability policy shall provide that SU shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit cancellation or intended non-renewal thereof.

iii. Each policy shall provide coverage for the Subrecipient and additional insureds with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.

iv. Commercial general liability shall provide an endorsement naming SU, its officers, agents, and employees as Additional Insureds with respect to liability arising out of the Subrecipient's work, including ongoing and completed operations and shall further provide that such insurance is primary insurance to any insurance or self-insurance maintained by SU and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the Subrecipient's insurance. The required endorsement form for Commercial General Liability Additional Insured is ISO Form CG 20 10 11-85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000).

v. Any increase or decrease request for any of the above insurance types throughout the term of this Agreement will require agreement by the parties as signified by a bilateral amendment to this Agreement.

vi. If the Subrecipient fails to maintain insurance as specified in this Agreement for the full term of this Agreement, SU may terminate this Agreement for cause.

Appendix O: Subcontractor Standard Agreements (PADS) (Page 8 of 12)

I. RECORDS AND CONFIDENTIALITY.

A. Confidentiality. Subrecipient and its officers, employees, agents, and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. SU and Subrecipient acknowledge that it may be necessary to disclose information to each other which each party considers proprietary or confidential in order to perform the Project. To preserve the proprietary or confidential nature of such information, SU and _____ agree to either: (a) clearly mark the term "CONFIDENTIAL INFORMATION" upon the information disclosure and forward it only to the other party in writing or (b) orally disclose to the other party the proprietary or confidential information and subsequently indicate the confidential nature of such information in a writing addressed to the other party, via certified or registered mail, and clearly mark the writing or information with the term "CONFIDENTIAL INFORMATION" and deliver it to the other party within thirty (30) days of disclosure. Subrecipient shall not disclose any confidential records or other confidential information received from SU or the Sponsors or prepared in connection with the performance of this Agreement unless SU specifically permits the Subrecipient to disclose such records or information, provided, however, that the Subrecipient may make any disclosures required by law and respond to a subpoena lawfully issued by a court of competent jurisdiction. Subrecipient shall promptly transmit to SU any and all requests for disclosure of any such confidential records or information. Subrecipient shall not use any confidential information gained by the Subrecipient in the performance of this Agreement except for the sole purpose of carrying out the Subrecipient's obligations under this Agreement.

B. SU Records. When this Agreement expires or terminates Subrecipient shall upon SU's request, return to SU any SU records which the Subrecipient used or received from SU to perform services under this Agreement.

C. Maintenance of Records. Subrecipient shall prepare, maintain, and preserve all reports and records that may be required by federal, state and local rules and regulations related to services performed under this Agreement. Subrecipient shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception or other action relating to this Agreement is pending at the end of the three-year period, then the Subrecipient shall retain said records until such action is resolved.

D. Access to and Audit of Records. With reasonable prior written notice, and at times during the Subrecipient's normal business hours, SU or the Prime Sponsors shall have the right to examine, monitor and audit those records, documents, conditions, and activities of the Subrecipient and its subcontractors that are directly related to services provided under this Agreement.

E. Royalties and Inventions. SU shall have a royalty-free, non-exclusive and irrevocable license to reproduce, publish, and use, and authorize others to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced by the Subrecipient under this Agreement. Subrecipient shall not publish any material containing any confidential information SU disclosed in connection with this Agreement without the prior written approval of SU.

Appendix O: Subcontractor Standard Agreements (PADS) (Page 9 of 12)

I. NON-DISCRIMINATION.

A. During the performance of this Agreement, the Subrecipient and its subcontractors, shall not unlawfully discriminate against any person because of race religious creed, color, sex, national origin ancestry physical disability, mental disability, medical condition, marital status, age (over 40), or sexual orientation, either in the Subrecipient's employment practices or in the furnishing of services to recipients.

B. The Subrecipient shall ensure that the evaluation and treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. The Subrecipient and any subcontractor shall, in the performance of this Agreement, fully comply with all federal, state and local laws and regulations which prohibit discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be prohibited discrimination.

II. INDEPENDENT CONTRACTOR.

A. In the performance of work, duties, and obligations under this Agreement, the Subrecipient is at all times acting and performing as an independent contractor and not as an employee of SU. No offer or obligation of permanent employment with SU is intended in any manner, and the Subrecipient shall not become entitled by virtue of this Agreement to receive from SU any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. Subrecipient shall be solely liable for and obligated to pay directly all applicable taxes including federal and state income taxes and social security, arising out of the Subrecipient's performance of this Agreement. In connection therewith, the Subrecipient shall defend, indemnify, and hold SU harmless from any and all liability which SU may incur because of the Subrecipient' s failure to pay such taxes.

III. NOTICES.

Notices required under this Agreement shall be delivered to the SU and Subrecipient's administrators at the addresses listed below:

For: SU	For: _____
Lisa V Kaley-Heyn	_____
Associate Director – Office of Sponsored Programs	_____
211 Lyman Hall	_____
Syracuse, NY 13244	_____
315-443-9357	_____
Lvkaleyh@syr.edu	_____

IV. MISCELLANEOUS PROVISIONS.

Appendix O: Subcontractor Standard Agreements (PADS) (Page 10 of 12)

A. Conflict of Interest. The Subrecipient shall exercise reasonable care and diligence to prevent any actions or conditions that could result in a conflict with SU's interests. In addition to the Subrecipient, this obligation shall apply to Subrecipient's employees, agents, and subcontractors associated with the provision of goods and services provided under this Agreement. The Subrecipient's efforts shall include, but not be limited to establishing rules and procedures preventing its employees, agents, and subcontractors from providing or offering gifts, entertainment, payments, loans or other considerations which could be deemed to influence or appear to influence SU staff or elected officers in the performance of their duties.

B. Consent to Breach Not Waiver: No term or provision of this Agreement shall be deemed waived, and no breach excused, unless such waiver or consent shall be in writing and signed by the Party claimed to have waived or consented. Any consent by any Party to, or waiver of, a breach by the other, whether express or implied, shall not constitute consent to, waiver of, or excuse for any other different or subsequent breach.

C. Amendment. This Agreement may be amended or modified only by an instrument in writing signed by SU and the Subrecipient.

D. Waiver. Any waiver of any terms and conditions of this Agreement must be in writing and signed by SU and the Subrecipient. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.

E. Subrecipient. The term "Subrecipient" as used in this Agreement includes Subrecipient's officers, agents and employees acting on the Subrecipient's behalf in the performance of this Agreement.

F. Dispute Resolution. Any dispute or disagreement among the Parties in relation to this Agreement (a "Dispute") shall initially be referred to senior representatives of each Party with authority to resolve such Dispute, who shall use good faith efforts to resolve such Dispute. In the event that the parties' representatives are unable to resolve a Dispute pursuant to the foregoing sentence within thirty (30) days, before resorting to any other legal remedy (other than provisional equitable remedies such as temporary injunction and/or restraining order), the parties shall attempt in good faith to resolve any such controversy or claim by mediation before and in compliance with the rules established by any mutually acceptable alternative dispute resolution organization, including, but not limited to the CPR Institute for Dispute Resolution ("CPR"). If the matter has not been resolved by mediation within sixty (60) days of the commencement of such procedure (which period may be extended by mutual agreement), either party may seek relief in a court of competent jurisdiction.

G. Successors and Assignment. The terms, covenants, and conditions contained herein shall apply to and bind the heirs, successors, executors, administrators and assigns of the Parties. Furthermore, neither the performance of this Agreement nor any portion thereof may be assigned by the Subrecipient without the express written consent of SU. Any attempt by the Subrecipient to assign the performance or any portion thereof of this Agreement without the express written consent of SU shall be invalid and shall constitute a breach of this Agreement.

H. Compliance with Laws. Subrecipient represents and warrants that services to be provided under this Agreement shall materially comply, at the Subrecipient's expense, with all, laws, statutes, restrictions, ordinances, and regulations (collectively "laws"). The Subrecipient acknowledges that SU is relying on the Subrecipient to ensure such compliance. Subrecipient agrees that it shall defend, indemnify, and hold SU and SU Indemnitees harmless from all liability, damages, costs and expenses arising from or related to a violation of such laws.

V. Appendix O: Subcontractor Standard Agreements (PADS) (Page 11 of 12)

A. Governing Law. This Agreement shall be governed by and interpreted under the laws of the State of California.

B. Non-exclusive Agreement. This Agreement is non-exclusive and both SU and the Subrecipient expressly reserve the right to contract with other entities for the same or similar services.

C. Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.

D. Authority. Any individual executing this Agreement on behalf of SU, or the Subrecipient represents and warrants hereby that he or she has the requisite authority to enter into this Agreement on behalf of such party and bind the party to the terms and conditions of this Agreement.

E. Integration. This Agreement, including the exhibits, represent the entire Agreement between SU and the Subrecipient with respect to the subject matter of this Agreement and shall supersede all prior negotiations, representations, or agreements, either written or oral, between SU and the Subrecipient as of the effective date of this Agreement.

F. Interpretation of Conflicting Provisions. In the event of any conflict or inconsistency between any other provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

G. Force Majeure. The Subrecipient will not be liable for any failure or delay in performing its obligations under this Agreement due to any cause, event or circumstance beyond its or its subcontractors' reasonable control, including without limitation, acts of God, riots, war, terrorist act, epidemic, pandemic, quarantine, civil commotion, breakdown of public utilities or internet service providers, natural catastrophes, governmental acts or omissions or fire. SU acknowledges and agrees that COVID-19 is and shall continue to be a force majeure event to the extent that any law, regulation, governmental order, quarantine requirement or health or safety concern affects the Subrecipient's or its subcontractors' ability to perform the services set forth in this Agreement.

H. Severability. If any term, covenant, condition or provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired or invalidated thereby.

I. Debarment. Subrecipient shall certify that neither the Subrecipient nor its principles are presently debarred, proposed for debarment, declared ineligible or voluntarily excluded from participation in the transaction by any federal department or agency. Debarment, pending debarment, declared ineligibility or voluntary exclusion from participation by any federal department or agency may result in the bid/proposal being deemed non- responsible.

J. Lobbying. On best information and belief, the Subrecipient certifies no federal appropriated funds have been paid or will be paid by, or on behalf of, Subrecipient to any person for influencing or attempting to influence an officer or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

K. Patent/Copyright Materials/Proprietary Infringement. Unless otherwise expressly provided in this Agreement, the Subrecipient shall be solely responsible for clearing the right to use any patented or copyrighted materials in the performance of this Agreement. Subrecipient warrants that any software as modified through services provided hereunder will not infringe upon or violate any patent,

proprietary right, or trade secret right of any third party. Subrecipient agrees that, in accordance with the more specific requirement contained in Section 8, above, it shall indemnify, defend and hold SU and SU Indemnitees harmless from any and all such infringement claims.

L. Changes. Subrecipient shall make no changes in the work or perform any additional work without SU's specific written approval.

M. Change of Ownership/Name, Litigation Status, Conflicts with County Interests. The Subrecipient agrees that if there is a change or transfer in ownership of the Subrecipient's business prior to completion of this Agreement, and SU agrees to an assignment of the Agreement, the new owners shall be required under the terms of sale or other instruments of transfer to assume the Subrecipient's duties and obligations contained in this Agreement, and complete them to the satisfaction of SU.

N. In addition, the Subrecipient has the duty to notify SU in writing of any change in the Subrecipient's status with respect to name changes that do not require an assignment of the Agreement. The Subrecipient is also obligated to notify SU in writing if the Subrecipient becomes a party to any litigation against SU, or a party to litigation that may reasonably affect the Subrecipients' performance under the Agreement, as well as any potential conflicts of interest between the Subrecipient and SU that may arise prior to or during the period of Agreement performance. While Subrecipient will be required to provide this information without prompting from SU any time there is a change in the Subrecipient's name, conflict of interest or litigation status, the Subrecipient must also provide an update to SU of its status in these areas whenever requested by SU.

O. The Subrecipient shall exercise reasonable care and diligence to prevent any actions or conditions that could result in a conflict with SU interests. In addition to the Subrecipient, this obligation shall apply to the Subrecipient's employees, agents, and subcontractors associated with the provision of goods and services provided under this Agreement. The Subrecipients' efforts shall include, but not be limited to establishing rules and procedures preventing its employees, agents, and subcontractors from providing or offering gifts, entertainment, payments, loans or other considerations which could be deemed to influence or appear to influence County staff or elected officers in the performance of their duties.

P. Attorney Fees. In any action or proceeding to enforce or interpret any provision of this Agreement, each Party shall bear their own attorney's fees, costs and expenses.

Q. Employee Eligibility Verification. The Subrecipient warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this Agreement meet the citizenship or alien status requirement set forth in Federal statutes and regulations. The Subrecipient shall obtain from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by Federal or State statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, 8 U.S.C. §1324 et seq., as they currently exist and as they may be hereafter amended. The Subrecipient shall retain all such documentation for all covered employees for the period prescribed by the law. The Subrecipient shall indemnify and hold harmless SU, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against the Subrecipient or SU or both in connection with any alleged violation of any Federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Agreement

VI. SIGNATURE PAGE.

IN WITNESS WHEREOF, SU and Subrecipient have executed this Agreement as of the day and year written below.

CONCEPTS FORWARD CONSULTING

Agenda
Tuesday, August 16, 2022

Host County: Fresno
1925 E. Dakota, Fresno CA 93726

10:00 am- 7:00 pm

MHSA Multi-County PADs Innovations Project

Time:	**Topic:**
10:00-10:15 am (15):	Arrive and settle
10:15-10:30 am (15):	Introductions
10:30-10:55 am (25):	Concepts Forward Consulting- Project overview and objectives
10:55-11:05 am (10):	*Break*
11:05-11:25 am (20):	Syracuse University- Fiscal Process
11:25-11:45 am (20):	The Hallmark Compass- Process and questions
11:45 am-12:00 pm (15):	*Pass out lunch boxes*
12:00-12:20 pm (20):	Idea Engineering- Process and questions
12:20-12:40 pm (20):	RAND- Process and questions
12:40-1:00 pm (20):	Chorus Inc.- Process and questions
1:00-1:05 pm (5):	*Break*

Appendix P: August PADs Convening (PADS) (Page 2 of 4)

1:05-1:25 pm (20):	Burton Blatt Institute - Process and questions
1:25-2:00 pm (35):	Next steps and Discussion
2:00-2:15 pm (15):	*Break*
2:15-3:00 pm (45):	*County-only debrief and discussion (onsite)* Sub-contractor to rendezvous back at the Fairfield
3:30-5:00pm (90):	*Sub-contractor debrief and coordination of efforts* Fairfield Marriott, 1535 N. Peach Ave, Fresno CA 93727 (6.6 miles)- small conference room County staff is encouraged at this time to attend to any work matters that have been postponed throughout the day.
5:30-7:00 pm (90):	*Project collaboration and dinner* Old Spaghetti Factory, 1610 E. Shaw Ave., Fresno, CA 93710

Appendix P: August PADs Convening (PADS) (Page 3 of 4)

CONCEPTSFORWARD
CONSULTING

MHSA Multi-County PADs Innovations Project

County and Subcontractor orientation and in-person collaboration

August 16, 2022

Agenda Review

Multi-County PADs Innovations Project

Mental Health Services Act

Innovations Incubator Purpose

- Developed by the Mental Health Services and Accountability Commission (MHSOAC) in the 2020-23 strategic Plan to:
- Increase access to mental health services to underserved groups, including but not limited to, services provided through permanent supportive housing.
- Promote interagency and community collaboration related to mental health services
- Seed money was provided by the MHSOAC to encourage counties to join a collaborative project.
- **Psychiatric Advance Directives** was one of the proposed Incubator projects.

Mental Health Plans

Seven MHPs, all will be known as "Counties"

- Approved June 2021:
  - Fresno
  - Mariposa
  - Montery
  - Orange
  - Shasta
- Approved May 2022:
  - Contra Costa
  - Tri-City Mental Health

6

Psychiatric Advance Directives

Multi-County Collaboration- Project Goal

Innovation Goal:

"Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention."

7

Psychiatric Advance Directives

Multi-County Collaboration- Project Purpose

Primary Purpose:

"Increase the quality of mental health services, including measured outcomes."

- Using PADs, current clients and non-engaged consumers will gain autonomy in decision-making toward their mental health care supports and services. This multi-County project will provide the groundwork for community collaboration, creating PADs Teams, a standardized PADs "tool-kit," and evaluate the process and success in engaging clients, non-engaged consumers, stakeholders such as first responders and hospitals, and the use of technology.

8

Approved Project

Scope of Work

- Engage the community, including consumers, first responders and hospitals;
- With county stakeholders, identify priority populations;
- Create a standardized PAD template;
- Create a standardized PAD training/facilitation to create a PAD;
- Create a standardized "tool kit" to include; education, policy, PAD template, and training (train the trainer) videos in multiple languages;
- Create a cloud-based technology access platform;
- Create and maintain a project website;
- Utilize Consumer/Peer voice throughout the project;
- Seek legislative and policy advocacy; and
- Evaluate the process for creating a PAD and the use of technology.

9

Appendix P: August PADs Convening (PADS) (Page 4 of 4)

County Scope of Work

County expectations

- Provide a project dedicated staff member to work on Project within the county, to coordinate with PM and Subcontractors.
- Provide peers to work on the Project or allow contracted peers to work within the county setting as requested by the County.
- County will choose 1-3 priority populations.
- County is county expert; County will make contact with FRs, HEDs, IPUs, to educate and engage in the Project.
- Assist Subcontractors with collaborative meetings with county Stakeholders.
- Participate in evaluation process requirements

10

How to Achieve Project Goals

Subcontractors -Subject Matter Experts (SME)

- CLC: Project Manager
- SU: Fiscal Intermediary
- The Hallmark Compass: PADs
- Idea Engineering: Mental health marketing and web
- RAND: PADs process evaluation
- Chorus Inc.: Technology build
- Burton Blatt Institute: Technology process evaluation
- Peer Contract: TBD

11

Layers

How do we do this?

- Don't forget this is Innovations
- Rollout simultaneously
  - Conversations and meetings with the PADs SME and county priority groups;
  - Hold stakeholder conversations with First Responders, hospitals, families, and consumers- for the template and "tool-kit" build;
  - Hold stakeholder conversations- for the technology build;
  - Create a project Website;
  - Evaluation of the process and technology; and
  - Create a Peer contract and work with peer voice on the above layers.

12

Role of the Project Manager

Concepts Forward Consulting

In alignment with Counties' needs and expectations will:

- Oversee the project in totality from start to completion;
- Lead County and Subcontractor activities throughout the Innovations process;
- Fiscal oversight of Subcontractors, invoices, and SOW;
- Managing relationships and County expectations;
- Assisting Counties in the coordination of stakeholder and subcontractor meetings;
- Creating written reports;
- Attend meetings as needed or requested;
- Maintain project website with assigned Subcontractor; and
- Maintain and/or adjust project deliverables and timelines.

13

Communication

County and Project Manager expectations

- While involved in the Project, all Counties and Subcontractors are expected to support the Project and its objectives.
- Regardless of your expertise, unless otherwise discussed, the County is the lead in county meetings and professionalism is the expectation.
- Counties are to contact agencies and will start all initial conversations within the county unless otherwise discussed.
- Communication is tracked through email, which allows the PM to track the Counties' process and progress, clarify questions and identify next steps.
- Subcontractors are encouraged to initiate conversations and set up meetings with the County project staff.

14

Meetings

Some of the meetings you can expect

- County Specific:
  - County to County monthly
    - Learning from each other
    - Invite individual Subcontractors
  - County and PM monthly
    - Status check-in
- Additional meeting possibilities
  - Stakeholder process (what is reasonable)
  - Roll-out and communication with Subcontractors
    - Individual Counties
    - How often should a County meet with Sub?
    - What are the meetings about?
    - Who should attend?

15

Meetings- Con't

Some of the meetings you can expect

- Fiscal meeting
  - Counties- quarterly or bi-annually?
  - Subcontractors- quarterly or bi-annually?
- Subcontractors with Counties
  - Large group format?
  - Quarterly as a group or bi-annually?
- Format
  - Flexibility
  - Hybrid, Video, In-person

16

CONCEPTSFORWARD
CONSULTING

Questions

FROM CONCEPT TO COMPLETION

Appendix Q: PADs Timeline (PADs) (Page 1 of 4)

Timeline		Q1 2023		
		January	February	March
Project Meetings				
Stakeholder Engagement	Painted Brain/CAMHPRO	Listening session planning & coord. + threshold languages Distribute info materials through Lead & Partner agencies, counties' social media platforms to aid recruitment. Hosting peer voice feedback sessions (January - April) for the template (2.5 hours, North, South and Central California) plus 1 virtual group for all 7 Counties.	Hosting peer voice feedback sessions (January - April) for the template (2.5 hours, North, South and Central California) plus 1 virtual group for all 7 Counties.	Hosting peer voice feedback sessions (January - April) for the template (2.5 hours, North, South and Central California) plus 1 virtual group for all 7 Counties.
	Idea Engineering	Continue brief conversational interviews with range of stakeholders: Peers, professionals, family members; all counties Participate in stakeholders sessions		

Appendix Q: PADs Timeline (PADS) (Page 2 of 4)

	Chorus	Obtain feedback and refine user personas, journeys, and product requirements through stakeholder engagement.		
	CFC/Counties			
PAD Template Development	Painted Brain/CAMHPRO			
	Idea Engineering			
	Chorus	Develop wireframe of PAD template that shows basic structure.		
	CFC/Counties			
Training Creation & Delivery	Painted Brain/CAMHPRO	Research & review current PADs training curriculum and implementation within peer communties (i.e. practical application)		
	Idea Engineering			

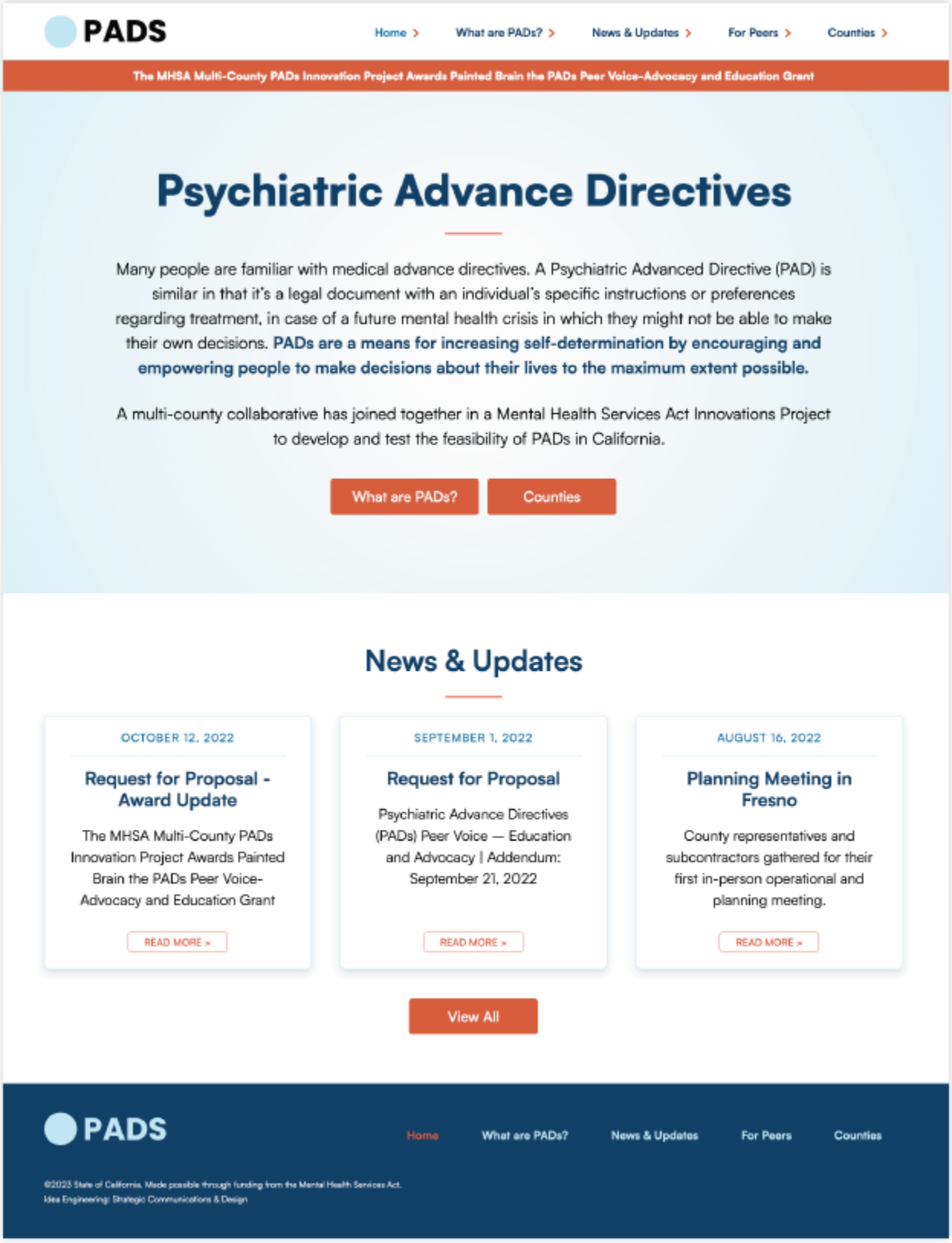
Appendix Q: PADs Timeline (PADS) (Page 3 of 4)

	Chorus	Develop wireframe of Training Toolkit that shows basic structure.		
	CFC/Counties			
Branding and Project Communications	Painted Brain/CAMHPRO			
	Idea Engineering			
	Chorus			
	CFC/Counties			
PADs Platform Development	Painted Brain/CAMHPRO			
	Idea Engineering			
	Chorus	Initial planning around data governance strategy, security & information security requirements		
	CFC/Counties			

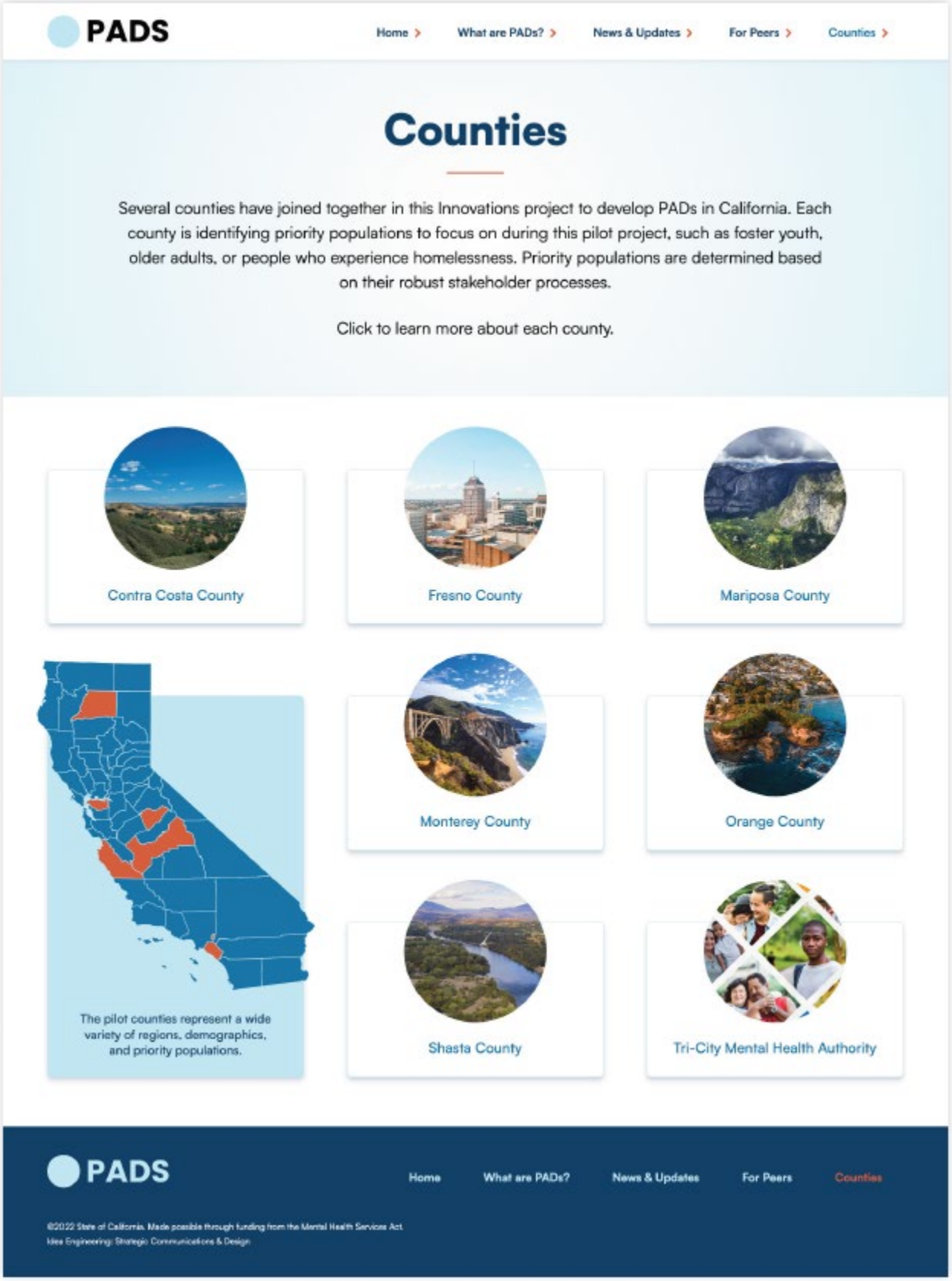
Appendix Q: PADs Timeline (PADS) (Page 4 of 4)

Evaluation - Process and Implementation	**RAND**	Develop Faciliator training evaluation protocol - Pre/Post-Survey with PADs Facilitators Develop Facilitator training evaluation protocol - Focus Groups with PADs Facilitators		
Evaluation - Platform	**BBI**	Develop coordinated schedule of site visits with Chorus & PB/CAMHPRO Attend/observe Chorus meetings and PB/CAMHPRO trainings Identify prospective County and 1st cohort stakeholder interview participants		

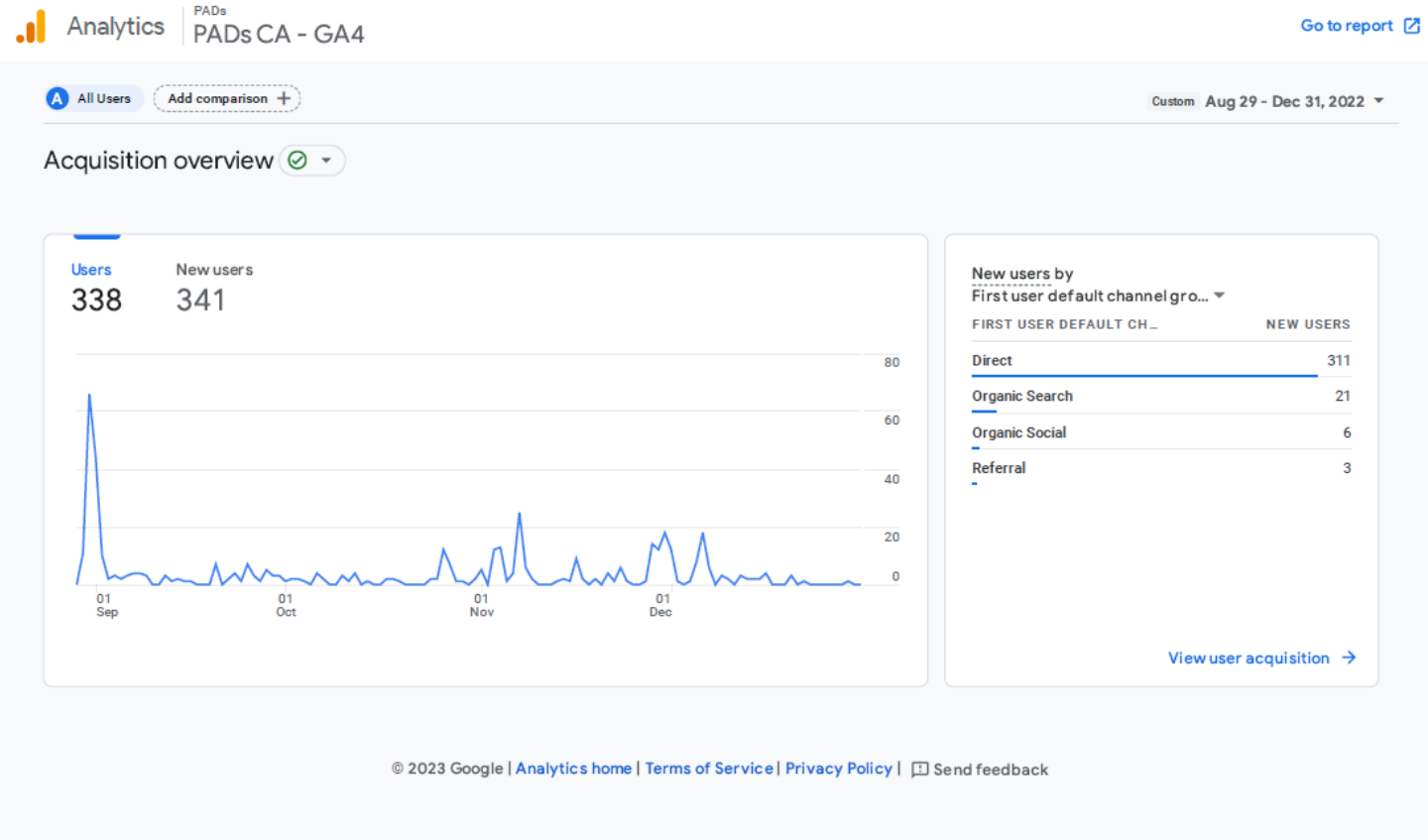
Appendix R: PADs Website and Analytics (PADs) (Page 1 of 7)



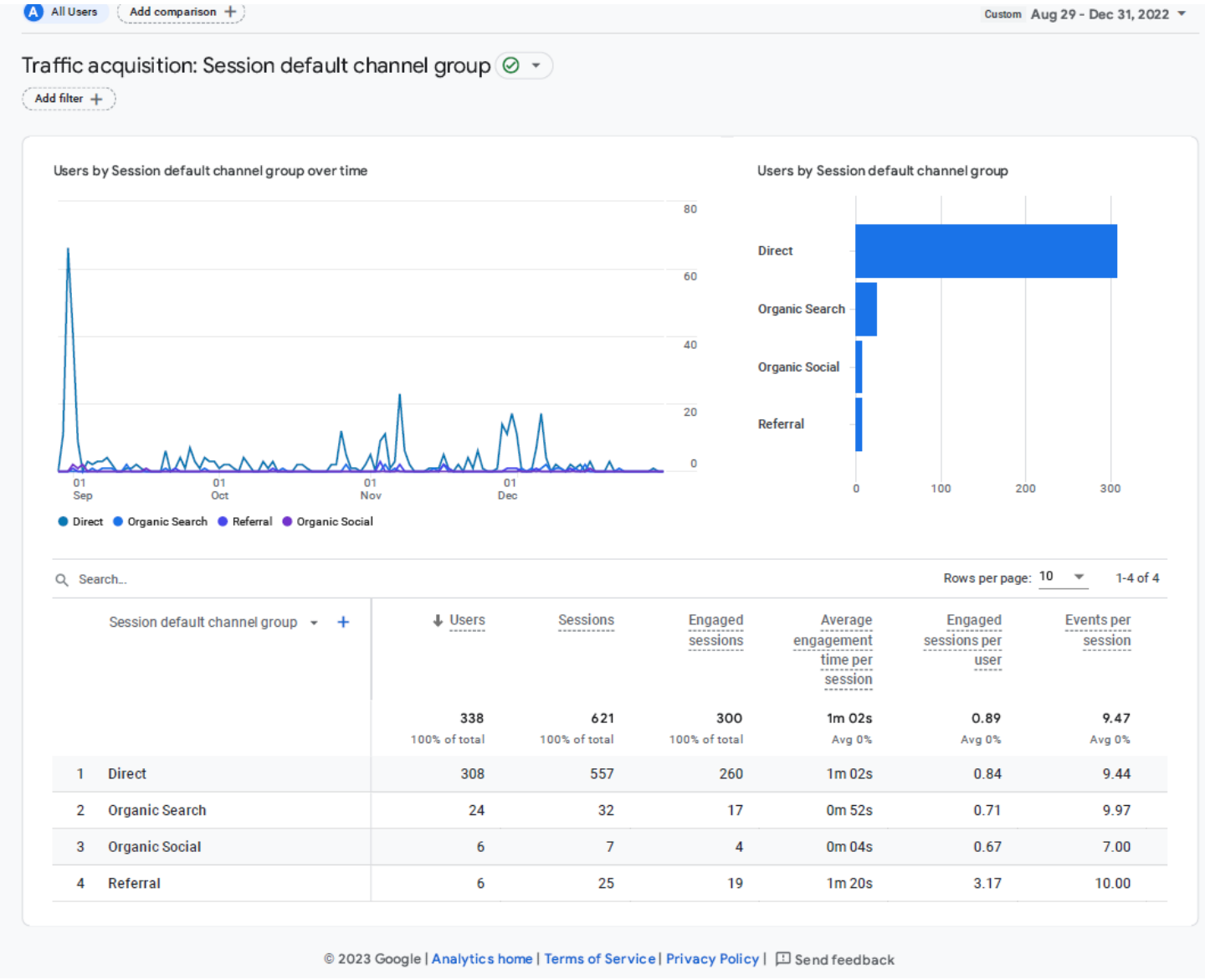
Appendix R: PADs Website and Analytics (PADS) (Page 2 of 7)



Appendix R: PADs Website and Analytics (PADS) (Page 3 of 7)



Appendix R: PADs Website and Analytics (PADS) (Page 4 of 7)



	Session default channel group	Users	Sessions	Engaged sessions	Average engagement time per session	Engaged sessions per user	Events per session
		338 100% of total	621 100% of total	300 100% of total	1m 02s Avg 0%	0.89 Avg 0%	9.47 Avg 0%
1	Direct	308	557	260	1m 02s	0.84	9.44
2	Organic Search	24	32	17	0m 52s	0.71	9.97
3	Organic Social	6	7	4	0m 04s	0.67	7.00
4	Referral	6	25	19	1m 20s	3.17	10.00

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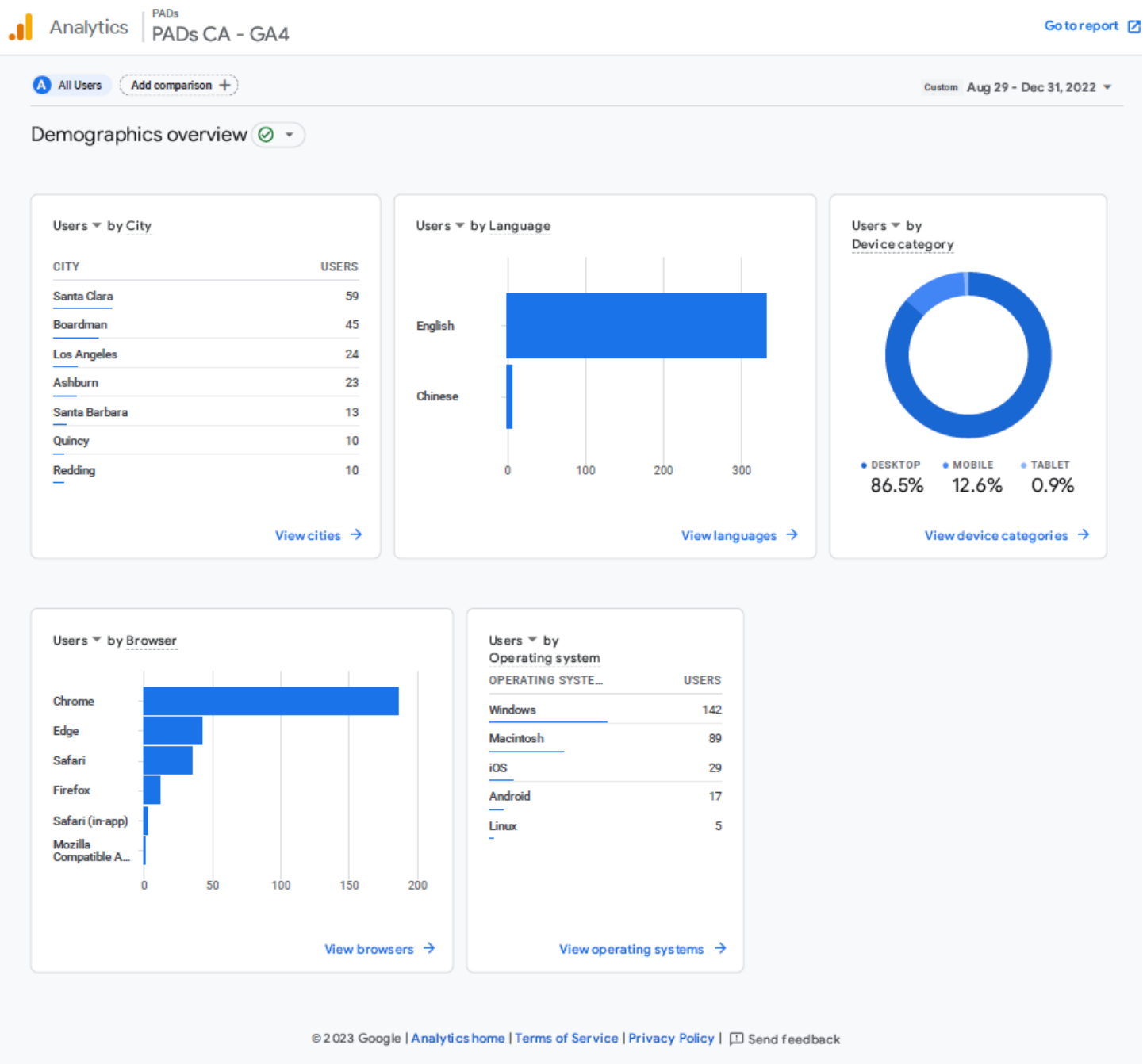
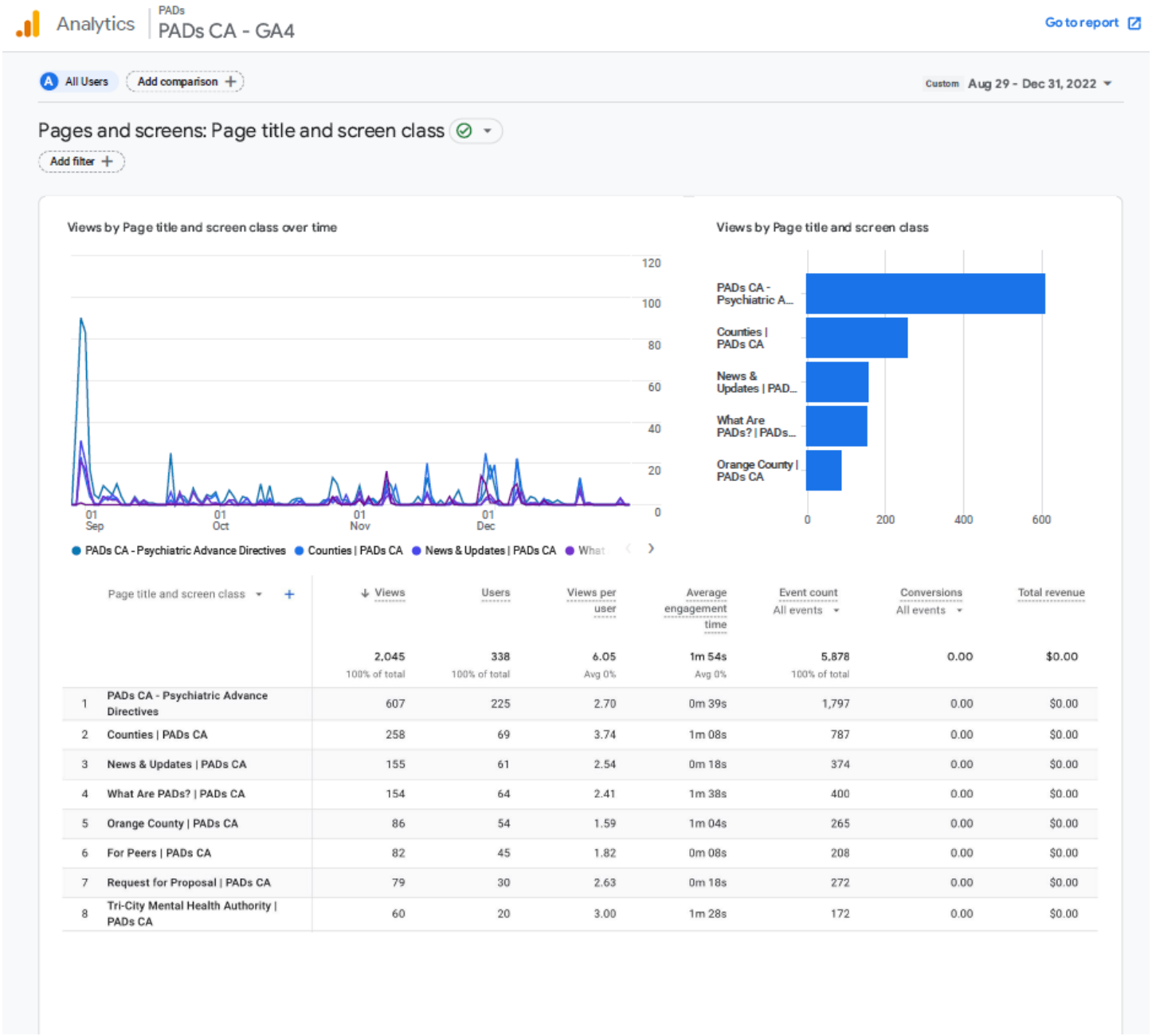
Appendix R: PADs Website and Analytics (PADS) (Page 5 of 7)



Appendix R: PADs Website and Analytics (PADS) (Page 6 of 7)



	Page title and screen class	Views	Users	Views per user	Average engagement time	Event count All events	Conversions All events	Total revenue
		2,045 100% of total	338 100% of total	6.05 Avg 0%	1m 54s Avg 0%	5,878 100% of total	0.00	$0.00
1	PADs CA - Psychiatric Advance Directives	607	225	2.70	0m 39s	1,797	0.00	$0.00
2	Counties | PADs CA	258	69	3.74	1m 08s	787	0.00	$0.00
3	News & Updates | PADs CA	155	61	2.54	0m 18s	374	0.00	$0.00
4	What Are PADs? | PADs CA	154	64	2.41	1m 38s	400	0.00	$0.00
5	Orange County | PADs CA	86	54	1.59	1m 04s	265	0.00	$0.00
6	For Peers | PADs CA	82	45	1.82	0m 08s	208	0.00	$0.00
7	Request for Proposal | PADs CA	79	30	2.63	0m 18s	272	0.00	$0.00
8	Tri-City Mental Health Authority | PADs CA	60	20	3.00	1m 28s	172	0.00	$0.00

Appendix R: PADs Website and Analytics (PADS) (Page 7 of 7)

Analytics | PADs
PADs CA - GA4

Go to report

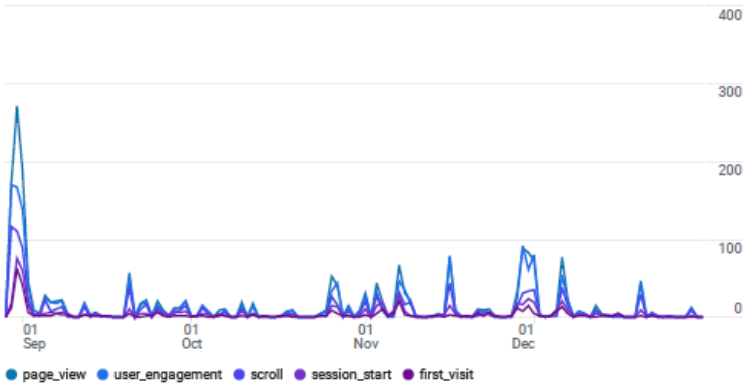
All Users | Add comparison +

Custom Aug 29 - Dec 31, 2022

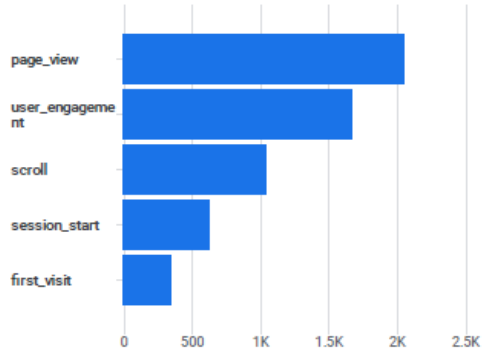
Events: Event name

Add filter +

Event count by Event name over time



Event count by Event name



Search...

Rows per page: 10 | 1-7 of 7

	Event name	Event count	Total users	Event count per user	Total revenue
		5,878 100% of total	338 100% of total	17.39 Avg 0%	$0.00
1	page_view	2,045	338	6.05	$0.00
2	user_engagement	1,669	131	13.04	$0.00
3	scroll	1,042	119	8.76	$0.00
4	session_start	623	338	1.84	$0.00
5	first_visit	341	338	1.01	$0.00
6	click	123	36	3.42	$0.00
7	file_download	35	21	1.67	$0.00

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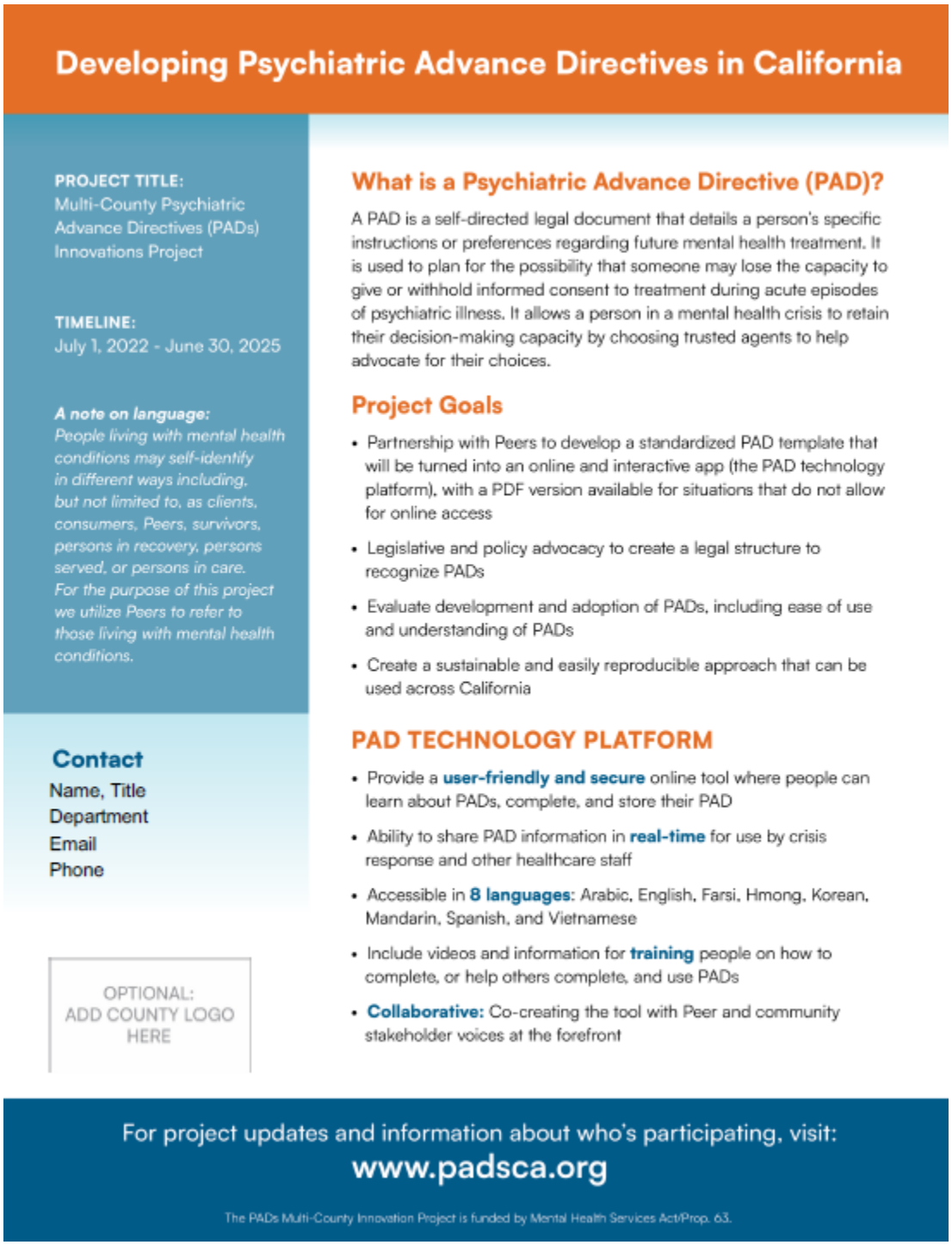
Appendix S: Flyers (PADs) (Page 1 of 3)



Developing Psychiatric Advance Directives in California

PROJECT TITLE:
Multi-County Psychiatric Advance Directives (PADs) Innovations Project

TIMELINE:
July 1, 2022 - June 30, 2025

A note on language:
People living with mental health conditions may self-identify in different ways including, but not limited to, as clients, consumers, Peers, survivors, persons in recovery, persons served, or persons in care. For the purpose of this project we utilize Peers to refer to those living with mental health conditions.

Contact
Name, Title
Department
Email
Phone

OPTIONAL:
ADD COUNTY LOGO HERE

What is a Psychiatric Advance Directive (PAD)?

A PAD is a self-directed legal document that details a person's specific instructions or preferences regarding future mental health treatment. It is used to plan for the possibility that someone may lose the capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness. It allows a person in a mental health crisis to retain their decision-making capacity by choosing trusted agents to help advocate for their choices.

Project Goals

- Partnership with Peers to develop a standardized PAD template that will be turned into an online and interactive app (the PAD technology platform), with a PDF version available for situations that do not allow for online access
- Legislative and policy advocacy to create a legal structure to recognize PADs
- Evaluate development and adoption of PADs, including ease of use and understanding of PADs
- Create a sustainable and easily reproducible approach that can be used across California

PAD TECHNOLOGY PLATFORM

- Provide a **user-friendly and secure** online tool where people can learn about PADs, complete, and store their PAD
- Ability to share PAD information in **real-time** for use by crisis response and other healthcare staff
- Accessible in **8 languages**: Arabic, English, Farsi, Hmong, Korean, Mandarin, Spanish, and Vietnamese
- Include videos and information for **training** people on how to complete, or help others complete, and use PADs
- **Collaborative:** Co-creating the tool with Peer and community stakeholder voices at the forefront

For project updates and information about who's participating, visit:
www.padsca.org

The PADs Multi-County Innovation Project is funded by Mental Health Services Act/Prop. 63.

Appendix S: Flyers (PADS) (Page 2 of 3)

Developing Psychiatric Advance Directives in California

YOUR EXPERTISE & INPUT ARE NEEDED

First Responders • Medical & Clinical Staff

When you encounter someone experiencing a mental health crisis, what would you need to know in order to best inform your ability to care, treat or provide resources? As a subject matter expert in your line of work, we are requesting your participation in one or more input sessions as we create a Psychiatric Advance Directives (PADs) template in California. **If you are interested in helping develop this important tool, please contact:**

OPTIONAL:
ADD COUNTY LOGO HERE

Name, Title
Department
Email
Phone

What are PADs?

A PAD is a legal document allowing people with mental health conditions to identify their preferences for treatment in advance of a crisis.

PADs are a voluntary tool to help assist individuals in mental health crises to communicate in their own voices with first responders, hospital personnel and others.

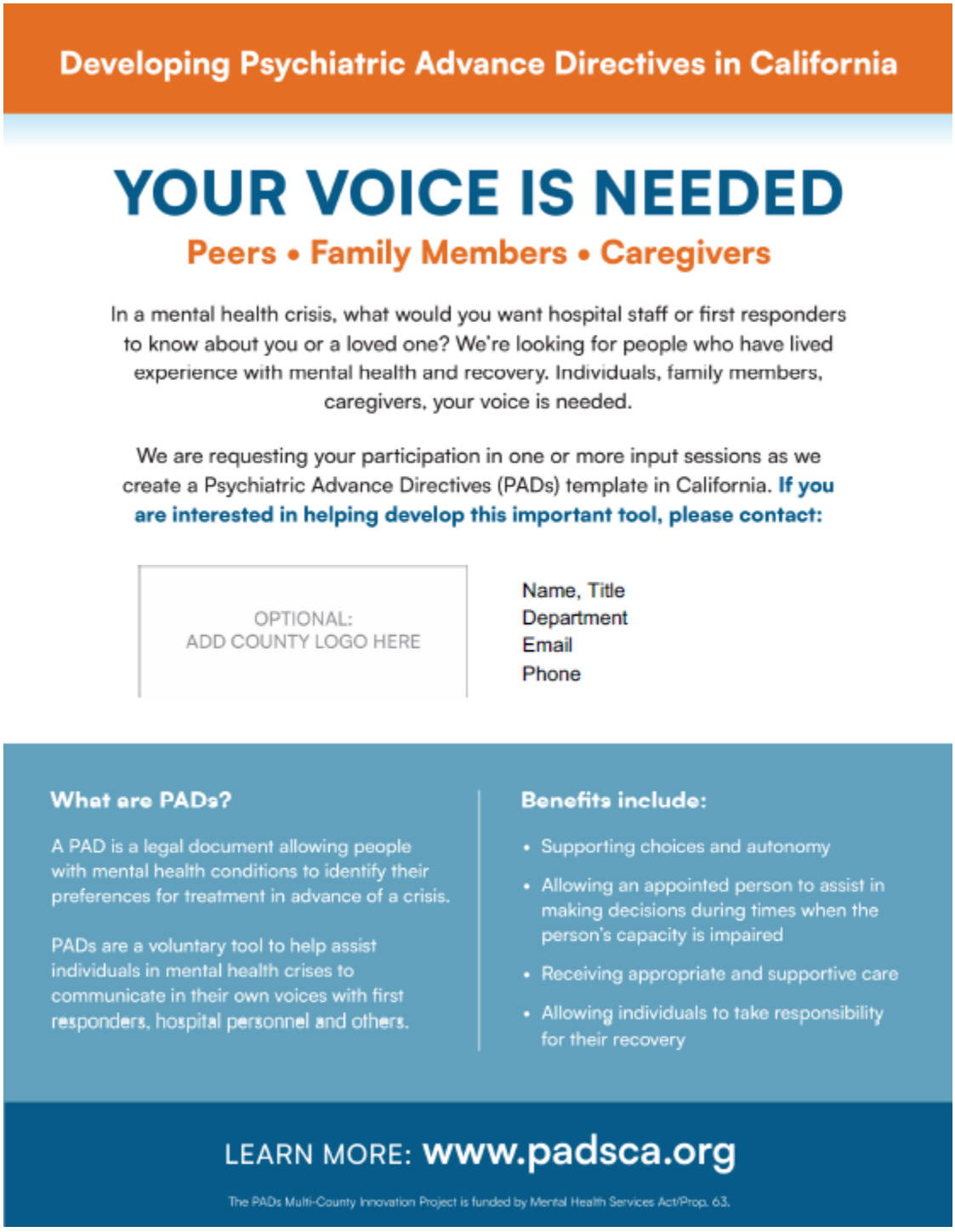
Benefits include:

- Allowing individuals to take responsibility for their recovery
- Allowing an appointed person to assist in making decisions during times when the person's capacity is impaired
- De-escalating potential crisis situations
- Providing appropriate and supportive care

LEARN MORE: **www.padsca.org**

The PADs Multi-County Innovation Project is funded by Mental Health Services Act/Prop. 63.

Appendix S: Flyers (PADS) (Page 3 of 3)



Developing Psychiatric Advance Directives in California

YOUR VOICE IS NEEDED

Peers • Family Members • Caregivers

In a mental health crisis, what would you want hospital staff or first responders to know about you or a loved one? We're looking for people who have lived experience with mental health and recovery. Individuals, family members, caregivers, your voice is needed.

We are requesting your participation in one or more input sessions as we create a Psychiatric Advance Directives (PADs) template in California. **If you are interested in helping develop this important tool, please contact:**

OPTIONAL:
ADD COUNTY LOGO HERE

Name, Title
Department
Email
Phone

What are PADs?

A PAD is a legal document allowing people with mental health conditions to identify their preferences for treatment in advance of a crisis.

PADs are a voluntary tool to help assist individuals in mental health crises to communicate in their own voices with first responders, hospital personnel and others.

Benefits include:

- Supporting choices and autonomy
- Allowing an appointed person to assist in making decisions during times when the person's capacity is impaired
- Receiving appropriate and supportive care
- Allowing individuals to take responsibility for their recovery

LEARN MORE: **www.padsca.org**

The PADs Multi-County Innovation Project is funded by Mental Health Services Act/Prop. 63.

Appendix T: Statement of Intent (PADs) (Page 1 of 2)

Statement of Intent
Legal language re: purpose/intent of the document *(Baz, NC, WA)*
Itemized list of what information is/isn't included in the document *(Baz)*
Appointment of Health Care Agent
Designation of Health Care Agent and Alternate(s) *(CA, Baz, NC, WA)*
Agent's and alternate's acceptance of designation, including signature *(Baz)*
Definition of Authority Granted *(CA, Baz, NC, WA)*
Option to specify limits to scope of what HCA can decide *(CA, NC, WA)*
Court Appointed Conservator *(CA, Baz)*
Mental Health Care Instructions
Who to notify upon admission to psychiatric facility? *(CA, Baz, NC)*
Individuals permitted to and prohibited from visiting *(CA, Baz, WA)*
Choice of treatment facilities *(CA, Baz, NC, WA)*
Primary physician for MH Care *(CA, Baz, NC, WA)*
Alternate physicians for MH Care *(CA, Baz, WA)*
Physicians NOT to be treated by if hospitalized *(CA, Baz, WA)*
Other preferred MH treatment providers *(WA)*
Methods for avoiding emergency situations *(CA, NC, WA)*
Choices for emergency interventions *(CA, Baz, WA)*
Choices for routine psychiatric medications (both those desired and not desired, also side effect concerns) *(CA, Baz, NC, WA)*
Choices for emergency psychiatric medications *(CA)*
Choices regarding electroconvulsive therapy *(CA, Baz, NC, WA)*
Preference for alternatives to hospitalization *(WA)*
Physical Health Care Instructions
Primary physician for medical care *(CA)*
Statement of desires, special provisions, and limitations *(CA)*
Choices re: experimental studies and drug trials *(CA, Baz)*
Instructions for life saving treatment *(CA)*

Appendix T: Statement of Intent (PADS) (Page 2 of 2)

Choices regarding contribution of anatomical gift/organ donation *(CA, NC)*
Instructions re: Autopsy *(CA)*
Other Instructions
Care and Temporary Custody of Children + Alternates *(Baz)*
Preferences regarding revocation or termination of the PAD, duration of PAD *(Baz, WA)*
Preferences or instructions about personal affairs (e.g. care of pets, bill payment, household, notification of employer) *(WA)*
Statement of Witnesses
Space for two signatures required in CA *(CA, Baz, NC, WA)*
Notary Option - in CA if not possible to get witness signatures *(CA, Baz, NC)*

Links to full forms:
Bazelon Center Template
CA Template
NC Template
WA Template

Examples of much more succinct forms, which include the bare minimum from options above:
IL Template
TX Template

Appendix U: Report on Implementation (PADs) (Page 1 of 3)

Report on Implementation of the Evaluation of Orange County Innovation Activities, with Particular Focus on Development and Outcomes of a PADs Technology Platform

Period(s) Covered: January 1, 2022-December 31, 2022

Submitted by:
Gary Shaheen, Ph.D.
Project Director
Burton Blatt Institute
Syracuse University

A. Summary of Activities and Accomplishments During the Reporting Period

This Project Report summarizes the activities implemented by BBI during the Initial Planning and Development Phase of its contract with Orange County (*January 1, 2022, through June 30, 2022*) and during its 2022 Implementation Phase (*July 1, 2022, through December 31, 2022*).

Initial Planning and Development Phase (January 1-June 30, 2022):

BBI conducted evaluation activities during the Initial Planning and Development Phase as below:

- Worked with SU's Office of Sponsored Programs to establish protocols and processes for administering the requirements of the Orange County contract and for fiscal administration of County and Sub-Contractor sub-awards.
- Hired former BBI Vice President, Dr. Gary Shaheen as PADs Evaluation Project Director. Thereafter Dr. Shaheen assumed oversight of the PADs evaluation project planning, communication, and infrastructure activities, assisted by other members of the BBI Research Team.
- Scheduled and participated in regular teleconference meetings and e-mail exchanges with Concepts Forward Consulting to discuss preliminary project planning and implementation timetables.
- Scheduled and participated in preliminary teleconference meetings and e-mail exchanges with Chorus Innovations, Inc. and the Rand Corporation to coordinate respective operational strategies relative to each partner's roles.

- Began development of a comprehensive PADs Literature Review to strengthen the empirical basis for implementing BBI's evaluation.
- Developed an initial evaluation project implementation schedule Excel spreadsheet to be revised on an ongoing basis.
- Drafted sections of BBI's Institutional Review Board (IRB) request, including drafts of Informed Consent Agreements, and descriptions of mixed methods research, with anticipated implementation of interviews during the first Quarter of 2023.
- Reviewed the BBI Evaluation Project Scope of Work and submitted it to Concept Forwards Consulting.

Implementation Phase (July 1, 2022-December 31, 2022)

- Continued to schedule and participate in regular teleconference meetings and e-mail exchanges with Concepts Forward Consulting to plan and implement the multi-county PADs initiative.
- Continued development of a comprehensive PADs Literature Review to strengthen the empirical basis for implementing BBI's evaluation.
- Prepared materials and participated in a PADs Kick-off Meeting and subsequent planning meetings held in Fresno on August 16-17, 2022. Dr. Blanck, Dr. Shaheen, and Jonathan Martinis, Esq. presented an overview of the BBI evaluation plan, and Mr. Stuart Taub, Director of the Syracuse University Office of Sponsored Programs presented an overview of BBI's contract and payment policies to attendees that included County representatives Project Sub-Contractors, and the Innovation Project Director, Ms. Kiran Sahota.
- Implemented its Phase I evaluation activities by developing protocols to structure its participation and observations of PADs project subcontractor and county meetings.
- Developed a comprehensive Stakeholder Resource Mapping Template identifying and summarizing the services provided by diverse stakeholders to people with mental illnesses who are identified as priority populations by each participating county. The Template was provided to them and Chorus to assist in their identification and engagement of stakeholders for PADs implementation.
- One of two Research staff was hired and began work on September 15, 2022. He was on station in California by October 2022.
- BBI and the SU Office of Sponsored programs continued to review and process invoices submitted by sub-contractors and Counties per established SU protocols including timely payments based upon submission and review of invoices.
- Attended weekly, bi-weekly and monthly multi-county project planning meetings that included representatives of each participating County, Chorus, Painted Brain, IDEA, and the Rand Corporation.
- Finalized a consulting contract with Concepts Forward Consulting to provide evaluation project consultation, support and assistance as needed.

Appendix U: Report on Implementation (PADS) (Page 3 of 3)

- Participated in regular and focused partner meetings with Chorus and the Rand Corporation to coordinate their respective implementation plans.
- Developed an updated implementation timeline spreadsheet for inclusion into a master calendar of milestones and deliverables that was disseminated to project partners and County representatives that was uploaded to the PADs share drive.
- Continued development of a comprehensive PADs Literature Review to strengthen the empirical basis for implementing BBI's evaluation.
- Submitted the Request for Expedited Review of Research with Human Subjects and attachments to the Syracuse University Institutional Review Board (IRB) request.
- Revised the IRB request for revisions and prepared its resubmission.
- Finalized the comprehensive Stakeholder Resource Mapping Template that was drafted during the first Phase of the project.

B. Challenges Encountered and Resolved During the Reporting Period

- No significant evaluation related challenges were encountered that were not overcome.
- After some initial delays in securing and processing the County and Sub-Contractor sub-awards through the Syracuse University fiscal processes, these issues were resolved during the reporting period and invoices are being processed on their regular schedules.

C. Plans and Expectations for Calendar Year 2023

- Approval from the SU IRB is expected during the First Quarter of 2023, enabling BBI to schedule and conduct interviews with County and stakeholder staff focused upon the process of developing the PADs web-based platform.
- BBI and Concepts Forward will arrange a meeting to discuss how the consultant can advise and support BBI's evaluation during 2023.
- BBI will develop a plan to attend meetings and training sessions where Chorus and/or Painted Brain will include discussion of the web-based platform on their agendas.
- We will continue to update the BBI implementation plan located on the PADs share drive.
- BBI expects to participate in person at the March partners meeting.
- By the fourth Quarter of 2023, BBI expects to submit its request for IRB approval to conduct peer focus groups and interviews commencing in 2024.

Psychiatric Advance Directives

Multi-County Collaborative Mental Health Services Act Innovations Project

Chorus Innovations - Deliverable 2: App architecture and design roadmap

Deliverable Date: December 30, 2022

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Appendix 11

Executive Summary

The Multi-County Psychiatric Advance Directives (PADs) Innovations Project brings together seven counties and their stakeholders, advocacy groups, and peers with lived experience to develop a standardized PAD template, training resources and a "toolkit" (all in multiple languages), PADs technology platform, and recommendations for statewide PADs legislation, policy, and procedures. We will employ an engagement strategy, adapted from best practices described in community partnered participatory research (CPPR) and advised by nationally recognized experts in community-partnered practices, to ensure an equitable process that meaningfully engages all stakeholders during all phases of this project.

One of the core principles of the Mental Health Services Act is to promote consumers and family participation and involvement, as well as community partnership, to reach broadly into all California communities to address behavioral and mental health issues. We believe our engagement strategy will not only give voice to historically underserved, unserved, and silent communities, but have a transformative impact that will empower their self determination and cultivate future community champions.

In this report, we summarize project progress to date. This deliverable is focused on app architecture and design roadmap. We describe below updates to the engagement plan, the updated project timeline and project management process, and ongoing foundational research that is informing the app architecture and the design roadmap. Please see appendices for additional details.

1. Participatory Engagement

1a. Draft initial engagement plan

Chorus Innovations' (Chorus) participatory and community-centered design approach builds on evidence-based best practices from community-based participatory research and technology adoption frameworks. The goal is to work with all relevant stakeholders, including individuals within public health agencies and broader community-based stakeholders, in order to create an agile, inclusive, and responsive approach to creating digital health technologies and implementing system-level changes.

The exact structure of the engagement process continues to evolve and be discussed with the Counties and project subcontractors. Due to the complexity of engaging multiple stakeholder groups across seven counties and the counties individually being on slightly different timelines in terms of engaging their stakeholders, flexibility will be needed to accommodate the availability of those who are interested in participating in this project. In early 2023, the priority will be for Painted Brain/CAMHPRO and Concepts Forward Consulting to engage stakeholders in informational/listening sessions with the goal of identifying individuals who are interested in participating in ongoing workgroups as needed. Chorus plans to attend these sessions and hopes to identify those who are interested in providing ongoing suggestions and feedback regarding the development of the technology platform in more focused workgroups.

In collaboration with Concepts Forward Consulting, we developed a draft high-level workflow that summarized the stakeholder engagement process broadly and a workflow focused more specifically on the process of developing the PAD template and training and how stakeholder engagement is incorporated into those processes.

These workflows can be found in **Appendix A - Engagement and Template Workflows** and **Appendix B - Training Development Workflow**

1b. Conduct workgroup planning meetings

Chorus met individually with all counties involved in the project during late September-early October to discuss their identified priority populations, relevant local stakeholders to engage in the project and current thoughts on best ways to engage them, any anticipated barriers or particular sensitivities locally to be considered in project implementation, and answer any questions regarding Chorus' role on the project etc.

Across the meetings, we identified the following themes:

- Education of stakeholders/community partners was a consistent priority for most counties. In particular, getting the messaging right to most effectively build buy-in to the project was discussed by many. There was agreement that it will be important to message why/how this can benefit the day-to-day work of stakeholders.
- There was consensus that trying to convene two cross-county groups, one for county counsel and one for IT departments may be helpful as they can get ideas from one another and maybe work through some of the particulars together. There is hope that this may also help reduce the time it takes to move this project through the reviews by these entities.
- All counties have chosen for the initial implementation to either be within programs that are directly-operated or operated by contractors with whom the county has positive/supportive working relationships.

- Several counties raised the issue of access to PADs for first responders in rural areas that may have unreliable cell/internet access. This will be important to discuss with relevant stakeholders to think through what alternatives may be available/preferred.

Chorus met with Painted Brain/CAMHPRO, Idea Engineering, and Concepts Forward Consulting on December 22nd to strategize regarding each subcontractor's engagement needs, how to best align engagement activities across all groups, and a proposed structure to engagement meetings and workgroups. Key points from the meeting included:

- The importance of making sure the appropriate support and procedures are in place during engagement sessions given the sensitive subject matter related to PADs and the possibility that some people, due to their own lived experience or that of people they know, may be triggered during discussions.
- Clarity regarding the engagement activities each subcontractor needs to effectively incorporate stakeholder feedback into deliverables.
- Discussion regarding format of listening sessions vs. workgroups including distinguishing their different intents/purposes and how each could be utilized in this project.
- Agreed timeline to start listening sessions with peers, first responders/hospitals, and family members in mid-late February.

Chorus also drafted an initial list of questions to ask stakeholders. These questions will be shared with the Template Subcommittee for comment and feedback in January 2023. These questions can be found in **Appendix C - Chorus Questions for Stakeholders**

1c. Meeting Documentation

A comprehensive summary of meetings to date can be found in **Appendix D - Project Meetings - PADs**.

1d. Update overall project and technology governance plan as needed

Technology governance plan will be a focus of subsequent phases as the participatory engagement and workgroup meetings begin with the counties and relevant stakeholders.

1e. Implementation and Dissemination Plan

Chorus continues to meet regularly with Project Lead, Kiran Sahota, and the other subcontractors on the project to discuss and refine the timeline. In a meeting on December 5th hosted by Chorus and attended by all project subcontractors, the group reviewed deliverables and began plotting them on a timeline. The group discussed interdependencies of deliverables, corresponding engagement activities, and action items for the counties. This resulted in clarification of the timeline for the next two months (Dec 2022 and January 2023) and the group committed to continue to define the timeline for the first two quarters of 2023 in the January 2023 subcontractor meeting.

For a more detailed and comprehensive view, see **Appendix E - PADs Project Timeline.**

2. Security/Infrastructure/Project Administration

2a. Meet with relevant technical teams and draft initial outline of security and infrastructure needs

As more users of the PADs application are identified, Chorus will further define the needs of each user type and articulate the requirements in relations to security and infrastructure:

- In-the-moment access to PADs by all relevant stakeholders
- Secure, private, and voluntary
- Cloud-based access and distribution, HIPAA compliant

In the subsequent quarters, we will work with counties to identify relevant individuals from technical and compliance teams to meet with. We will begin IT security and compliance reviews when counties are ready for that step.

2b. Begin technical modifications to meet security requirements.

A key priority over the first year of engagement is to work with counties and other stakeholders to more fully outline the technical specifications of the PADs Platform. We outline below the initial draft considerations.

The draft specifications in which the PADs application must serve include:

- Considerations of data structure as it relates with county EHRs
- Developed for CA, with potential sharing capabilities nationwide
- The platform must include statewide access and potential interoperability with other platforms such as LE CLETS, Cerner, EPIC, and behavioral health EHR's, as well as being a standalone resource for PADs information, training videos, PADs template, housing of the actual completed PAD form and instant accessibility.
- Nine threshold languages: Arabic, English, Farsi, Hmong, Korean, Mandarin, Mixteco, Spanish and Vietnamese

As the PADs project continues, all technical specifications will be further shaped by factors such as:

- Needs of the various individuals or organizations that must interface with the PADs application
- Breadth of features and functionality the PADs application
- Considerations on how the PADs application will be distributed or shared across user who need access

2c. Setup and maintain Chorus servers for testing and development.

The technical team has completed its provisioning of relevant server resources for use of PADs in the Chorus Platform environment. The servers are ready for testing and development of initial versions of the PADs application.

2d. Provide initial technical specifications outlining server environment, hosting, disaster/recovery processes, security, compliance and monitoring methods.

General overview of the Chorus technical and security architecture is as follows:

- Hosted in Amazon Web Services data centers, which are audited in accordance with the AICPA SOC guidelines
- The cloud environment is monitored 24/7 by multiple teams, including CrowdStrike and our managed services provider (ClearDATA)
- Access to customer data is only granted based on the principle of least privilege and Role Based Access Controls (RBAC)
- Complex passwords and Multi-Factor Authentication are required to access cloud environments and critical resources
- Sensitive data protected in transit and at rest via strong encryption.
- All endpoints are protected by industry leading Next Generation Antivirus and Extended Endpoint Protection (XDR) solutions. Each endpoint employs Full Disk Encryption to protect data from compromise in the event a device is lost or stolen
- Customer data is securely backed up daily to alternate data centers, ensuring availability in the event of a natural or man-made disaster in the area
- Annual employee security and privacy training that includes regular testing for social engineering and phishing preparedness

Please note, specific technical documentation including disaster/recovery processes have been fully documented and are ready to share. These will be shared confidentially with relevant county information technology teams as needed rather than included in this report. We will document relevant meetings and share outs with county IT as the project progresses.

2e. Participate in regular and ongoing contract management meetings as needed with the Project Director.

A comprehensive summary of meetings to date can be found in **Appendix D - Project Meetings - PADs**.

3. App Design and Testing

3a. Provide initial outline of the app including expected features, general design, and functionality.

Landscape Analysis

The goal of a landscape analysis is to comprehensively look at the user experience (UX) created by similar services. We can then test these experiences in 1:1 user interviews and community engagement meetings. This allows us to validate design assumptions for a PADS solution based on the UX flows other similar services have constructed.

In our landscape analysis, we looked at the following advance directive and related digital services:

- MedicAlert Foundation
- MyDirectives
- SAMHSA (My Mental Health Crisis Plan)
- SAMHSA (Suicide Safe)
- US Advanced Care and Plan Registry (USACPR)

For each of the above services, we analyzed the user experience, i.e. how a user interacts with and experiences a product, system or service.

- Initial onboarding process
- How a service handles the creation of an advanced directive

We also looked at each service's brand, which includes elements such as:

- Common visual motifs
- Calls to action
- Each service's value proposition
- Copywriting and voice
- Use of color, contrast, etc.

Brief Summary of Landscape Analysis Findings

MyDirectives and SAMHSA (My Mental Health Crisis Plan) performed the best during our UX audit, scoring favorably for their chunking of information in the PADs forms, as well as their relatively straightforward and minimalist design choices. In particular, MyDirectives attempts to incorporate helpful tips and explainers of complex terminology specific to the AD that is being completed. Additionally, both services made some type of effort to have a unique onboarding and first-time UX, which we feel is an integral part of onboarding new users to a potential PADs product. However, we identified areas for simplification - particularly since our scope can make us more targeted than an all encompassing AD provider like MyDirectives - as well making tips and helpful pointers better integrated into our service than the aforementioned products.

USACPR and MedicAlert scored poorly for the overall information architecture and brand, and USACPR suffered particularly from displaying walls of text to users, as well as no clear 'next step' for users who wanted to get started on creating their ADs. However, MedicAlert's dashboard view seemed like an acceptable model

to pull some inspiration from, with large visual elements that are easily clickable and accessible for less tech-savvy users.

PADs Template Research

To begin planning for the structure and components of the PAD template that will need to be built into the app, Chorus reviewed existing PADs from the states of California, North Carolina, Washington, Illinois, Texas, and the template created by the Bazelon Center for Mental Health Law. We identified the commonalities in the prompts/questions asked across the documents and categorized them by themes, resulting in the following tentative sections: Statement of Intent, Appointment of Health Care Agent, Mental Health Care Instructions, Physical Health Care Instructions, Other Instructions, and Statement of Witnesses.

While the specifics of the document for the purposes of this project are still to be determined through the stakeholder engagement process, this gives Chorus a starting point as we begin to think through the structure and functionality of the template portion of the app.

The full document can be found in **Appendix F - PADs Template Components**

User Personas and Journeys

To aid in the design of the app and identification of beneficial functionality, it is important for the Chorus design team to understand more about the users for whom the app is being created. In the early stages of a project, this is achieved by developing user personas and journeys. The user personas are composite profiles of archetypal users of the app that include things such as demographic characteristics, information about tech literacy, personality traits, and the potential goals, motivations, and frustrations of the user. User journeys build up on these personas and provide information about how a particular user persona is anticipated to interact with the app being built including identifying different touchpoints, thoughts/feelings, pain points, and opportunities as they navigate the product.

Chorus has created initial draft user personas and has begun to develop user journeys. Chorus will obtain feedback from stakeholders and counties as relevant to continue to refine understanding of the potential users of the app.

The user personas can be found in **Appendix G - PADs User Personas** and the user journeys in **Appendix H PADs User Journeys**

3b. Provide updated "wireframe" (basic mockups without styling) as well as higher-fidelity user interface designs as needed

This work is anticipated to start in the next deliverable period of the project.

3c. Establish a plan for user testing and obtaining feedback from stakeholders including qualitative interviews, quantitative user experience surveys as needed.

The purpose of user testing will be to balance the presentation (design) of the PADs application and its functional needs for all the users. The result sets will help determine the level of usability and helpfulness necessary for the PADs application.

The "balance" will be factored by:

- Identifying all user types of the application and user's needs
- Identifying social determinants that may impact the way the PADs application may be utilized by its users, including necessary research to understand key audiences (i.e. demographics or behavioral patterns when consuming or interfacing with digital content)
- Creating test criterions to help measure the ease of use and helpfulness of the designs or features

Measurement of user testing may be conducted to targeted groups or audiences, such as general user testing through user testing services and more importantly through direct peer/stakeholder feedback. Not all user testing may occur at the same time.

3d. Summarize feedback including primary themes from interviews and descriptive results from usability measures. Provide documentation of results.

This work is anticipated to start in the next deliverable period of the project.

3e. Provide documentation of proposed modifications based on usability testing.

This work is anticipated to start in the next deliverable period of the project.

Appendix V: Chorus Innovations Deliverables 2 (PADS) (Page 11 of 11)

4. App Development

4a. Implement designs as functional app modules/screens.

This work is anticipated to start in the next deliverable period of the project.

4b. Provide test accounts to project staff to test app.

This work is anticipated to start in the next deliverable period of the project.

Appendix

Appendix A - Engagement and Template Workflows

Appendix B - Training Development Workflow

Appendix C - Chorus Questions for Stakeholders

Appendix D - Project Meetings - PADs

Appendix E - PADs Project Timeline

Appendix F - PADs Template Components

Appendix G - PADs User Personas

Appendix H - PADs User Journeys

Chorus Innovations: Year End Project Update

Summary of Work Completed July-December 2022

1. Participatory Engagement

Initial Planning

Chorus initially identified the following stakeholders whose input we felt tol be vital to the success of the project and we will continue to collaborate with the Counties to identify representatives for these and any other stakeholder groups identified.

- Consumers and family members/friends of consumers
- Peer support workers
- Mental health clinicians, case workers, psychiatrists, health care staff working in a range of settings (e.g. outpatient clinics, crisis teams, emergency/in-patient units, primary care, hospitals)
- County behavioral health departments and their contractors
- Justice system (e.g. law enforcement, probation, jails, courts)
- Disability rights and other relevant advocates
- Legal counsel (e.g. county counsel, defense/district/family dependency attorneys)
- Any others expected to use or be affected by PADs

We also recommended that we hear from individuals representative of the diversity of the user base we anticipate for the PADs Platform. We will partner with the Counties to keep these populations in mind when recruiting stakeholders to participate in the project.

- Veterans
- LGBTQIA+
- Black/African American
- Latino
- Rural
- Members of the threshold language communities
- Range of ages
- Any other relevant sub-populations identified by our partners

Finally, we presented the following structure to the Counties as an ***option*** for how to organize the stakeholder engagement process for this project and will continue conversations with them as we move forward to determine what best suits the needs of all involved in the project:

Executive/Advisory Committee

- County reps, peers, families, legal experts
- Ideally 15-20 people
- Able to advise on bigger issues (larger systemic considerations)
- Help to guide workgroup process and engage in decision making regarding the information obtained from workgroups and subcommittees
- Bi-monthly meetings at least to start

Stakeholder Workgroup

- Reps from all counties, peers, families, and all other stakeholder groups
- This will be a much larger group (up to 50 people)
- 60-90 minute meetings? Longer?
- Inform and direct topics/organization of subcommittees
- Receive status updates on progress of topic-focused subcommittees
- Place to surface main themes, particularly those that are cross cutting multiple domains and/or outside of the purview of Chorus' work.
- Meet monthly to begin

Subcommittees/Subworkgroups

- Membership would depend on the topic - could be organized by role/profession, stakeholders involved in a certain part of the process, or particular topic
- Smaller groups of 15-20 people
- Provide more focused and specific feedback around a certain topic, process, or from a particular perspective
- Number and frequency of meetings TBD - dependent on the subject matter. Subcommittees typically meet regularly for a discrete period resulting in specific recommendations to the workgroup

Community Share-Outs

- Attended by anyone with interest in, and who will possibly be impacted by, the project
- Large group, potentially 100-200 people
- Forum to share project updates/direction to the larger community for transparency and to allow opportunity for feedback from those who are not as directly involved in the project
- Meet quarterly or bi-annually

The exact structure of the engagement process continues to evolve and be discussed with the Counties and project subcontractors. Due to the complexity of engaging multiple stakeholder groups across seven counties and the counties individually being on slightly different timelines in terms of engaging their stakeholders, the *exact* format above may not be realistic. Flexibility will be needed to accommodate the availability of those who are interested in participating in this project. In early 2023, the priority will be for Painted Brain/CAMHPRO and Concepts Forward Consulting to engage stakeholders in informational/listening sessions with the goal of identifying individuals who are interested in participating in ongoing workgroups as needed. Chorus plans to attend these sessions and hopes to identify those who are interested in providing ongoing suggestions and feedback regarding the development of the technology platform in more focused workgroups.

Chorus also met individually with all Counties involved in the project during late September-early October to discuss their identified priority populations, relevant local stakeholders to engage in the project and current thoughts on best ways to engage them, any anticipated barriers or particular sensitivities locally to be considered in project implementation, and answer any questions regarding Chorus' role on the project etc.

Across the meetings, we identified the following themes:

- Education of stakeholders/community partners was a consistent priority for most counties. In particular, getting the messaging right to most effectively build buy-in to the project was discussed by many. There was agreement that it will be important to message why/how this can benefit the day-to-day work of stakeholders.
- There was consensus that trying to convene two cross-county groups, one for county counsel and one for IT departments may be helpful as they can get ideas from one another and maybe work through some of the particulars together. There is hope that this may also help reduce the time it takes to move this project through the reviews by these entities.

- Reps from all counties, peers, families, and all other stakeholder groups
- This will be a much larger group (up to 50 people)
- 60-90 minute meetings? Longer?
- Inform and direct topics/organization of subcommittees
- Receive status updates on progress of topic-focused subcommittees
- Place to surface main themes, particularly those that are cross cutting multiple domains and/or outside of the purview of Chorus' work.
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Across the meetings, we identified the following themes:

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- There was consensus that trying to convene two cross-county groups, one for county counsel and one for IT departments may be helpful as they can get ideas from one another and maybe work through some of the particulars together. There is hope that this may also help reduce the time it takes to move this project through the reviews by these entities.

- All counties have chosen for the initial implementation to either be within programs that are directly-operated or operated by contractors with whom the county has positive/supportive working relationships.
- Several counties raised the issue of access to PADs for first responders in rural areas that may have unreliable cell/internet access. This will be important to discuss with relevant stakeholders to think through what alternatives may be available/preferred.

Engagement Workflows

In collaboration with Concepts Forward Consulting, we developed a draft high-level workflow that summarized the stakeholder engagement process broadly and a workflow focused more specifically on the process of developing the PAD template and training and how stakeholder engagement is incorporated into those processes. These workflows were shared with project subcontractors for feedback and will be shared with the Counties in early 2023.

Subcontractor Collaboration on Engagement

Chorus met with Painted Brain/CAMHPRO, Idea Engineering, and Concepts Forward Consulting on December 22nd to strategize regarding each subcontractor's engagement needs, how to best align engagement activities across all groups, and a proposed structure to engagement meetings and workgroups. Key points from the meeting included:

- The importance of making sure the appropriate support and procedures are in place during engagement sessions given the sensitive subject matter related to PADs and the possibility that some people, due to their own lived experience or that of people they know, may be triggered during discussions.
- Clarity regarding the engagement activities each subcontractor needs to effectively incorporate stakeholder feedback into deliverables.
- Discussion regarding format of listening sessions vs. workgroups including distinguishing their different intents/purposes and how each could be utilized in this project.
- Agreed timeline to start listening sessions with peers, first responders/hospitals, and family members in mid-late February.

2. Project Management

During this period, Chorus built out the project team including a Senior Program Manager, a Product Manager, a Community Engagement Manager, a Lead Designer, and a Lead Solutions Architect.

In consultation with Project Lead, Kiran Sahota, and the other subcontractors on the project, we drafted an initial project timeline that outlined various implementation and dissemination tasks. In a meeting on December 5th hosted by Chorus and attended by all project subcontractors, the group reviewed deliverables in more detail and began refining the timeline. The group discussed interdependencies of deliverables, corresponding engagement activities, and action items for the Counties. This resulted in clarification of the timeline for the next two months (December 2022 and January 2023) and the group committed to continue to define the timeline for the first two quarters of 2023 in the January 2023 subcontractor meeting.

Chorus is prioritizing the following during December 2022 and January 2023:

- Create question guides for stakeholder meetings in collaboration with other subcontractors.
- Complete landscape analysis of existing advance directive products.
- Develop draft user personas and journeys.
- Research and develop draft product requirements.

- Obtain feedback and refine user personas, journeys, and product requirements through stakeholder engagement.
- Begin developing wireframe of PAD template that shows basic structure.
- Begin developing wireframe of Training Toolkit that shows basic structure.
- Initial planning around data governance strategy, security & information security requirements.

3. Discovery and Planning

Foundational Background Research

Chorus conducted market research to build foundational knowledge regarding existing technologies that support the use of PADs and PADs implementation efforts in other states and nationally. This was helpful to get a more robust understanding about barriers and potential solutions to implementation that Chorus, and the larger project team, should consider as we proceed with the current project. For example, Substance Abuse and Mental Health Services Administration (SAMHSA) convened an expert panel on PADs in 2018 and created a guide providing background and practical information to those interested in promoting the use of PADs. They also developed an app, My Mental Health Crisis Plan, allowing a person to create and store a PAD on their smartphone. In using the app, we identified both strengths and potential areas for improvement to consider as we plan our design and functionality.

In conducting a review of PADs implementation in other states, at least two other states, Colorado and Virginia, were found to have some level of digital support for PADs. Colorado has a state website dedicated to PADs which includes background info, training materials, and an FAQ. They also appear to be in the process of building an online web portal which would serve as a place to enter and store PADs. At this time it was not accessible to further assess functionality. Virginia also has a dedicated website for PADs that has educational info on how to create a PAD and what to do with it once it is created. They have a state registry that allows the public to upload and view a copy of their completed PAD. Others can access an individual's PAD, but only if they have a specific registration number.

Overall, this market research surfaced barriers to successful implementation of PADs that we believe have the capacity to be addressed through technology solutions. It will be crucial to think through, and address to the greatest extent possible, the following barriers as we consider the design and features of our app:

- Content of PADs not focused on psychiatric health and instructions to help in a MH crisis.
- Confusing and long PADs templates, perception that they are cumbersome and time consuming.
- Difficulty verifying validity of the document.
- Lack of a single portal for the storage, access to, and retrieval of a PAD. Individuals have a hard time keeping track of a hard copy document in times of crisis and law enforcement, hospitals, and other health care professionals often cannot access an individual's PAD during a mental health crisis.
- Persons appointed as healthcare agents are unaware of the PADS, are unaware of their responsibilities, and have limited experience navigating emergency settings and communicating with clinicians. This potentially inhibits their ability to be effective advocates.

Landscape Analysis

The goal of a landscape analysis is to comprehensively look at the user experience (UX) created by similar services. We can then test these experiences in 1:1 user interviews and community engagement meetings. This allows us to validate design assumptions for a PADs solution based on the UX flows other similar services have constructed.

In our landscape analysis, we looked at the following advance directive (AD) and related digital services:

- MedicAlert Foundation
- MyDirectives
- SAMHSA (My Mental Health Crisis Plan)
- SAMHSA (Suicide Safe)
- US Advanced Care and Plan Registry (USACPR)

For each of the above services, we analyzed the user experience, i.e. how a user interacts with and experiences a product, system or service.

- Initial onboarding process
- How a service handles the creation of an advanced directive

We also looked at each service's brand, which includes elements such as:

- Common visual motifs
- Calls to action
- Each service's value proposition
- Copywriting and voice
- Use of color, contrast, etc.

Brief Summary of Landscape Analysis Findings

MyDirectives and SAMHSA (My Mental Health Crisis Plan) performed the best during our UX audit, scoring favorably for their chunking of information in the PADs forms, as well as their relatively straightforward and minimalist design choices. In particular, MyDirectives attempts to incorporate helpful tips and explainers of complex terminology specific to the type of AD (medical or psychiatric) that is being completed. Additionally, both services made some type of effort to have a unique onboarding and first-time UX, which we feel is an integral part of onboarding new users to a potential PADs product. However, we identified areas for simplification - particularly since our scope can make us more targeted than an all encompassing AD provider like MyDirectives - as well making tips and helpful pointers better integrated into our service than the aforementioned products.

USACPR and MedicAlert scored poorly for the overall information architecture and brand, and USACPR suffered particularly from displaying walls of text to users, as well as no clear 'next step' for users who wanted to get started on creating their ADs. However, MedicAlert's dashboard view seemed like an acceptable model to pull some inspiration from, with large visual elements that are easily clickable and accessible for less tech-savvy users.

PADs Template Research

To begin planning for the structure and components of the PAD template that will need to be built into the app, Chorus reviewed existing PADs from the states of California, North Carolina, Washington, Illinois, Texas, and the template created by the Bazelon Center for Mental Health Law. We identified the commonalities in the prompts/questions asked across the documents and categorized them by themes, resulting in the following tentative sections: Statement of Intent, Appointment of Health Care Agent, Mental Health Care Instructions, Physical Health Care Instructions, Other Instructions, and Statement of Witnesses.

While the specifics of the document for the purposes of this project are still to be determined through the stakeholder engagement process, this gives Chorus a starting point as we begin to think through the structure and functionality of the template portion of the app.

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User Personas and Journeys

To aid in the design of the app and identification of beneficial functionality, it is important for the Chorus design team to understand more about the users for whom the app is being created. In the early stages of a project, this is achieved by developing user personas and journeys. The user personas are composite profiles of archetypal users of the app that include things such as demographic characteristics, information about tech literacy, personality traits, and the potential goals, motivations, and frustrations of the user. User journeys build up on these personas and provide information about how a particular user persona is anticipated to interact with the app being built including identifying different touchpoints, thoughts/feelings, pain points, and opportunities as they navigate the product.

Chorus has created initial draft user personas and has begun to develop user journeys. The user personas created are representative of the main groups of users we anticipate accessing the platform and include those of a consumer/client/person served, a trusted healthcare agent/family member, a Peer Specialist, a police officer, a mobile crisis team clinician, and a psychiatrist. Chorus will obtain feedback from stakeholders and counties as relevant to continue to refine understanding of the potential users of the app.

App Feature and Design Planning

In beginning to conceptualize features of the app, we have initially been thinking about two main user groups - those who need to participate in the creation of the PAD and those who will need to access it once it is created. The features listed below will be revised and expanded as additional feedback is obtained through stakeholder engagement process.

Anticipated features include:

- Navigable access to tool-box resources or educational materials
- Ability to review, revise and distribute the PADs form.
- Considerations for version control, providing users the ability to review past versions of the PADs form.
- Ability to facilitate electronic signatures.

Basic Requirements:

- An editable PAD form.
    - Ability to navigate and edit sections of the form.
    - Ability to asynchronously modify sections of the form.
    - Ability to save a user's form progress and continue at a later time.
- Ability to verify identity of the user creating/editing/accessing the PAD.
- Access for trusted healthcare agent (e.g. family member, friend, caregiver).
- Entities such as law enforcement, mobile crisis teams, hospitals, etc. need access to the platform and a way to verify credentials/affiliations when registering professionals/entities would be needed
- Way to associate the client/consumer and their PAD with the entities that need access (e.g. the client/consumer could choose to give the local hospital or mental health clinic access)?
    - Ability for the client/consumer to invite/choose to permit certain planned access (professional or non-professional)
    - Mechanism for emergency/unplanned access (probably limited to professionals)
- Customized view of PADs information based on role (e.g. the information law enforcement or a mobile crisis team may need to see to help de-escalate an immediate crisis will likely differ from the information the hospital needs to see in order to administer ongoing treatment).
- Additional requirements to be identified and explored during the stakeholder engagement process.

We have also begun to think through how to handle the storage and access of training documents and content on the app and will be partnering closely with Painted Brain/CAMHPRO and Idea Engineering (who will be developing the content), the Counties, and stakeholders regarding the most useful ways to display and incorporate the following content:

- Informational videos in nine languages
- Print material in seven languages (two languages do not have a written language)
- Standardized training videos on how to complete PADs
- PADs "tool-kit" for county/county contracted providers to use in the future

Work Projected for January-June 2023

Chorus is planning, in collaboration with Painted Brain/CAMHPRO and Idea Engineering, for stakeholder engagement meetings to begin in January 2023, initially focused on the template development. It is anticipated that this process will continue through the spring. We will be working with the Counties to ensure relevant stakeholders are convened to provide feedback and suggestions regarding the template document and the functionality of the platform. Chorus will also participate in the project's Template Subcommittee.

Simultaneously, Chorus plans to further define the product requirements and begin the creative phase by designing wireframes. The wireframes will serve as the blueprint for the applications essential interface including core functionality and user flows. Analogous to an actual blueprint, the wireframes' focus is around the utility of the app rather than specific design aesthetics (which comes at a later time). The wireframes will also be shared with the Counties and relevant stakeholders for feedback and refinement. Chorus will partner with Idea Engineering regarding branding to ensure that the resulting look and feel of the project and the platform are cohesive and reflect stakeholder feedback.

Once wireframes are approved and finalized, Chorus will continue the creative phase through Art Direction (or Visual Design) and Production Design. These phases will begin incorporating the branding elements from Idea Engineering's branding efforts. Through another iterative approach of reviews and approvals the creative phase will transition into the actual programming or build of the application. Depending on the rate of progress, Chorus anticipates the Build Phase to start in June and continue into the 3rd quarter of 2023. The build phase will either prioritize prototypes of key components or an actual alpha/beta version of the PADs application.

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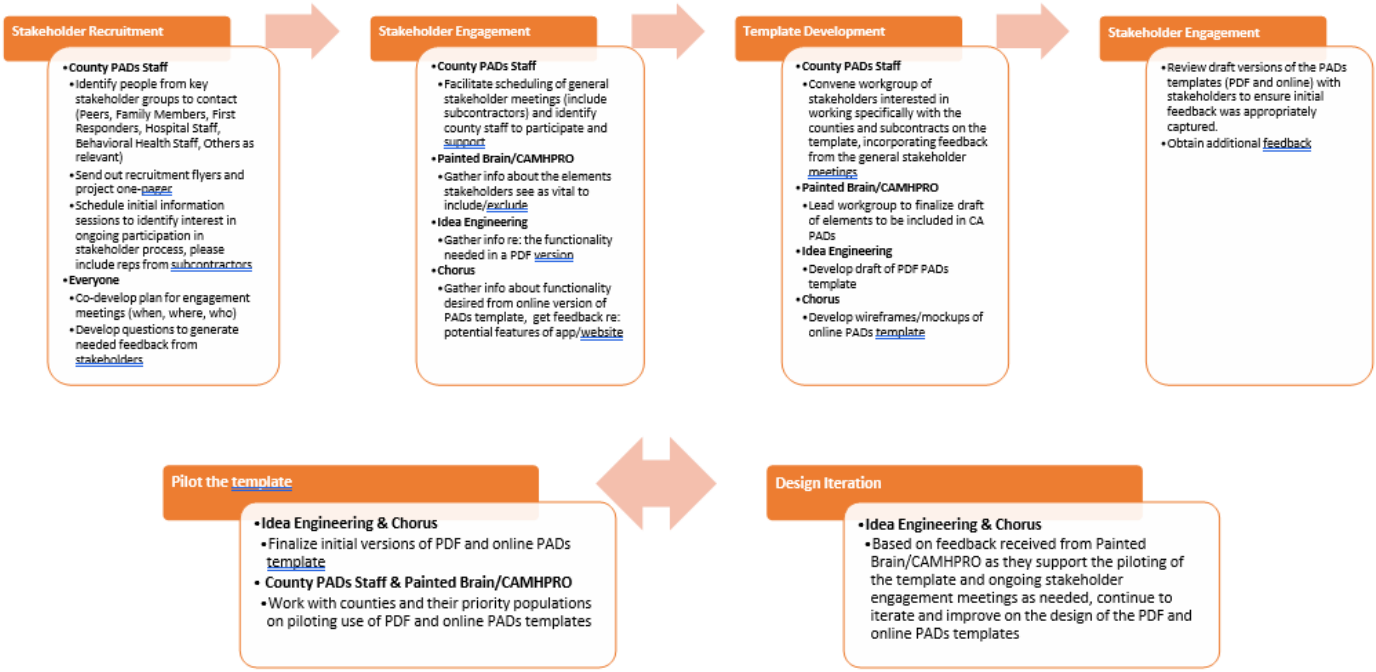
Stakeholder Engagement Process

PADs Template Development Workflow



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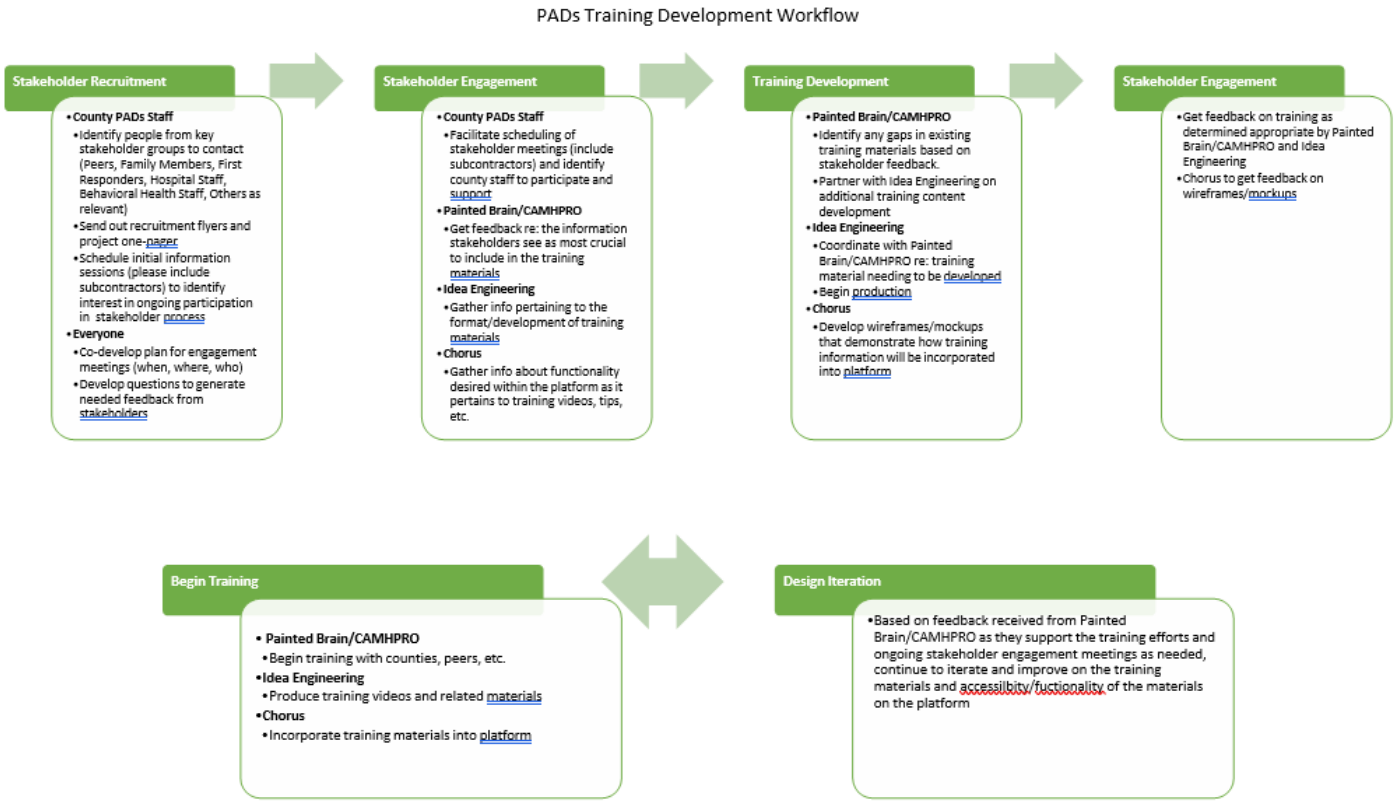

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Meeting Date	Type	Attendance	Summary of Discussion Topics
10/3/22	County Engagement - Orange County	Gail DiRaimondo, Bowen Chung, Gary Shaheen, Charles Samuel Western, Daniel Gibbs, Jackie Sabankaya, Maria Gonzalez, Eric Yousefian Tehrani, Negar Doroudian	Project overview and initial planning, identify local stakeholders and begin discussion re: plan for engagement, partnership between county and Chorus
10/3/22	County Engagement - Monterey County	Gail DiRaimondo, Bowen Chung, Gary Shaheen, Charles Samuel Western, Tawnya Mayeski, Jon Drake, Wes Schwalbach, Cesar Anaya	Project overview and initial planning, identify local stakeholders and begin discussion re: plan for engagement, partnership between county and Chorus
10/5/22	County Engagement - Mariposa County	Gail DiRaimondo, Bowen Chung, Gary Shaheen, Charles Samuel Western, Jinger Feuerstein, Laura Glenn	Project overview and initial planning, identify local stakeholders and begin discussion re: plan for engagement, partnership between county and Chorus
10/5/22	County Engagement - Fresno County	Gail DiRaimondo, Bowen Chung, Gary Shaheen, Charles Samuel Western, Erin Chan-Gordon, Ahmad Babcock	Project overview and initial planning, identify local stakeholders and begin discussion re: plan for engagement, partnership between county and Chorus
10/5/22	County Engagement - Tri-City	Gail DiRaimondo, Bowen Chung, Gary Shaheen, Charles Samuel Western, Amanda Colt	Project overview and initial planning, identify local stakeholders and begin discussion re: plan for engagement, partnership between county and Chorus
10/5/22	County Engagement - Shasta County	Gail DiRaimondo, Bowen Chung, Gary Shaheen, Charles Samuel Western, Melissa Field	Project overview and initial planning, identify local stakeholders and begin discussion re: plan for engagement, partnership between county and Chorus
10/6/22	County Workgroup	Gail DiRaimondo, Bowen Chung, Gary Shaheen, Charles Samuel Western, Kiran Sahota, Dan Sennett, Jinger Feuerstein, Eboo Chan-Gordon, Eric Yousefian Tehrani, Negar Doroudian, Amanda Colt, Jennifer Bruggeman, Melissa Field	Peer contractor update, project timeline, discussion of priority populations and stakeholders, Chorus report out of meetings with counties, discussion re: purpose of this meeting going forward
10/7/22	Chorus & BBI	Gail DiRaimondo, Bowen Chung, Gary Shaheen, Charles Samuel Western	Debrief re: county meetings, discussion of coordination between Chorus and BBI and next steps
10/20/22	County Workgroup	Gail DiRaimondo, Bowen Chung, Charles Samuel Western, Kiran Sahota, Dan Sennett, Eboo Chan-Gordon, Negar Doroudian, Amanda Colt, Jennifer Bruggeman, Melissa Field, Alejandra Valencia, Jeanne Spencer, Lynn Burdet, Luis Garcia, Wes Schwalbach, Tri Nguyen	Updates to project website, search for PAD SME to join project, update on peer contract, feedback on meeting structure, PAD training, language re: peers, next steps re: community engagement, review of proposed timeline document
10/20/22	Tri-City PAD Info Meeting	Amanda Colt, Kiran Sahota, Gail DiRaimondo, Billy Dinh, Bold, Bula, Shawn Smith, Jay Alvarado	Presentation to law enforcement representatives about project - Q&A
10/24/22	Project Management	Gail DiRaimondo, Armen Arvizian, Bowen Chung, Kiran Sahota	Contracting updates, search for SME re: PADs, strategies re: county workgroup meeting agenda, SharePoint, setting up subcontractor meeting
11/1/22	Chorus & Idea Engineering	Gail DiRaimondo, Brian Lee, Jeanne Spencer, Alejandra Valencia	Intros, project management, stakeholder engagement needs/plan
11/3/22	County Workgroup	Gail DiRaimondo, Bowen Chung, Gary Shaheen, Charles Samuel Western, Kiran Sahota, Courtney Case, Eboo Chan-Gordon, Eric Yousefian Tehrani, Danny Gibbs, Maria Gonzalez, Jackie Sabankaya, Marisol Gibson, Negar Doroudian, Amanda Colt, Jennifer Bruggeman, Alejandra Valencia, Jeanne Spencer, Wes Schwalbach, Tri Nguyen, Jinger Feuerstein, Andrea Wagner, Katy Sommerfeld, Kevin Freitas, Bowdoin Chambers, Gaby Garcia, Princess Kosinski, Tristan Screpnik	Introduction and overview of Painted Brain/CAMHPRO, review of project one-pager and flyer created by IE, action steps
11/7/22	Project Management	Gail DiRaimondo, Armen Arvizian, Bowen Chung, Kiran Sahota	Creation of workflows for county, planning for in-person Dec subcontractor meeting, discussion re: evaluation process, update on PADs SME search and connection to hospital association
11/8/22	Subcontractor Mtg	Gail DiRaimondo, Brian Lee, Bowen Chung, Princess Kosinski, Gaby Garcia, Tristan Screpnik, Andrea Wagner, Katy Sommerfeld, Kevin Freitas, Dan Sennett, Nicole Eberhart, Courtney Kaso, Gary Shaheen, Jeanne Spencer, Alejandra Valencia	Discussed meeting purpose, planning for 12/5 in-person meeting, reviewed template development and stakeholder engagement workflows, action steps
11/10/22	Chorus and Painted Brain/CAMHPRO	Gail DiRaimondo, Armen Arvizian, Brian Lee, Princess Kosinski, Tristan Screpnik, Andrea Wagner, Kevin Freitas	Introductions, orientation to roles on project, discussion re: collaboration
11/16/22	Chorus & BBI	Gail DiRaimondo, Gary Shaheen, Charles Samuel Western	Discussed Chorus' participation in education/engagement and then in training down the line and aspects that BBI wants to evaluate

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11/17/22	County Workgroup	Gail DiRaimondo, Gary Shaheen, Charles Samuel Western, Kiran Sahota, Dan Sicoccoli, Edoo Chan-Goldoo, Lisa Crossley, Eloc Yousefian Tehrani, Danny Gibbs, Maria Gonzalez, Jackie Salasuhana, Negar Doroudian, Marisol Gibson, Amanda Colt, Jennifer Bruggeman, Alejandra Valencia, Jeanne Spencer, Wes Schweikhard, Shannon Castro, Jinger Feuerstein, Luis Garcia, Melissa Field, Shawna Flanigan, Erin Pillsbury, Katy Sommerfeld, Kevin Freitas, Gaby Garcia, Princess Kosinski, Tristan	Update re: connection to law enforcement and hospitals, update on Painted Brain/CAMHPRO's meetings with counties, review of project one-pager and flyer created by IE, update on subcontractor meeting planned for 12/5, discussion of potential subcommittees
11/21/22	Project Management	Gail DiRaimondo, Armen Arevian, Bowen Chung, Kiran Sahota	Planning for subcontractor meeting on 12/5 - agenda, how to organized discussion, reviewed Figma
11/29/22	Chorus & Idea Engineering	Gail DiRaimondo, Jeanne Spencer, Alejandra Valencia	Reviewed/discussed Figma for 12/5 meeting, discussed coordination between IE and PB/CAMHPRO re: training etc.
12/1/22	County Workgroup	Gail DiRaimondo, Bowen Chung, Janoet Sanchez, Gary Shaheen, Kiran Sahota, Dan Sicoccoli, Edoo Chan-Goldoo, Lisa Crossley, Eloc Yousefian Tehrani, Maria Gonzalez, Negar Doroudian, Marisol Gibson, Amanda Colt, Jennifer Bruggeman, Alejandra Valencia, Jeanne Spencer, Wes Schweikhard, Jinger Feuerstein, Melissa Field, Erin Pillsbury, Katy Sommerfeld, Kevin Freitas, Gaby Garcia, Princess Kosinski, Tristan	Threshold languages, Update on OC engagement with law enforcement, review of project one-pager and flyer created by IE and website updates, in-person meeting in March
12/5/22	Subcontractor Mtg	Gail DiRaimondo, Brian Lee, Janoet Sanchez, Armen Arevian, Bowen Chung, Princess Kosinski, Gaby Garcia, Eder Garcia, Tristan Scorpio, Savannah Thomas, Andrea Wagner, Katy Sommerfeld, Kevin Freitas, Corcola, Dan Sicoccoli, Nicole Eberhart, Courtney Edoo, Gary Shaheen, Nanette Goodman, Jeanne Spencer, Alejandra Valencia	Chorus presented landscape analysis of existing PAD/AD tools, review of contract deliverables and plotting of deliverables on timeline, discussion re: stakeholder engagement strategy, discussion re: scope of evaluations, discussion re: training needs
12/15/22	County Workgroup	Gail DiRaimondo, Bowen Chung, Janoet Sanchez, Gary Shaheen, Kiran Sahota, Alejandra Valencia, Jeanne Spencer, Dan Sicoccoli, Edoo Chan-Goldoo, Lisa Crossley, Eloc Yousefian Tehrani, Danny Gibbs, Maria Gonzalez, Jackie Salasuhana, Marisol Gibson, Negar Doroudian, Amanda Colt, Jennifer Bruggeman, Jessica Hunt, Gerad Restivo, Nicole Carroll, Wes Schweikhard, Shannon Castro, Jinger Feuerstein, Andrea Wagner, Katy Sommerfeld, Gaby Garcia, Princess Kosinski, Tristan	Report out re: subcontractor mtg on 12/5, discussion about planning for stakeholder engagement in January - starting with template and marketing, county action items, Updates on March convening and interpretation/translation services
12/22/22	Engagement Strategy Mtg	Gail DiRaimondo, Bowen Chung, Janoet Sanchez, Princess Kosinski, Gaby Garcia, Savannah Thomas, Andrea Wagner, Katy Sommerfeld, Kevin Freitas, Jeanne Spencer, Alejandra Valencia, Kiran Sahota, Corcola Reyes	Strategized regarding each subcontractor's engagement needs, how to best align engagement activities across all groups, and discussed a proposed structure to engagement meetings and workgroups.

Chorus - Initial questions for Stakeholder Groups

Peers

- Have you used a PAD/AD before?
  - Yes - what was your experience like?
  - No - any particular reason why not?
- What comes to mind when you think about PADs? What are your impressions of the document and process of completing one?
- What kind of information do you wish professionals could have about your needs and preferences during a moment of crisis or when needing treatment?
- Have you used MyDirectives/SAMHSA before?
  - Yes - what was your experience like?
  - No - any particular reason why not?
- What would deter you from using PAD technology?
- What would make you more inclined to use PAD technology?

Trusted Advocate/Health Care Agent (family members/friends)

- How do you currently advocate for/support people to make decisions regarding their mental health?
- What would make it easier/harder for you to be an effective advocate?
- What are the best ways to involve [consumer?] in planning for their mental care/support?
- What do you wish law enforcement/crisis team/hospital/outpatient clinic knew about [consumer]?

Questions for all first responders, hospitals, treatment providers

- Have you ever encountered someone who had a PAD before? If so, what was your experience like?
- When you are working with someone experiencing a mental health crisis, what type of information would it be most helpful for you to have in order to have a more effective interaction or provide treatment?
- What are your current challenges when using new technology in your line of work?
- What would deter you from using a PAD technology?
- What would make you more inclined to use a PAD technology?
- Do you have any thoughts or concerns about how accessing a PAD could fit into your current workflows?
- Are there any unique scenarios you encounter during the course of your work as it pertains to how/when you would access a PAD of which we should be aware?
- Do you feel that any topic or issue about PADs has not been addressed?

Law Enforcement

- Thoughts about incorporating PADs information into CLETS?
  - Who would need to be involved in that decision making process and the actual integration of the technology?

First Responders (Field-based teams)

- If you often work in rural or other areas that do not have adequate internet access, how do you typically access information in the field?
  - Thoughts/suggestions around the most convenient/realistic ways to obtain information from the PADs app/website when working in an internet "dead zone"?
    - Possible suggestions: through dispatch, way to download and save and/or print for offline use

Draft

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Timeline		Q1 2023		
		January	February	March
Project Meetings				
Stakeholder Engagement	Painted Brain/CAMHPRO	Listening session planning & coord. + threshold languages Distribute info materials through Lead & Partner agencies, counties' social media platforms to aid recruitment. Hosting peer voice feedback sessions (January - April) for the template (2.5 hours, North, South and Central California) plus 1 virtual group for all 7 Counties.	Hosting peer voice feedback sessions (January - April) for the template (2.5 hours, North, South and Central California) plus 1 virtual group for all 7 Counties.	Hosting peer voice feedback sessions (January - April) for the template (2.5 hours, North, South and Central California) plus 1 virtual group for all 7 Counties.
	Idea Engineering	Continue brief conversational interviews with range of stakeholders: Peers, professionals, family members; all counties Participate in stakeholders sessions		

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	Chorus	Obtain feedback and refine user personas, journeys, and product requirements through stakeholder engagement.		
	CFC/Counties			
PAD Template Development	Painted Brain/CAMHPRO			
	Idea Engineering			
	Chorus	Develop wireframe of PAD template that shows basic structure.		
	CFC/Counties			
Training Creation & Delivery	Painted Brain/CAMHPRO	Research & review current PADs training curriculum and implementation within peer communities (i.e. practical application)		
	Idea Engineering			

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	Chorus	Develop wireframe of Training Toolkit that shows basic structure.		
	CFC/Counties			
Branding and Project Communications	Painted Brain/CAMHPRO			
	Idea Engineering			
	Chorus			
	CFC/Counties			
PADs Platform Development	Painted Brain/CAMHPRO			
	Idea Engineering			
	Chorus	Initial planning around data governance strategy, security & information security requirements		
	CFC/Counties			

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Evaluation - Process and Implementation	**RAND**	Develop Facilitator training evaluation protocol - Pre/Post-Survey with PADs Facilitators Develop Facilitator training evaluation protocol - Focus Groups with PADs Facilitators		
Evaluation - Platform	**BBI**	Develop coordinated schedule of site visits with Chorus & PB/CAMHPRO Attend/observe Chorus meetings and PB/CAMHPRO trainings Identify prospective County and 1st cohort stakeholder interview participants		

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Statement of Intent
Legal language re: purpose/intent of the document *(Baz, NC, WA)*
Itemized list of what information is/isn't included in the document *(Baz)*
Appointment of Health Care Agent
Designation of Health Care Agent and Alternate(s) *(CA, Baz, NC, WA)*
Agent's and alternate's acceptance of designation, including signature *(Baz)*
Definition of Authority Granted *(CA, Baz, NC, WA)*
Option to specify limits to scope of what HCA can decide (*CA, NC, WA*)
Court Appointed Conservator *(CA, Baz)*
Mental Health Care Instructions
Who to notify upon admission to psychiatric facility? *(CA, Baz, NC)*
Individuals permitted to and prohibited from visiting *(CA, Baz, WA)*
Choice of treatment facilities *(CA, Baz, NC, WA)*
Primary physician for MH Care *(CA, Baz, NC, WA)*
Alternate physicians for MH Care *(CA, Baz, WA)*
Physicians NOT to be treated by if hospitalized *(CA, Baz, WA)*
Other preferred MH treatment providers *(WA)*
Methods for avoiding emergency situations *(CA, NC, WA)*
Choices for emergency interventions *(CA, Baz, WA)*
Choices for routine psychiatric medications (both those desired and not desired, also side effect concerns) *(CA, Baz, NC, WA)*
Choices for emergency psychiatric medications *(CA)*
Choices regarding electroconvulsive therapy *(CA, Baz, NC, WA)*
Preference for alternatives to hospitalization *(WA)*
Physical Health Care Instructions
Primary physician for medical care *(CA)*
Statement of desires, special provisions, and limitations *(CA)*
Choices re: experimental studies and drug trials *(CA, Baz)*
Instructions for life saving treatment *(CA)*

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Choices regarding contribution of anatomical gift/organ donation *(CA, NC)*
Instructions re: Autopsy *(CA)*
Other Instructions
Care and Temporary Custody of Children + Alternates *(Baz)*
Preferences regarding revocation or termination of the PAD, duration of PAD *(Baz, WA)*
Preferences or instructions about personal affairs (e.g. care of pets, bill payment, household, notification of employer) *(WA)*
Statement of Witnesses
Space for two signatures required in CA *(CA, Baz, NC, WA)*
Notary Option - in CA if not possible to get witness signatures *(CA, Baz, NC)*

Links to full forms:
Bazelon Center Template
CA Template
NC Template
WA Template

Examples of much more succinct forms, which include the bare minimum from options above:
IL Template
TX Template

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Peer - Richard	Onboarding	PAD Creation	Sharing	Editing & Updating
Actions	Reviews training tool-kit	Complete the PAD template	Shares the PAD with trusted individuals/health care agent, gets individuals to sign the PADs/notary	Return to the PAD to make changes to information after it is signed
Touchpoints	Training Videos, Training FAQ, other training docs created	PAD template, reference back to training/instructional material	PAD template and mechanism to get signatures and share with others	PAD template and mechanism to get signatures and share with others
Thoughts	Pain • Can I trust this? • Am I going to understand this? • Is it going to take a lot of time? • I don't want to think about times when I'm not doing well Gain • Completing this is going to help me • I want to have people respect my wishes	Pain • This is a lot to think through • I don't have time for all of this right now • I'm not sure what all of this means/is asking for Gain • It's helpful to think through these things now, when I'm feeling good • This is really thorough and I feel like I have a better chance to have a less bad experience next time I'm in crisis	Pain • I put a lot of work into this, how will others know to look at it? • I'm not so sure I want EVERYONE seeing EVERYTHING I wrote in here • The person I'm listing as my health care agent is busy, how am I going to get them to sign this? Gain • I feel better having completed this. • I'm glad others will have a copy of this to advocate for me when I'm not doing well	Pain • I hope I can figure out how to edit this without messing it all up. • I'm going to have to bother people for signatures again. Gain • I'm glad I can update this without doing the whole thing over again. • I'm glad I can make changes as I learn what helps me the most when I'm in crisis
Feelings	Anxious, overwhelmed, apprehensive	Overwhelmed, confused, but maybe hopeful	Accomplished, hopeful, relieved, nervous (about sharing out their personal information)	Mostly happy, a little worried
Pain Points	Attending to videos or other complicated instructions	Completing the amount of information that is being asked for Difficulty coming up with all of the answers in one sitting	Trusting that the system will protect their information, share it per their wishes How will others, who aren't necessarily known in advance, know to access this when I'm in crisis?	Returning to something that was completed/done and needing to change only a few things within a large form.
Opportunities	• Create welcoming experience • Develop easily accessible/digestible training info	• Make sure the doc is saveable and people can complete over time • Organize/display the information in a way that is least overwhelming • Make it clear what is required vs. optional • Create pathways to easily refer back to training and consider incorporating tips along the way in the template.	• Create user-friendly way to share the PAD for signatures • Develop user roles that tailor the information viewable in one's PAD to only what is relevant to the receiver/viewer. Make this transparent. • Allow the PAD to be shared via email and/or QR code • Option to print	• Make it easy to find/search for the section(s) one wants to edit. • Save and make viewable past versions of the PAD for reference in case mistakes are made. • Create user-friendly way to share the PAD for signatures

Trusted Advocate/Healthcare Agent - Diane	Onboarding	Designation as Healthcare Agent	Access	Editing & Updating
Actions	Reviews training tool-kit	Signature and Receipt of Copy	View completed PAD	Signature and Receipt of Copy
Touchpoints	Training Videos, Training FAQ, other training docs created	PAD template, signature feature	PAD template	PAD template, signature feature
Thoughts	Pain • I don't have a lot of time to go through training about this • Am I going to remember how to use this in a crisis? • What am I legally required to do? Gain • I'm glad there's something I can look at on my own time to see how this works	Pain • This is a big responsibility and puts pressure on me to do the right thing for Richard • There is a lot of information included here, it's a bit overwhelming • I better not have to try to sign my name in a tiny box on my phone. Gain • I'm glad to be able to help Richard and to know what his wishes are • Relieved there is a place where this document is stored so I don't have to keep track of it among all my other papers/documents	Pain • I just got a call from the emergency room about Richard, how do I access his PAD?? Gain • I'm so glad I have something to refer to ask they are asking me to make decisions about his treatment.	Pain • I thought I already signed this? • What has changed? Gain • Glad to see Richard is keeping this updated so it's accurate should I ever need to use it on his behalf
Feelings	Overwhelmed, optimistic	Overwhelmed, grateful	Stressed, worried for loved one	Content
Pain Points	Having too much content to review or content that is not relevant to the role of a healthcare agent	Might need to review it in more than one sitting and lost track of where she left off. Uncertainty about how to access again in the future when it's needed.	It's been months since she last looked at/interacted with the PAD app and now she needs to navigate it urgently. She needs to be able to find specific information quickly	Trying to figure out what has changed.
Opportunities	• Create dedicated training section for the healthcare agent so they can focus in on what is most relevant to them. (Can explore other sections if so inclined). • Include both video and written explanations of the role of the healthcare agent	• Mechanism to track review status of the healthcare agent in case they need to leave and come back • Accessible (big and simple) signature mechanism • Clear instructions on how to access it in the future. • A mechanism for access that doesn't rely on an email or code you were sent months/years ago	• Create easy and intuitive way for the healthcare agent to access the PAD • Clear organization of information in the PAD for quick access, possibly with a way to search for something specific • Quick reminder/tips on how to use the app for urgent situations.	• Develop a way to highlight areas were changes were made so the healthcare can easily identify what needs to be re-reviewed before signing.

Peer - Richard

- Demographics
  - Age: 52
  - Occupation: Not employed, receiving disability benefits
  - Education Level: Some college
- Profile
  - Richard is single. He has a sister who lives in the area and they see each other every few months. He has a couple friends who he sees every few weeks and a treatment team that checks on him at least weekly. He was diagnosed with bipolar disorder when he was 32 after struggling for several years with maintaining employment and interactions with the legal system. He has been psychiatrically hospitalized 8 times, most recently three months ago. He has been on and off medications for the last two decades and more recently has found a combination that works for him, but at times still feels like the medication slows down his ability to think/process things. His housing has been pretty unstable over the last few years and he is currently unemployed.
- Daily Tech Interaction
  - Richard has a cell phone with limited data. The place where he is staying currently has internet and a computer, but it is shared with others. Sometimes he goes to the library down the street to use the computer to look for jobs etc. He mostly uses the internet to get information about employment, housing, and to look at news/sports related sites/apps.
- Goals
  - To find and maintain a part-time job
  - To get his own apartment
  - To stay out of the hospital
- Motivations
  - Richard is motivated to increase his stability and gain more independence in his life.
- Frustrations
  - Struggles to process complex instructions. If he sees too many steps or too many words, he is likely to get distracted and/or give up.
  - Often gets frustrated by the mental health system due to how hard it can be to navigate and, more recently, because his case worker keeps changing every few months.
  - He has had negative experiences in the past when hospitalized and at least a few of the times felt he was worse off following the hospitalization than before he went in.

Trusted Advocate/Health Care Agent - Diane

- Demographics
  - Age: 50
  - Occupation: High School Teacher
  - Education Level: College
- Profile
  - Diane is divorced and has two children. Between teaching at the high school and managing everything going on with her high school-aged kids, she does not have much free time and is often exhausted. Her brother, Richard, has been struggling with mental illness for years and although she loves him very much, she has had to keep him at a bit of a distance to protect her own wellness. She does try to help him when she can and makes an effort to call him when she hasn't heard from him in awhile.
- Daily Tech Interaction
  - Because she has teenagers and interacts with them all day long on her job, Diane is fairly tech-aware (she knows "what the kids are into"), but sometimes still feels intimidated using new

technology herself. Her school has adopted various technology solutions over the years, including having to figure out how to teach virtually over the pandemic. That was a rough transition for her, but she eventually got the hang of how to do it with a lot of support from fellow teachers and some tech-support from her kids. She mostly sticks to using the standard apps on her phone and isn't really that interested in participating in tech trends.

- Goals
  - To support her brother in his recovery
- Motivations
  - It is an added stress/worry for her when her brother is not doing well.
  - She wants the best for her brother
- Frustrations
  - She doesn't always know how to help her brother and that makes her feel hopeless
  - She has seen how the mental health system has not always functioned in ways that were helpful to her brother and has sometimes ignored, or been unable to provide, what he wanted/needed to get better

Peer Support Specialist - Maria

- Demographics
  - Age: 35
  - Occupation: Peer Support Specialist
  - Education Level: High School
- Profile
  - Angela lives in a house she shares with her mom and two sisters. Since graduating high school, she has struggled with her mental health and was not able to attend college. She went through a period in her 20s where she was getting hospitalized 2-3 times per year. About five years ago, she was finally able to find the right treatment to stabilize her severe, chronic depression and anxiety. Within the last two years, she got a job at a community mental health clinic as a peer support specialist. She is currently in the process of completing her peer certification training.
- Daily Tech Interaction
  - Angela has a cell phone and a laptop that she spends a fair amount of time on. When she was a teenager, she began to connect with others on the internet who shared similar interests and could understand what she was dealing with day-to-day. She is comfortable using social media and it is one of the main ways she stays connected with friends and family. At work, she has to use software such as Word, Excel to do her work. She is also learning how to use the electronic health record where she will need to begin writing notes to bill for services.
- Goals
  - Wants to help others who are having mental health challenges find stability and lead fulfilling lives.
  - To have a role in advocating for improved treatment and support for those living with mental illness both locally and more broadly.
- Motivations
  - Had some pretty negative experiences with the MH system including a psychiatrist who refused to give her the medications she knew to be helpful during her hospitalization. Doesn't want others to have that experience.
  - Thinks being able to use technology is important and wants to help others learn.
- Frustrations
  - Finds that some spaces dedicated to mental health issues on the web aren't very approachable/welcoming.

- Strongly dislikes sites/information about mental health that are only written from the perspective of professionals/centering the professional voice

First Responder (Law Enforcement) - Randall

- Demographics
  - Age: 40
  - Occupation: Police Officer
  - Education Level: Bachelor's Degree
- Profile
  - Randall is married with two children. He's been working for the police dept. for the last 13 years. Over the past five years or so, he has noticed an increase of calls he's responding to where the person seems to be having severe mental health issues and/or to be under the influence of drugs or alcohol. His department is also aware of this trend, so they have started requiring their officers to take training on how to interact with people experiencing mental health and substance abuse issues. He feels those trainings have been helpful, but there is just so much variation in how people present day-to-day, he's still not always sure the best way to intervene. He's been involved in situations where things he and his partner tried just seemed to make the situation worse and has had to arrest people versus getting them to calm down so they could get help.
- Daily Tech Interaction
  - Randall has seen an increased use of technology in his job over the last 13 years. His patrol car is equipped with a laptop. He has the ability to access real-time information regarding the call he is responding to and can look up information when he's on site. There are several other technologies that his department is now using or testing that he has to incorporate into his day-to-day (e.g. body cams, license plate readers, drones etc.) In his personal life, he's often on his phone and is adept at using a wide range of apps (for entertainment/recreation, managing finances, communication/social media, etc.).
- Goals
  - To serve and protect the public
  - To increase positive interactions with the public when responding in the community
- Motivations
  - Got into this line of work to help people and to keep people safe
  - Given the high-risk nature of the work, is motivated to get home safely to his family
  - The department is facing staffing issues, but they still have a high volume of calls to cover. Need tools to be more effective, efficient.
- Frustrations
  - There has been a lot of new technology introduced into policing, but not all of it has been helpful and some of it is cumbersome
  - He is not a mental health clinician, nor did he want to be one. Having to respond to calls where that is the main issue can be frustrating and not always feel like the best use of his time.

First Responder (Clinical) - Amy

- Demographics
  - Age: 39
  - Occupation: Licensed Clinical Social Worker
  - Education Level: Master's Degree
- Profile
  - Amy is single and lives with her dog and cat. She has been working for the county department of mental health for about 15 years. The last 10 of those years have been spent working on the

mobile crisis outreach team (MCOT), where she was recently promoted to supervisor. She spends most of her work day out in the field, responding to calls in a variety of settings from homeless encampments to board and cares to schools. At least once a week, she has to work the late-night shift. Depending on the nature of the call, she and her team sometimes call law enforcement to co-respond with them.

- Daily Tech Interaction
  - In her day-to-day work, Amy interacts a lot with the county's electronic health record (eHR), Teams, Word/Excel, and other systems to track information developed by the county. She has a laptop with a hotspot so she can connect remotely to the county network when she is in the field and access information through the eHR etc. In her personal life, she's often on her phone and is adept at using a wide range of apps (for entertainment/recreation, managing finances, communication/social media/dating, etc.).
- Goals
  - To successfully engage with clients/consumers in order to provide help
  - To minimize need for law enforcement involvement
  - To keep people out of the ERs/psychiatric hospitals if possible
- Motivations
  - Highly values respecting client/consumer voice/choice regarding their treatment
  - Wants to decrease negative stigma around mental health and increase people's trust of mental health treatment/services.
  - The department is facing staffing issues, but they still have a high volume of calls to cover. Need tools to be more effective, efficient.
  - Having information about what helps someone can make her job easier and safer.
- Frustrations
  - The county is limited in the technology it uses to make her job easier. What they have invested in doesn't always meet her needs.
  - Sometimes when law enforcement co-responds, they have their own agenda/ways of intervening that make the situation more tense and escalate the client/consumer

Psychiatrist - John

- Demographics
  - Age: 55
  - Occupation: Psychiatrist
  - Education Level: MD
- Profile
  - John is married with three children. He has been working at the county psychiatric hospital for the last 20 years. He treats patients on the inpatient psychiatric unit and also serves as an on-call psychiatrist for the hospital emergency department. In his role on the inpatient unit, he faces pressure to stabilize patients' symptoms and return them to the community as there is consistent demand for inpatient psychiatric beds and not enough capacity to meet the need. The extent of the information he has about a patient's past treatment varies greatly, sometimes not having much to go off of at all. Some patients are better able than others to communicate what has worked/not worked for them in the past, so at times he just has to make a determination based on his experience and training for what to try first and this can increase the time it takes to help someone stabilize. In the emergency department, similar pressures apply, but on an even accelerated timeline. John also sees a lot of people in the ER who he thinks don't really require emergency treatment and ended up there as a last resort due to failed successful interventions in the community.
- Daily Tech Interaction

    - In his day-to-day work, John interacts primarily with the hospital's electronic health record and pharmacy app. In his personal life, he's comfortable using his phone and basic apps, but doesn't spend a lot of time seeking out new technology. He prefers to minimize his screen time to the extent possible.
- Goals
    - To provide quality care to his patients
    - To move people to treatment in less restrictive settings as expeditiously as possible
- Motivations
    - Having information about what worked in the past for a patient makes his job easier. In particular in the ER where patients can at times be especially disruptive, being able to intervene effectively and more quickly takes pressure off all of the staff in the unit.
    - To ease the inundation of psych hospitals and ERs
- Frustrations
    - When people are sent to the hospital instead of being effectively helped in the community
    - Not having enough background information to do job most effectively
    - Legal ambiguity (as applies to PADs, need clear understanding of the legality of the document and when it is/isn't in effect)

Appendix X: Idea Engineering Status Update Report (PADs) (Page 1 of 2)

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Idea Engineering PADs Status Update Report
FY 2022-23 • Q1 & Q2

Introduction

In the project launch phase from July–December 2022, Idea Engineering (IE) was focused on developing core communications materials to support the initiative, and in planning for the multiple interlocking aspects of the PAD template, training and Took-Kit development with other subcontractors and with county staff.

Collaborative Planning
IE participated in the convening in Fresno with all counties in August 2022 as the project kicked off and next steps were clarified. As requested, IE joined county workgroup meetings and met with other subcontractors to share website and promotional materials for feedback and aid in coordinated planning of upcoming project components. In particular, the subcontractor planning meeting in Long Beach on December 5 was extremely valuable in coordinating efforts and efficiency moving forward.

PAD Template Development
Another topic addressed at the subcontractor meeting in Long Beach was a review of related technology platforms. This augmented IE's review of existing PAD templates and tracking of preliminary ideas regarding design and useability. Idea Engineering and Chorus have met regularly to align development of the branding, the PAD template and technology platform, and the PDF version.

Stakeholder Engagement Promotional Materials

Promotional Flyers and Project Overview
Flyer and project overview templates were developed to assist in promoting stakeholder input sessions. They included:

- Flyer for listening sessions with peers, family members & caregivers
- Flyer for input sessions with first responders and medical and clinical staff
- Project overview sheet highlighting project goals and plans for the technology platform

Each of the documents was provided as a Word template that can be customized with county contact information and optional logo. First the county workgroup, then a focused ad hoc group provided feedback during development. Peer input from Painted Brain and CAMHPRO was particularly valuable regarding language. Final materials were reviewed and approved by all counties.

Peer Social Media Templates
For peer listening sessions, a need was identified for social media graphics and advertising templates for consistent messaging in promotion. Idea Engineering developed a first round of concepts in December and shared them with the peer subcontractors for feedback. When completed and approved by the counties, final files will be provided in multiple formats for use on channels such as TikTok, Instagram and Facebook.

Appendix X: Idea Engineering Status Update Report (PADS) (Page 2 of 2)

Website

Responding to the immediate need for a shared online resource for the project, a primary focus for Q1 was developing an initial version of the website. After county review of the design and site architecture, the site went live on September 1, 2022 and can be viewed at www.padsca.org. It includes language translation and accessibility widgets to support audience inclusion. Analytics reports are provided monthly. Individual county pages were developed with photos sourced for each as needed. Each was approved by county staff as updates were made, and all were live by the end of Q2. Idea Engineering provides hosting and technical maintenance for the website. The site was created to be mobile-friendly, and easily updatable and scaleable. IE assists with content updates as needed, such as news posts and announcements.

PADs Identity & Guidelines

Idea Engineering has begun interviews with key stakeholders to help inform the branding of this project and its long-term success in communications that will resonate with varied audiences from peers to first responders to legislators. In December, six individual interviews were held with peers from Painted Brain and CAMHPRO, providing insight to inform the language and tone. In Q3, interviews with additional stakeholders will take place. IE will then provide identity concepts for review which will include logo, tagline and visual and verbal guidelines. When approved, they will provide cohesive direction for all communications moving forward.

Marketing Sub-workgroup

As the development process has gathered momentum, it was determined that a marketing sub-workgroup would be an efficient way for a focused group of county staff and subcontractors to provide input and feedback as needed on communications materials in development before sharing with all county staff for final approval. In December, Idea Engineering began planning for the initial meeting to be held on January 12, 2023 via Zoom. The goal of the first meeting is to clarify the current understanding of needs and specifications for the upcoming introductory videos and Tool-Kit materials. Representative staff from all seven counties are planning to be part of this sub-workgroup.

Upcoming Activities

- During the rest of the fiscal year, Idea Engineering anticipates completing the branding development process and providing identity guidelines for use in the PAD template and all communications materials.
- Other projects include planning and producing the introductory videos which will become a key part of the Tool-Kit, and developing the other Tool-Kit communications materials such as brochure templates and digital media.
- IE will support PAD template development and design the PDF version.
- The website will be updated as needed with up-to-date content and news and be refreshed to match the new branding when ready.
- As the training curriculum is shaped in Q4, planning will begin for the training videos.
- All development will be collaborative and informed by input from stakeholders and the marketing sub-workgroup.

Appendix Y: Painted Brain & CAMHPRO Peer Voice-Advocacy & Education Grant (PADs) (Page 1 of 22)

Painted Brain - Lead Agency
CAMHPRO - Partner Agency

1-November 2022 - 31-December 2022

MHSA Multi-County PADs Innovation Project
Psychiatric Advance Directives (PADs)
Peer Voice-Advocacy and Education Grant

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 2 of 22)

QUESTION 1: What have you accomplished to date?

Initial meetings and virtual introductions were completed with Counties and Subcontractors throughout November and December 2022. PB and CAMHPRO hosted these meetings for initial introductions and to conduct a peer-led landscape analysis. The landscape would determine the cohesive and consistent view of the project's partners and initiatives in supporting and integrating the peer voice in creating the PADs template and training. All Counties' answered the following:

- Their current peer engagement
- Selected target populations
- Their current Community-Based Organizations (CBOs) partnerships
- The Counties' proposed dissemination and implementation of the PADs document, including accessibility options for the project's identified threshold languages (Arabic, English, Farsi, Hmong, Korean, Mandarin, Mixteco, Spanish, and Vietnamese) that would provide access for peers to complete PADs

Summaries of each Counties meetings are below:

County: Monterey County
Meeting Date: 11/8
Target Population: A total of two target populations were identified:
Individuals in the Adult System of Care who receive services through a:

- Crisis Residential Program Day Treatment Intensive Program
- Adults who are participating in crisis intervention or day treatment intensive programs
    - Voluntary programs
    - Referred from the hospital and/or outpatient
    - Utilized by at-risk hospitalization and/or stabilized after hospitalization
    - Supportive services to provide support before going back into the community

Key Takeaway(s):

- What is the current County engagement?
    - Recovery Task Force - peer group serves as an advisory body for adult body of care; strong partnership with Interim, Inc. to support on PADs project.
- Is there an active peer voice throughout the County?
    - Not formalized
- Are peers employed by the County?
    - No
- Has the County identified a plan of action for integrating PADs into current programming and/or community partnerships?
    - Yes

County: Tri-City Mental Health
Meeting Date: 11/10

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 3 of 22)

Target Population: A total of one target population has been identified:

- Transition Age Youth 18-25 (TAY)

Key Takeaway(s):

- What is the current County engagement?
  - Various initiatives and programming to serve TAY, such as TAY Resource Center, Community Garden, and workforce training
- Is there an active peer voice throughout the County?
  - Low engagement with TAY
- Does the County employ peers?
  - Yes (open positions)
- Has the County identified a plan for integrating PADs into current programming and/or community partnerships?
  - Yes, various TAY programming throughout the county

County: Shasta County

Meeting Date: 11/15

Target Population: A total of two target populations have been identified:

- Woodlands (MHSA funded Supportive Housing Program)
- Wellness Center participants
  - Circle of Friends - Hill County Wellness Center
  - Kings View - Sunrise Mountain Wellness Center

Key Takeaway(s):

- What is the current County engagement?
  - There is a high level of peer engagement within different peer identities throughout the County. Most activities are in Redding, California.
- Is there an active peer voice throughout the County?
  - Peer Support Specialists are integrated throughout the County.
- Does the County employ peers?
  - Yes
- Has the County identified a plan for integrating PADs into current programming and/or community partnerships?
  - Yes, Peer Support Specialists will integrate WRAP with PADs and through existing CBO County partnerships.

County: Fresno County

Meeting Date: 11/17

Target Population: A total of two target populations have been identified:

- Individuals leaving conservatorship or those at risk of entering a conservatorship
- Individuals experiencing homelessness

Key Takeaway(s):

- What is the current County engagement?
  - Most peer interactions are through CBOs and contracted providers.

- Is there an active peer voice throughout the County?
  - Yes
- Does the County employ peers?
  - Yes (positions available)
- Has the County identified a plan for integrating PADs into current programming and/or community partnerships?
  - Yes, working with established CBO partnerships and legal support with Central California Legal Services (CCLS).

County: Orange County
Meeting Date: 11/22
Target Population: A total of three target populations have been identified:

- PACT Program (program for assertive community treatment - full service partnership (integration services) program
- Adult correctional health
- Crisis stabilization units

Key Takeaway(s):

- What is the current County engagement?
  - They are actively expanding external (outside of County peers) networks for peer participation
- Is there an active peer voice throughout the County?
  - Peers hired in the County will be providing the County with direct feedback; external peer engagement is being worked on
- Does the County employ peers?
  - Yes (participating in the PADs project)
- Has the County identified a plan for integrating PADs into current programming and/or community partnerships?
  - In progress, we are determining external collaborations and partnerships for the PADs project.

County: Mariposa County
Meeting Date: 12/6
Target Population: A total of one target population has been identified:

- 18+ Full Service Partnership (FSP) Adults

Key Takeaway(s):

- What is the current County engagement?
  - Due to the lack of transportation and internet instability, in-person community engagement is the most effective. The county partners with CBOs to connect with peers.
- Is there an active peer voice throughout the County?
  - Due to CBO partnerships and targeted community engagement, the peer voice has shown a higher level of engagement than in previous years. Mariposa Minds Matter

Committee focuses on stigma and includes various key stakeholders (peers, behavioral health staff, and partner agencies).

- Does the County employ peers?
  - Yes, there are two peers on the County staff (high turnover due to internal promotion), and one peer staff will be working on this project.
- Has the County identified a plan for integrating PADs into current programming and/or community partnerships?
  - Completing current programming to task switch and begin key stakeholder informational and buy-in meetings with Sheriff's Office and local hospitals.

County: Contra Costa County

Meeting Date: 12/8

Target Population: A total of one target population has been identified:

- Transitional Aged Youth (TAY) living in Board and Care (12 - 18 months)

Key Takeaway(s):

- What is the current County engagement?
  - The County has extensive offerings and high peer engagement, offering opportunities for peers to provide input and feedback.
- Is there an active peer voice throughout the County?
  - The peer voice is happening, and the County is working on direct outreach and engagement to continue to increase peer engagement in different programs and stakeholder meetings. The County lacks a peer-run advocacy group.
- Does the County employ peers?
  - There are 69 peers hired throughout the County in full-time employment with benefits.
- Has the County identified a plan for integrating PADs into current programming and/or community partnerships?
  - The County has experience in varied settings (wellness centers and jails) implementing WRAP. We plan to work with Crestwood Behavioral Health to provide community-based support for the identified target population.

Next Steps for all the counties include:

- January - March 2023 Scheduling in-person visits to Counties and engaging with peers, local Community-Based Organizations (CBOs), and other key stakeholders to provide an introduction to PADs and how to get involved in the PADs project

Subcontractor Meeting Calendar Summary:

- Chorus (11/10)
- RAND (11/15)
- Idea Engineering (11/29)
- ***BBI (12/13)***

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 6 of 22)

QUESTION 2: What are your expectations moving forward?

On December 5th, PB and CAMHPRO participated in the Subcontractor meeting hosted by Chorus in Long Beach, California. The purpose of this meeting was to create a timeline based on deliverables for all Subcontractors and Counties for transparency of critical dates for the project. As this is an Innovation Project, specified dates may change based on overall project needs.

Key Takeaway(s):

- Priority deliverables include:
  - Coordinating and hosting listening sessions for peer and stakeholder feedback
  - Finalizing a PADs template
  - Developing a train-the-trainer training to support peers with creating their PADs
- Informational Graphics - All media and branding will be completed with Idea Engineering. All promotional materials will be sent to Kiran and the Counties for approval.
  - Collaboration for promotional and marketing materials for social media outreach and peer engagement
- Requesting support from Counties with participation incentives for peers in our feedback sessions.
- Considerations regarding accessibility and accommodation in training, technology, and implementation of PADs for peers requiring accessibility support to engage with materials and content
- The goal is to create an empathetic experience for peers engaging with PADs technology.
- RAND - Feedback questions to consider when creating training materials and content:
  - Did the training give you the needed skills and information to:
    - Navigate a PAD
    - Complete a PAD
    - Support peers to complete a PAD
- Chorus - Provided landscape analysis of current technology platforms comparable to project PADs mobile app and website
  - Mydirective.com
  - SAMHSA
- BBI
  - 2023 targeted engagement with key stakeholders and Counties
  - 2024 targeted engagement with peers
- The anticipated timeline includes the following:
  - June 2023 - Template complete

Next Steps:

- Schedule Listening Sessions and deliverable-specific workgroups.
  - Listening Sessions/Workgroups for the Template to begin meeting within January 2023

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 7 of 22)

QUESTION 3: What do you plan to accomplish by the end of this fiscal year?

By the end of the fiscal year, June 2023, PB and CAMHPRO plan to accomplish the following:

- On-going peer stakeholder engagement and participation in various PADs project-related deliverables
    - Facilitate local peer stakeholders meetings (listening sessions) using in-person and virtual platforms and forums
        - The lead agency will coordinate and implement listening sessions in Fresno, Mariposa, Orange County, and Tri-City counties.
        - Partner agency will lead the coordination and implementation of listening sessions in Contra Costa, Monterey, and Shasta counties.
        - Contact existing local Peer groups (minimum of three, if appropriate, representative organizations/groups within each of the listed counties) focusing on ethnic/racial/linguistic diversity to increase accessibility, advocacy, and support.
- Finalized draft of PADs template to be reviewed by peers and stakeholders.
- Begin drafting train-the-trainer curriculum (Quarter 2 2023)
- On-going collaborative working relationships with all Counties and Subcontractors
    - Participate in bi-monthly project meetings
    - Collaborating with peers who work for the County to participate in each step of the project, providing expertise on the intersection of self-advocacy and County participation
- Assist in designing Project "tool-box":
    - FAQ Sheet
    - https://paintedbrain.org/psychiatric-advance-directives/
    - Template - Peer & Subcontractor collaboration - January - June 2023
        - Begin template research in December 2022
        - Hosting peer voice feedback sessions (January - April) for the template (2.5 hours, North, South, and Central California plus one virtual group for all 7 Counties.)
    - Informational Videos - Peer & Subcontractor collaboration - January - March 2023
    - Technology - Peer & Subcontractor collaboration - January - June 2023
- Engaging peers of diverse cultural backgrounds and preferences (PAD train-the-trainer curriculum/training)
    - Train the trainer Curriculum
        - Begin outline Q2 2023
        - Listening Sessions - after July 2023

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 8 of 22)

Date: Tuesday 3-January 2023

Time: 11:30a - 1:30p PST / 2:30p - 4:30p EST
Meeting Name: PADs Template Subcommittee

Meeting Agenda

Annoucements
Meeting Purpose
During this meeting we will accomplish
Next Steps
Additional Commentary

Meeting Purpose

- The purpose of this meeting is to review the section outline for the PADs template
  - This template will be used to gather peer feedback
  - This template will be used to gather key stakeholder feedback
- Subcommittee Feedback Form
  - This Google Forms can be used to share feedback from this meeting.
  - https://docs.google.com/forms/d/e/1FAIpQLSf_FzaPz_Gd1wC_G0ZPiSDyULASZOkgTr28D6ER6-eLGhdj7w/viewform

Welcome and Announcements

- Attendance - put your name and County/Agency in the chat
- **OPTIONAL ACTION STEP** - Celebrations and Wish Well
  - A **Celebration** is a share of something you are celebrating, something you are grateful for. For example - celebrating a birthday
  - A **Wish Well** is a share for yourself or someone you know or the world at large needing extra energetic support. For example - sending
  - In the chat share a celebration and/or wish well
- Upcoming Meetings
  - PADs Workgroup 1st Thursday - 5-January 2023 10:00 - 11:00a PST
  - Subcommittee - Marketing - Thursday 12-January 2:00 - 3:30p PST
  - PADs Workgroup 3rd Thursday - 19-January 2023 10:00 - 11:00a PST
  - Planning Meeting in Monterey - Thursday 9-March 2023
    - Confirm Meeting Time
    - Confirm Dinner Date and Time

During this meeting we will accomplish

- Review PADs Template Sections
  - Order of Operations - Feedback
    - PB & CAMHPRO
    - PB & CAMHPRO & Peers who work for the County
    - PB & CAMHPRO & Peers who work for the County & Peers in the County (County's target populations)
    - PB & CAMHPRO & Peers who work for the County & Peers in the County (County's target populations) all other stakeholders (sections for additional feedback to be confirmed by Peers who work for the County & Peers in the County (County's target populations))

- Evaluations - PB, CAMHPRO & Subcontractors
  - What feedback and evaluations are going to be collected during the listening sessions?
    - Registration questions (pre)
    - During listening sessions questions
    - Post listening session questions (post)
  - What are the outcomes for the project/subcontractors to better direct the evaluation questions and target questions to be answered?
    - Satisfaction survey
    - Informational survey (current level of knowledge)
  - Subcontractors
    - Chorus
      - Confirm evaluation questions
    - RAND
      - Confirm evaluation questions
        - PADs Baseline for peers and keystakeholders
        - Listening Session questions
          - Digital notes
    - BBI
      - Confirm evaluation questions
- Media Kit/Promotional Materials
  - Subcontractors
    - Idea Engineering
      - Meeting to create promotional materials for social media and listening sessions
        - Informational Introduction Video
        - Social Media Marketing
- Discuss Listening Session logistics and coordination between Counties, Subcontractors, and Peers
  - Proposed travel dates
- Subcommittee meeting dates
  - Q1 - Jan, Feb and March
  - Frequency to meet with subcommittee members outside of the peer voice/listening session/feedback sessions

Next Steps

- Peers working for the Counties
  - Set up monthly meeting with PB & CAMHPRO
- PB, CAMHPRO
  - Finalize Q1 travel schedule
  - Finalize virtual listen session meetings
- Counties
  - Based on travel schedule begin arranging
    - Incentives for peers participating
    - Interpreters and translators for in-person and virtual listening sessions
    - In person meetings w/ PB and CAMHPRO

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 10 of 22)

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Section Title	SUMMARY - PADs Template				
Supporting Law(s)	Federal Patient Self Determination Act (enacted in 1990)				
Stakeholder Review	Peers, DRC				
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC, Medical	DRC, Bazelon	REQUIRED	Psychoactive Medication	Current Prescription	
Peers, DRC	DRC, Bazelon, TX, All PADs	~~SECURED~~	Psychoactive Medication	Meds I consent to	
Peers, DRC	DRC, Bazelon, TX, All PADs	REQUIRED	Psychoactive Medication	Med I do not consent to	
Peers, DRC	DRC, NC, WA, PA, New Mexico	REQUIRED	Psychoactive Medication	Non-Psychiatric medication, treatment and factors essential to my mental and physical health	
Peers, DRC	DRC, WA, PA, New Mexico	REQUIRED	Psychoactive Medication	Additional treatment and wellness tools	
Peers, DRC	DRC, New Mexico	REQUIRED	Psychoactive Medication	Important factors when considering medication options	
Peers, DRC	*CREATE*	REQUIRED	Psychoactive Medication	*Gender Affirming Treatment* *Hormone Therapy* *Surgery and Postoperative Care* *Voice and Communication* *Primary Care* *Reproductive Health* *Sexual Health* *Mental Health*	
Peers, DRC	DRC, Bazelon, TX, All PADs	REQUIRED	Convulsive Treatment, ECT	My Choices Regarding Electroconvulsive Therapy *~~Read~~ copy LINK PDF P. 30 I do not consent to administration of electroconvulsive therapy.	
Peers, DRC	DRC, Bazelon, TX, All PADs	REQUIRED	Convulsive Treatment, ECT	My Choices Regarding Electroconvulsive Therapy *~~Read~~ copy LINK PDF P. 30 Under California law, this Directive cannot be used to consent for electroconvulsive therapy. However, if I am administered electroconvulsive therapy, I have the following choices: - I will be administered no more than the following number of treatments _____ - I will be administered the number of treatments deemed appropriate by Dr. _____, whose phone number and address is: _____	
Peers, DRC	DRC, Bazelon, TX, All PADs	REQUIRED	Preferences for Emergency Treatment	I prefer emergency interventions in the following order ~~Seclusion~~ - Physical restraints - Seclusion and physical restraint (combined) - Medication by injection - Medication in pill form - Liquid medication	
Peers, DRC	DRC, Bazelon, TX, All PADs	REQUIRED	Preferences for Emergency Treatment	Things that may calm the situation	
Peers, DRC	DRC, Bazelon, TX, All PADs	REQUIRED	Preferences for Emergency Treatment	Things that may make things worse	
Peers, DRC	DRC, Bazelon, WA	REQUIRED	Agents and Supporters	Agents	
Peers, DRC	DRC, Bazelon	REQUIRED	Agents and Supporters	Who I do want - Supporter / family member, peer supporter	
Peers, DRC	DRC, Bazelon	~~SECURED~~	Agents and Supporters	Who I do not want - Supporter / family member, peer supporter	
Peers, DRC	DRC, Bazelon, TX, All PADs	REQUIRED	Agents and Supporters	What I do want in a provided supporter	
Peers, DRC	DRC, Bazelon, TX, All PADs	REQUIRED	Agents and Supporters	What I do not want in a provided supporter	
Peers, DRC	DRC, Bazelon, WA	REQUIRED	Agents and Supporters	Who ~~can~~ not be involved?	
Peers, DRC	DRC, Bazelon, NC	REQUIRED	Agents and Supporters	Preference Regarding Notifications of Others DRC - In addition to my health care agent, should be notified immediately of my admission to a psychiatric facility	

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 12 of 22)

Subcommittee Template 1.3.22 - PADs Template - Sections

SUMMARY - PADs Template

Peers, DRC	DRC *Call specific language, Bazelon, WA	REQUIRED	Agents and Supporters	If I am placed under conservatorship, I choose the following person to be my conservative:	
Peers, DRC	DRC *Call specific language, Bazelon, WA	~~DECLINED~~	Agents and Supporters	If I am placed under conservatorship, I do not want the following person(s) to be my conservative: Relationship? Why?	
Peers, DRC	DRC, Bazelon, NC, WA, Wyoming	REQUIRED	Agents and Supporters	Current Support Team	peer supporters/supporters caseworker, psychologist, psychiatrist, etc. medical doctor
Peers, DRC	Texas Ext	REQUIRED	Law Enforcement & Crisis Workers	Things that may make things ~~deescalate~~ the ~~situation~~	
Peers, DRC	Texas Ext	REQUIRED	Law Enforcement & Crisis Workers	Things that may make things worse/escalate the ~~situation~~	
Peers, DRC	Maine	REQUIRED	Law Enforcement & Crisis Workers	Transportation	
Peers, DRC	All Templates	REQUIRED	Signature Page	Signature Page	
Peers, DRC	All Templates	REQUIRED	Signature Page	Individuals Who Have Copies of this Document	
Peers, DRC	Texas Ext		Critical physical medical conditions	Chronic Medical Conditions	
Peers, DRC	WA, New Mexico, Maryland		Critical physical medical conditions	Allergies	
Peers, DRC	DRC, Bazelon		Critical physical medical conditions	Prescription Medications	
Peers, DRC	Bazelon, WA		Critical physical medical conditions	Over the Counter Medications	
Peers, DRC	PA		Critical physical medical conditions	Dietary Restrictions or Special Needs	
Peers, DRC	DRC, WA		Critical physical medical conditions	Wellness Tools for Physical Medical and Chronic Conditions	
Peers, DRC	DRC, Bazelon, New Mexico		Directive if I am hospitalized	Preferences Regarding Psychiatric Hospitals	
Peers, DRC	Peer Voice - Painted Brain/CAMHPRO		Directive if I am hospitalized	Preferences Regarding Peer Respite and/or Crisis Centers	
Peers, DRC	DRC, PA, Hawaii		Directive if I am hospitalized	Who should be notified upon my admission to a psychiatric hospital	
Peers, DRC	DRC		Directive if I am hospitalized	People to notify if I die / The identity of my next of kin	
Peers, DRC	Texas Ext Only		Directive if I am hospitalized	Personal items I would like if I am hospitalized	
Peers, DRC	WA, Wyoming		Directive if I am hospitalized	Household matters	
Peers, DRC	WA, Wyoming		Directive if I am hospitalized	Finances	
Peers, DRC	WA, Wyoming		Directive if I am hospitalized	Employment	
Peers, DRC	WA, Wyoming		Directive if I am hospitalized	Education	
Peers, DRC	WA, Wyoming		Directive if I am hospitalized	Probation/Parole	
Peers, DRC	WA, IL, Wyoming		Directive if I am hospitalized	Attorney	
Peers, DRC	Bazelon, PA, Maine, Wyoming		Directive if I am hospitalized	Children/Dependents	
Peers, DRC	ADA, California AB1663		Effective Communication and Reducing Misunderstandings	Things that will help people communicate with me	
Peers, DRC	ADA, California AB1663		Effective Communication and Reducing Misunderstandings	Things that will make communication more difficult	
Peers, DRC	ADA, California AB1663		Effective Communication and Reducing Misunderstandings	Supporter (peer) for legal proceedings	
Peers, DRC	ADA, California AB1663		Effective Communication and Reducing Misunderstandings	Supporter (peer) for legal representation	
Peers, DRC	New Mexico		Effective Communication and Reducing Misunderstandings	Supporter (peer) for any mental health evaluation connected with a legal proceeding (applicable for conservatorship and competency)	
Peers, DRC	ADA, Texas Ext		Effective Communication and Reducing Misunderstandings	Things that may help me access court proceeding	*Consider - IEP Testing Accommodations* Take Breaks No crowds behind me
Peers, DRC	DRC, Bazelon, All PADs		Preferences Regarding Treatment Facilities	My Choice of Treatment Facility and Choices for Alternatives to Hospitalization If 24-Hour Care is Deemed Medically Necessary for My Safety and Well-being. Why I am making the choice	
Peers, DRC	DRC, Bazelon, All PADs		Preferences Regarding Treatment Facilities	In the event I am to be admitted to a hospital for 24-hour care, I would prefer to receive care at the following hospitals:	
Peers, DRC	DRC, Bazelon, All PADs		Preferences Regarding Treatment Facilities	I do not wish to be admitted to the following hospitals or programs/facilities for psychiatric care for the reasons I have listed:	

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 13 of 22)

Peers, DRC	DRC, Bazelon, PA, Hawaii *Direct Copy from DRC		My Choices Regarding Experimental Studies and Drug Trials	I will not participate in experimental studies or drug trials. Under recent changes to California law, a health care agent, if one has been appointed, a conservator, a family member, or domestic partner may consent to participation in a medical experiment on behalf of a person who is unable to consent under very specific circumstances. See Health and Safety Code, section 24178 for a list of these specific circumstances. Complete this section only if you do not consent to participation in medical experiments under any circumstances.	
Peers, DRC Peers, DRC	DRC, Bazelon, PA, Hawaii *Direct Copy from Bazelon DRC, Bazelon, PA, Hawaii *Direct Copy from Bazelon		My Choices Regarding Experimental Studies and Drug Trials My Choices Regarding Experimental Studies and Drug Trials	I hereby consent to my participation in experimental drug studies or drug trials. I authorize my agent to consent to my participation in experimental drug studies if my agent, after consultation with my treating physician and any other individuals my agent may think appropriate, determines that the potential benefits to me outweigh the possible risks of my participation and that other, non-experimental interventions are not likely to provide effective treatment.	
Peers, DRC	Fair Housing Act, Texas Ext		Housing	Accommodations to obtain housing, and the supports necessary to access the needed accommodations.	
Peers, DRC Peers, DRC Peers, DRC	Fair Housing Act, Texas Ext Fair Housing Act, Texas Ext Fair Housing Act, Texas Ext		Housing Housing ~~Housing~~	Accommodations to maintain housing, and the supports necessary to access the needed accommodation. Housing tools Agent & Supporters - Supported Living Services https://www.dhs.pa.gov/services/supported-living-services/	
Peers, DRC	CA Vocational Rehabilitation, California AB1195		Employment	Accommodations and supports to obtain employment	
Peers, DRC Peers, DRC Peers, DRC Peers, DRC	CA Vocational Rehabilitation, California AB1195 CA Vocational Rehabilitation, California AB1195 CA Vocational Rehabilitation, California AB1195 CA Vocational Rehabilitation, California AB1195		Employment Employment ~~Employment~~ ~~Employment~~	Accommodations to maintain employment Vocational Rehabilitation Services Volunteering Employment tools	
Peers, DRC	CA Vocational Rehabilitation, California AB1195		Employment	Agent & Supporters - Supported Employment Program https://www.dor.pa.gov/Home/SupportedEmployment/Pages/default.aspx	
Peers, DRC Peers, DRC Peers, DRC Peers, DRC	~~CalEd~~ Adult Education, Texas Ext ~~CalEd~~ Adult Education, Texas Ext ~~CalEd~~ Adult Education, Texas Ext ~~CalEd~~ Adult Education, Texas Ext		Education ~~Education~~ ~~Education~~ Education	Accommodations and supports to access education opportunities Accommodations for ~~education~~ Auditing classes Education tools	
Peers, DRC	*CREATE*		*Gender Affirming Treatment*	*Gender Affirming Treatment* *Hormone Therapy* *Surgery and Postoperative Care* *Voice and Communication* *Primary Care* *Reproductive Health* *Sexual Health* *Mental Health*	
Peers, DRC	*CREATE*		Reproduction Rights	Reproduction Rights	
Peers, DRC	*CREATE*		*Natural Disasters*	*Documentation to Verify Occupancy (FEMA)*	
Peers, DRC *Peers, DRC*	*CREATE* *CREATE*		*Natural Disasters* *Natural Disasters*	*Do you own any property(Vehicle, RV, Home, Manufactured home, etc)? (FEMA)* *Documentation to Verify Ownership (FEMA)* *- Do you have a clear title?*	
Peers, DRC	*CREATE* *American Red Cross*		*Natural Disasters*	*Natural Disaster Preparation* *- What is needed during and after evacuation?* *American Red Cross https://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies.html*	

Peers, DRC	*CREATE* *Collab with DRC*		*Disabilities*	*Have you ever received a diagnosis?*	
Peers, DRC	*CREATE* *Collab with DRC*		*Disabilities*	*Targeted Disabilities or Serious Health Conditions:*	
Peers, DRC	*CREATE* *Collab with DRC*		*Disabilities*	*Other Disabilities or Serious Health Conditions:*	
Peers, DRC	*CREATE* *Collab with DRC*		*Disabilities*	*Other Options*	

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 14 of 22)

Section Title	*Psychoactive Medication			
Stakeholder Review	Peers, DRC			
REQUIRED				
Stakeholder to review	**PADs Template Reference**	**Section**	**Sub-Section**	**Notes**
Peers, DRC	DRC, Bazelon	Psychoactive Medication	Current Prescription	
Peers, DRC	DRC, Bazelon, TX, All PADs	Psychoactive Medication	Meds I consent to	
Peers, DRC	DRC, Bazelon, TX, All PADs	Psychoactive Medication	Med I do not consent to	
Peers, DRC	DRC, NC, WA, PA, New Mexico	Psychoactive Medication	Non-Psychiatric medication, treatment and factors essential to my mental and physical health	
Peers, DRC	DRC, WA, PA, New Mexico	Psychoactive Medication	Additional treatment and wellness tools	
Peers, DRC	DRC, New Mexico	Psychoactive Medication	Important factors when considering medication options	
Peers, DRC	*CREATE*	Psychoactive Medication	*Gender Affirming Treatment* *Hormone Therapy* *Surgery and Postoperative Care* *Voice and Communication* *Primary Care* *Reproductive Health* *Sexual Health* *Mental Health*	

Section Title	TEXT - *Convulsive Treatment, ECT			
Supporting Law(s)	The Lanterman-petris-short Act https://california.public.law/codes/ca.welf.and.inst.code.div.5.part.1 California Welfare and Institutions Code Sec. 5326.5 https://california.public.law/codes/ca.welf.and.inst.code.section.5326.5			
Stakeholder Review	Peers, DRC			
REQUIRED				
Stakeholder to review	**PADs Template Reference**	**Section**	**Sub-section**	**Notes**
Peers, DRC	DRC, Bazelon, TX, All PADs	Convulsive Treatment, ECT	My Choices Regarding Electroconvulsive Therapy *direct copy LINK PDF P. 30 I do not consent to administration of electroconvulsive therapy.	
Peers, DRC	DRC	Convulsive Treatment, ECT	My Choices Regarding Electroconvulsive Therapy *direct copy LINK PDF P. 30 Under California law, this Directive cannot be used to consent for electrooconvulsive therapy. However, if I am administered electrooconvulsive therapy, I have the following choices: - I will be administered no more than the following number of treatments _____. - I will be administered the number of treatments deemed appropriate by Dr. _____, whose phone number and address is: _____ _____.	

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Section Title	*Preferences for Emergency Treatment			
Stakeholder Review	Peers, DRC			
REQUIRED				
Stakeholder to review	**PADs Template Reference**	**Section**	**Sub-section**	**Notes**
Peers, DRC	DRC, Bazelon, TX, All PADs	Preferences for Emergency Treatment	I prefer emergency interventions in the following order - Seclusion - Physical restraints - Seclusion and physical restraint (combined) - Medication by injection - Medication in pill form - Liquid medication	
Peers, DRC	DRC, Bazelon, TX, All PADs	Preferences for Emergency Treatment	Things that may calm the situation	
Peers, DRC	DRC, Bazelon, TX, All PADs	Preferences for Emergency Treatment	Things that may make things worse	

Section Title	*Agents & Supporters			
Stakeholder Review	Peers, DRC			
REQUIRED				
Stakeholder to review	**PADs Template Reference**	**Section**	**Sub-section**	**Notes**
Peers, DRC	DRC, Bazelon, WA	Agents and Supporters	Agents	
Peers, DRC	DRC, Bazelon	Agents and Supporters	Who I do want - Supporter / family member, peer supporter	
Peers, DRC	DRC, Bazelon	Agents and Supporters	Who I do not want - Supporter / family member, peer supporter	
Peers, DRC	DRC, Bazelon, TX, All PADs	Agents and Supporters	What I do want in a provided supporter	
Peers, DRC	DRC, Bazelon, TX, All PADs	Agents and Supporters	What I do not want in a provided supporter	
Peers, DRC	DRC, Bazelon, WA	Agents and Supporters	Who can not be involved?	
Peers, DRC	DRC, Bazelon, NC	Agents and Supporters	Preference Regarding Notifications of Others DRC - in addition to my health care agent, should be notified immediately of my admission to a psychiatric facility	
Peers, DRC	DRC *Cali specific language, Bazelon, WA	Agents and Supporters	If I am placed under conservatorship, I choose the following person to be my conservative:	
Peers, DRC	DRC *Cali specific language, Bazelon, WA	Agents and Supporters	If I am placed under conservatorship, I do not want the following person(s) to be my conservative: Relationship? Why?	
Peers, DRC	DRC, Bazelon, NC, WA, Wyoming	Agents and Supporters	Current Support Team	

Section Title	*Law Enforcement & Crisis Workers			
Stakeholder Review	Peers, DRC			
REQUIRED				
Stakeholder to review	**PADs Template Reference**	**Section**	**Sub-section**	**Notes**
Peers, DRC	Texas Ext	Law Enforcement & Crisis Workers	What are things that can deescalate the situation	
Peers, DRC	Texas Ext	Law Enforcement & Crisis Workers	Things that may make things worse/escalate the situation	
Peers, DRC	Maine	Law Enforcement & Crisis Workers	Transportation	

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 16 of 22)

Subcommittee Template 1.3.22 - PADs Template - Sections *Signature Page

Section Title	Signature Page			
Stakeholder Review	Peers, DRC			
REQUIRED				
Stakeholder to review	**PADs Template Reference**	**Section**	**Sub-section**	**Notes**
Peers, DRC	All Templates	Signature Page	Signature Page	
Peers, DRC	All Templates	Signature Page	Individuals Who Have Copies of this Document	

Subcommittee Template 1.3.22 - PADs Template - Sections Critical physical medical conditions

Section Title	Critical physical medical conditions				
Stakeholder Review	Peers, DRC				
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC	Texas Ext		Critical physical medical conditions	Chronic Medical Conditions	
Peers, DRC	WA, New Mexico, Maryland		Critical physical medical conditions	Allergies	
Peers, DRC	DRC, Bazelon		Critical physical medical conditions	Prescription Medications	
Peers, DRC	Bazelon, WA		Critical physical medical conditions	Over the Counter Medications	
Peers, DRC	PA		Critical physical medical conditions	Dietary Restrictions or Special Needs	
Peers, DRC	DRC, WA		Critical physical medical conditions	Wellness Tools for Physical Medical and Chronic Conditions	

Subcommittee Template 1.3.22 - PADs Template - Sections Directive if I am hospitalized

Section Title	Directive if I am hospitalized				
Stakeholder Review	Peers, DRC				
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC	DRC, Bazelon, New Mexico		Directive if I am hospitalized	Preferences Regarding Psychiatric Hospitals	
Peers, DRC	Peer Voice - Painted Brain/CAMHPRO		Directive if I am hospitalized	Preferences Regarding Peer Respite and/or Crisis Centers.	
Peers, DRC	DRC, PA, Hawaii		Directive if I am hospitalized	Who should be notified upon my admission to a psychiatric hospital	
Peers, DRC	DRC		Directive if I am hospitalized	People to notify if I die / The identity of my next of kin	
Peers, DRC	Texas Ext Only		Directive if I am hospitalized	Personal items I would like if I am hospitalized	
Peers, DRC	WA, Wyoming		Directive if I am hospitalized	Household matters	
Peers, DRC	WA, Wyoming		Directive if I am hospitalized	Finances	
Peers, DRC	WA, Wyoming		Directive if I am hospitalized	Employment	
Peers, DRC	WA, Wyoming		Directive if I am hospitalized	Education	
Peers, DRC	WA, Wyoming		Directive if I am hospitalized	Probation/Parole	
Peers, DRC	WA, IL, Wyoming		Directive if I am hospitalized	Attorney	
Peers, DRC	Bazelon, PA, Maine, Wyoming		Directive if I am hospitalized	Children/Dependents	

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Section Title	Effective Communication				
Supporting Law(s)	Americans with Disabilities Act (ADA) https://www.ada.gov/law-and-regs/ada/#top https://www.ada.gov/resources/effective-communication/ California AB1663 https://www.gov.ca.gov/2022/09/30/governor-newsom-signs-legislation-to-protect-civil-rights-support-community-living-for-californians-with-disabilities/				
Stakeholder Review	Peers, DRC				
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC	ADA, California AB1663		Effective Communication and Reducing Misunderstandings	Things that will help people communicate with me	
Peers, DRC	ADA, California AB1663		Effective Communication and Reducing Misunderstandings	Things that will make communication more difficult	
Peers, DRC	ADA, California AB1663		Effective Communication and Reducing Misunderstandings	Supporter (peer) for legal proceedings	
Peers, DRC	ADA, California AB1663		Effective Communication and Reducing Misunderstandings	Supporter (peer) for legal representation	
Peers, DRC	New Mexico		Effective Communication and Reducing Misunderstandings	Supporter (peer) for any mental health evaluation connected with a legal proceeding (applicable for conservatorship and competency)	
Peers, DRC	ADA, Texas Ext		Effective Communication and Reducing Misunderstandings	Things that may help me access court proceeding	*Consider - IEP Testing Accommodations Take Breaks No crowds behind me*

Section Title	Preferences Regarding Treatment Facilities				
Stakeholder Review	Peers, DRC				
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC	DRC, Bazelon, All PADs		Preferences Regarding Treatment Facilities	My Choice of Treatment Facility and Choices for Alternatives to Hospitalization If 24-Hour Care is Deemed Medically Necessary for My Safety and Well-being. Why I am making the choice	For Example: Peer Respite Crisis Stabilization
Peers, DRC	DRC, Bazelon, All PADs		Preferences Regarding Treatment Facilities	In the event I am to be admitted to a hospital for 24-hour care, I would prefer to receive care at the following hospitals:	
Peers, DRC	DRC, Bazelon, All PADs		Preferences Regarding Treatment Facilities	I do not wish to be admitted to the following hospitals or programs/facilities for psychiatric care for the reasons I have listed:	

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Section Title	My Choices Regarding Experimental Studies and Drug Trials				
Supporting Law(s)	California Health and Safety Code Sec. 24175 https://california.public.law/codes/ca_health_and_safety_code_section_24175				
Stakeholder Review	Peers, DRC				
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC	DRC, Bazelon, PA, Hawaii *Direct Copy from DRC		My Choices Regarding Experimental Studies and Drug Trials	I will not participate in experimental studies or drug trials. Under recent changes to California law, a health care agent, if one has been appointed, a conservator, a family member, or domestic partner may consent to participation in a medical experiment on behalf of a person who is unable to consent under very specific circumstances. See Health and Safety Code, section 24178 for a list of these specific circumstances. Complete this section only if you do not consent to participation in medical experiments under any circumstances.	
	DRC, Bazelon, PA, Hawaii *Direct Copy from Bazelon		My Choices Regarding Experimental Studies and Drug Trials	I hereby consent to my participation in experimental drug studies or drug trials.	
	DRC, Bazelon, PA, Hawaii *Direct Copy from Bazelon		My Choices Regarding Experimental Studies and Drug Trials	I authorize my agent to consent to my participation in experimental drug studies if my agent, after consultation with my treating physician and any other individuals my agent may think appropriate, determines that the potential benefits to me outweigh the possible risks of my participation and that other, non-experimental interventions are not likely to provide effective treatment.	

Section Title	Housing				
Supporting Law(s)	Americans with Disabilities Act (ADA) https://www.ada.gov/law-and-regs/ada/#top Fair Housing Act https://www.hud.gov/program_offices/fair_housing_equal_opp/disability_overview Olmstead v. L.C. https://www.olmsteadrights.org/about-olmstead/				
Stakeholder Review	Peers, DRC				
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC	Fair Housing Act, Texas Ext		Housing	Accommodations to obtain housing, and the supports necessary to access the needed accommodations.	
Peers, DRC	Fair Housing Act, Texas Ext		Housing	Accommodations to maintain housing, and the supports necessary to access the needed accommodation.	
Peers, DRC	Fair Housing Act, Texas Ext		Housing	Housing tools	
Peers, DRC	Fair Housing Act, Texas Ext		Housing	Agent & Supporters - Supported Living Services https://www.dds.ca.gov/services/supported-living-services/	

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 19 of 22)

Section Title	Employment				
Supporting Law(s)	Americans with Disabilities Act (ADA) https://www.ada.gov/law-and-regs/ada/#top California Employment Discrimination https://calcivilrights.ca.gov/employment/ California AB1195 https://www.gov.ca.gov/2022/09/30/governor-newsom-signs-legislation-to-protect-civil-rights-support-community-living-for-californians-with-disabilities/				
Stakeholder Review	Peers, DRC				
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC	CA Vocational Rehabilitation, California AB1195		Employment	Accommodations and supports to obtain employment	
Peers, DRC	CA Vocational Rehabilitation, California AB1195		Employment	Accommodations to maintain employment	
Peers, DRC	CA Vocational Rehabilitation, California AB1195		Employment	Vocational Rehabilitation Services	
Peers, DRC	CA Vocational Rehabilitation, California AB1195		Employment	Volunteering	
Peers, DRC	CA Vocational Rehabilitation, California AB1195		Employment	Employment tools	
Peers, DRC	CA Vocational Rehabilitation, California AB1195		Employment	Agent & Supporters - Supported Employment Program https://www.dor.ca.gov/Home/SupportedEmploymentProgram	

Section Title	Education				
Supporting Law(s)	Americans with Disabilities Act (ADA) https://www.ada.gov/law-and-regs/ada/#top The Unruh Civil Rights Act - California (Civil Code Section 51) https://www.dor.ca.gov/Home/UnruhCivilRightsAct Disabled Persons Act - California (Civil Code Sections 54 – 55.32) https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=CIV&division=1.&title=&part=2.5&chapter=&article				
Stakeholder Review	Peers, DRC				
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC	CalEd Adult Education, Texas Ext		Education	Accommodations and supports to access education opportunities	
Peers, DRC	CalEd Adult Education, Texas Ext		Education	Accommodations for education	
Peers, DRC	CalEd Adult Education, Texas Ext		Education	Auditing classes	
Peers, DRC	CalEd Adult Education, Texas Ext		Education	Education tools	

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 20 of 22)

Subcommittee Template 1.3.22 - PADs Template - Sections IN PROGRESS - Gender Affirming Treatment

Section Title	IN PROGRESS - Gender Affirming Treatment				
Supporting Law(s)	Section 794 of the Public Health Service Act https://www.govinfo.gov/content/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap6A-subchapV-partF-sec295m.pdf Section 855 of the Public Health Service Act https://www.govinfo.gov/content/pkg/USCODE-2008-title42/pdf/USCODE-2008-title42-chap6A-subchapVI-partA-sec296g.pdf Affordable Care Act https://transequality.org/know-your-rights/health-care				
Stakeholder Review	Peers, DRC				
CREATE SECTION DETAILS					
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC	CREATE		Gender Affirming Treatment	Gender Affirming Treatment Hormone Therapy Surgery and Postoperative Care Voice and Communication Primary Care Reproductive Health Sexual Health Mental Health	*Lived experience receiving gender affirming treatment *Lived experience with hospitalization

Subcommittee Template 1.3.22 - PADs Template - Sections IN PROGRESS Reproduction Rights

Section Title	IN PROGRESS Reproduction Rights				
Supporting Law(s)					
Stakeholder Review	Peers, DRC				
CREATE SECTION DETAILS					
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC	*CREATE*		Reproduction Rights	Reproduction Rights	*Lived experience with reproductive rights *Lived experience with hospitalization

Subcommittee Template 1.3.22 - PADs Template - Sections IN PROGRESS - Natural Disasters

Section Title	IN PROGRESS Natural Disasters				
Stakeholder Review	Peers, DRC				
CREATE SECTION DETAILS					
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC	CREATE		Natural Disasters	Documentation to Verify Occupancy (FEMA)	
Peers, DRC Peers, DRC	CREATE CREATE		Natural Disasters Natural Disasters	Do you own any property(Vehicle, RV, Home, Manufactured home, etc)? (FEMA) Documentation to Verify Ownership (FEMA) - Do you have a clear title?	
Peers, DRC	CREATE American Red Cross		Natural Disasters	Natural Disaster Preparation - What is needed during and after evacuation? American Red Cross https://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies.html	

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 21 of 22)

Section Title	IN PROGRESS - Disabilities				
Supporting Law(s)	**Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794 –** ensures that people with disabilities have equal access to programs, services, activities, and facilities that receive Federal financial ~~assistance~~ **Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12131 et seq. –** ensures that state and local governments, including those that receive no Federal financial assistance, provide people with disabilities equal access to their programs, services, activities, and facilities https://www.hhs.gov/civil-rights/for-individuals/disability/physical/index.html				
Stakeholder Review	Peers, DRC				
CREATE SECTION DETAILS					
Reference	U.S. Office of Personnel Management. (2016). OPM Form SF256. Self-identification of Disability. https://www.opm.gov/forms/pdf_fill/sf256.pdf				
Stakeholder to review	**PADs Template Reference**	**Basic and/or Extended**	**Section**	**Sub-section**	**Notes**
Peers, DRC	*CREATE*		*Disabilities*	*Have you ever received a diagnosis?*	
Peers, DRC	*CREATE*		*Disabilities*	*Targeted Disabilities or Serious Health Conditions:*	
Peers, DRC	*CREATE*		*Disabilities*	*Other Disabilities or Serious Health Conditions:*	
Peers, DRC	*CREATE*		*Disabilities*	*Other Options*	
Question:	*Have you ever received a diagnosis?*				
Targeted Disabilities or Serious Health Conditions:					
	Developmental Disability, for example, autism spectrum disorder				
	Traumatic Brain Injury (TBI)				
	Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports				
	Blind or serious difficulty seeing even when wearing glasses				
	Missing extremities (arm, leg, hand and/or foot)				
	Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports				
	Partial or complete paralysis (any cause)				
	Epilepsy or other seizure disorders				
	Intellectual disability				

Appendix Y: Painted Brain & CAMPHRO Peer Voice-Advocacy & Education Grant (PADS) (Page 22 of 22)

	Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression				
	Dwarfism				
	Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders				
Other Disabilities or Serious Health Conditions:					
	Speech impairment				
	Spinal abnormalities, for example, spina bifida or scoliosis				
	Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body				
	HIV Positive/AIDS				
	Morbid obesity				
	Nervous system disorder for example, migraine headaches, Parkinson's disease, or multiple sclerosis				
	Cardiovascular or heart disease				
	Depression, anxiety disorder, or other psychiatric disorder				
	Blood diseases, for example, sickle cell anemia, hemophilia				
	Diabetes				
	Orthopedic impairments or osteo-arthritis				
	Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema				
	Kidney dysfunction				
	Cancer (present or past history)				
	Learning disability or attention deficit/hyperactivity disorder (ADD/ADHD)				
	Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia				
	Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis				
	Liver disease, for example, hepatitis or cirrhosis				
	History of alcoholism or history of drug addiction (but not currently using illegal drugs)				
	Endocrine disorder, for example, thyroid dysfunction				
Other Options					
	I do not wish to identify my disability or serious health condition.				
	I do not have a disability or serious health condition.				
	I have a disability or serious health condition, and it is not listed on this ~~form~~				
	Please provide additional details for your response to "I have a disability or serious health condition, and it is not listed on this form"				

Section Title	References	
In Progress		
PADs Template	DRC	https://www.disabilityrightsca.org/system/files/file-attachments/508801.pdf
	Bazelon	http://www.bazelon.org/wp-content/uploads/2017/04/PAD-Template.pdf
	North Carolina (NC)	https://www.sosnc.gov/documents/forms/advance_healthcare_directives/advance_instruction_for_mental_health.pdf
	Washington (WA)	https://nrc-pad.org/images/stories/PDFs/washingtonpadform.pdf
	Pennsylvania (PA)	https://nrc-pad.org/images/stories/PDFs/pacombinedform.pdf
	New Mexico	https://nrc-pad.org/images/stories/PDFs/newmexicopadform.pdf
	Wyoming	https://nrc-pad.org/images/stories/PDFs/wyomingpadform.pdf
	Maine	https://nrc-pad.org/images/stories/PDFs/mainepadandhcpaform.pdf
	Maryland	https://nrc-pad.org/images/stories/PDFs/marylandpadform.pdf
	Hawaii	https://nrc-pad.org/images/stories/PDFs/hawaiipadform.pdf
	Illinois	https://nrc-pad.org/images/stories/PDFs/illinoispadform.pdf
	California	https://nrc-pad.org/images/stories/PDFs/california%20pad.pdf
CA Vocational Rehabilitation	https://www.dor.ca.gov/Home/VocationalRehabilitation	
Adult Education - ~~CalEdFacts~~	https://www.cde.ca.gov/sp/ae/po/cefadulted.asp	
~~CalEd~~ Adult Education, Texas Ext	https://scdd.ca.gov/wp-content/uploads/sites/33/2018/03/The-Difference-Between-IEP-and-504-Plans.pdf	

Appendix Z: RAND-PADs Evaluation (PADs) (Page 1 of 2)

RAND – PADs Evaluation 2022 Year-End Summary

Accomplishments to date

RAND has been preparing for the evaluation by attending meetings, participating in planning discussions, and offering preliminary input on the evaluation implications of design and operationalization decisions. RAND's activities to date have centered on engaging with project stakeholders (e.g., counties, other contractors) and adapting the originally-proposed evaluation to recent changes in the scope and focus of the innovation project.

A member of the RAND team attended the August 2022 in-person kickoff meeting in Fresno, which convened representatives from the counties and subcontractors. RAND prepared and delivered a presentation on the proposed evaluation, which included an overview of activities, rationale, flow, and timeline. In addition to familiarization with other parties' roles on the project and planned activities, the meeting included a debrief discussion between contractors to better understand each organization's tasks, needs, and potential synergies.

RAND also had follow-up meetings with the other contractors. Chorus, BBI, and RAND had a joint contractor meeting coordinated by Concepts Forward in September 2022. Following this, the RAND and BBI teams held two planning meetings in September to discuss the differences between their peer- and technology-focused evaluations, respectively. The discussions provided an valuable opportunity to further discuss potential synergies and efficiencies, and to offer each other collegial feedback on preliminary evaluation plans.

RAND also met with the team from Painted Brain and CAMHPRO in November 2022. This introductory meeting was an opportunity to introduce staff from each group, and to begin conversations about collaborative evaluation.

Since the project launch, representatives from RAND have attended the biweekly Thursday meetings between Counties and Subcontractors. These meetings have provided an opportunity to stay abreast of each County's progress in launching the Innovations project. They have also provided an opportunity for RAND to ask questions about the Innovation implementation; this information has helped RAND's internal planning for the evaluation.

RAND also participated in the December 2022 Contractor meeting hosted by Chorus. The planning meeting was an opportunity for contractors to discuss and map out their workstreams, tasks, and timelines, which have evolved since the August 2022 kickoff meeting.

Finally, the RAND team has continued internal team meetings for strategic planning between these larger, multi-stakeholder meetings.

Appendix Z: RAND-PADs Evaluation (Page 2 of 2)

Expectations moving forward

The RAND team expects that evaluation activities will significantly ramp-up in the 2023 calendar year, beginning shortly after the New Year. RAND's evaluation activities are closely tied to the development and implementation of the PADs Facilitators training by Painted Brain and CAMHPRO. It is also tied to the Chorus development timeline. Before beginning any data collection related to evaluation, the RAND team will submit its procedures for human subjects review by RAND's IRB, the Human Subjects Protection Committee.

For the training-related evaluation, RAND anticipates using surveys, focus groups, and/or administrative data to assess relevant process outcomes (e.g., peer knowledge and attitudes, implementation barriers and facilitators, PADs completion rates)

RAND will also adapt the proposed evaluation of the Peer-level impacts of PADs, which will begin later than the training- and implementation-focused evaluation. To identify and measure consumer-level and county-level impacts of the PADs innovation project, we anticipate using surveys and/or focus groups to assess relevant outcomes such as Peer satisfaction with PADs and the impact of PADs on care experiences.

RAND will also begin working on analysis and reporting, following the implementation of data collection.

Anticipated accomplishments by end of FY2023

Based on the current overall project timeline, we anticipate that RAND will have launched and implemented training-related evaluation activities. We also expect that we will have developed and launched activities focused on the Peer-level impacts of PADs.

Appendix AA: Syracuse University-Fiscal Intermediary & Financial Update (PADs) (Page 1 of 4)

Syracuse University

Fiscal Intermediary Background and Financial Updates

Background

Syracuse University is pleased to serve in the role of Fiscal Intermediary for the Psychiatric Advance Directives (PADs) Project, which is a Mental Health Services Act Innovations Project involving the collaboration of multiple California Counties; namely, Contra Costa County, Fresno County, Mariposa County, Monterey County, Orange County, Shasta County and the Tri-City Mental Health Authority. In addition to the expertise and excellence in the programmatic areas of Disability Research and Advocacy that Syracuse University's Burton Blatt Institute brings forth to the PADs Project, Syracuse University has a dynamic research administration team that supports the world-class, top-tier research performed on campus and around the world. Syracuse University's Office of Sponsored Programs and Office of Sponsored Accounting provide the critical infrastructure to support the PADs Project contract(s) administration and fiscal oversight. Our offices primary functions are to facilitate the responsible and efficient stewardship of grant and contract funded projects from various external funding agencies. As a result of the significant federally funded research conducted by Syracuse University, we are required by federal policy, law, and regulations to have rigorous and well-documented fiscal oversight measures in place to responsibly administer these funds. This directly benefits the California PADs project, with Syracuse University serving in the role of Fiscal Intermediary. We provide a proven track record of grant and contract management and fiscal oversight, which is key to the successful administration of complex multi-party projects like PADs. Syracuse University routinely undergoes multiple audits from various agencies and external auditors with no material weaknesses noted in past years. Lastly, Syracuse University is a proud member of the Federal Demonstration Partnership (FDP), which is a cooperative of 10 federal agencies and over 200 research intensive institutions with the primary purpose to reduce the administrative burdens associated with research grants and contracts. Why is this important to the PADs Project which is not federally funded? Syracuse University is able to leverage the best practices learned through its FDP membership to the benefit of all externally sponsored projects, including the PADs project. A prime example of this benefit is the University's enrollment in the FDP Expanded Clearinghouse which essentially provides a public facing organizational profile of Syracuse University, including audit and financial data that is regularly updated on an annual basis. To review Syracuse University's profile at any given time, simply navigate to this website (https://fdpclearinghouse.org/organizations/196) for the most recent information.

Now that the overarching background of Syracuse University's role as the Fiscal Intermediary is covered in the paragraph above, we will now present a more detailed view of the underlying contracting processes and fiscal oversight in the form of the flowchart below, **Table 1**.

211 Lyman Hall/Syracuse, New York 13244-1200/315-443-2807/Fax:315-443-9361
E-mail: ospoff@syr.edu

Appendix AA: Syracuse University-Fiscal Intermediary & Financial Update (Page 2 of 4)

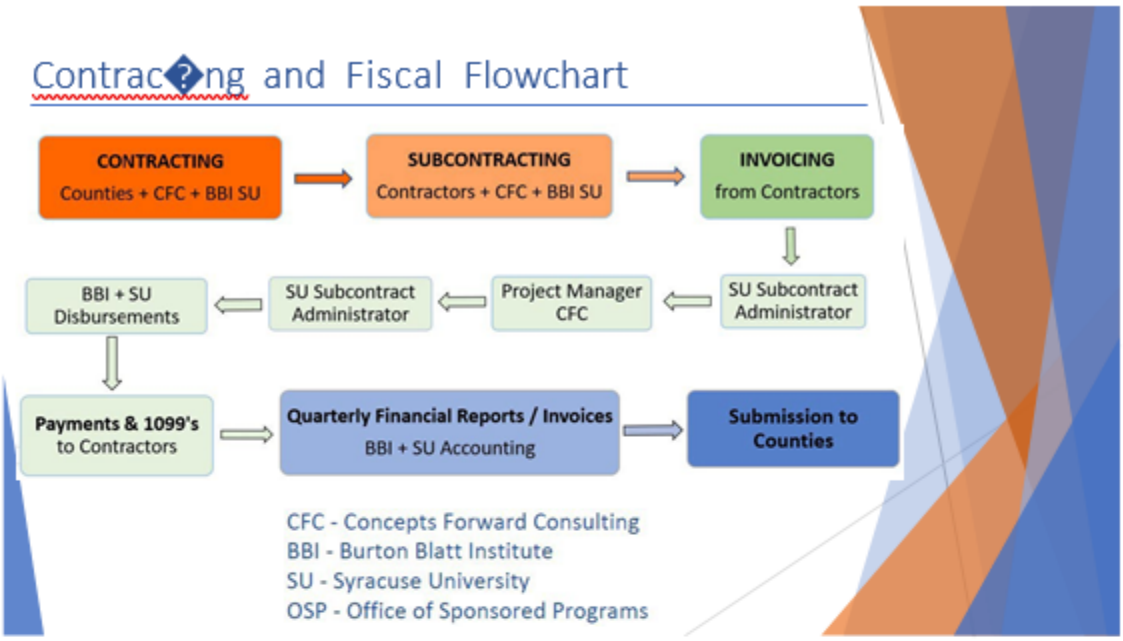


Table 1

Representatives from Syracuse University attended and presented at the PADs Project kickoff meeting held in Fresno, CA on August 16, 2022. Stuart Taub, Director, Office of Sponsored Programs, provided an overview presentation on Syracuse University's role and responsibility as the fiscal intermediary and fielded questions from the County representatives in attendance. Peter Blanck, University Professor and Chairman of the Burton Blatt Institute; Jonathan Martinis, Senior Director for Law and Policy, Burton Blatt Institute; and Gary Shaheen, Project Director, Burton Blatt Institute, each provided presentations reflecting the Burton Blatt Institute at Syracuse University's specific roles of programmatic engagement with the PADs Project, and each fielded questions from County representatives following their presentations.

On August 31, 2022, representatives from Syracuse University participated in a more detailed fiscal meeting hosted on Zoom with fiscal and contractual representatives attending from participating California Counties. The purpose of this meeting was to provide more in-depth fiscal information regarding the contractual financial management of the PADs contracts. Specific items discussed were the format and structure of Syracuse University invoices and accompanying supporting documentation. Also discussed and agreed upon were the timing of invoice submissions, which were established for quarterly billing due dates of 30 days after the completion of a fiscal quarter (e.g. – January 30, April 30, July 30, and October 30). Questions from the counties were fielded by Syracuse University fiscal representatives.

Seven (7) California Counties are actively engaged in funding the PADs Project, and with their authorization Syracuse University engaged the six (6) subcontractors providing the necessary services for the PADs Project, namely, Chorus, Concepts Forward, Hallmark Compass, Idea Engineering, Painted Brain, and RAND. Given that all subcontractor activities on the PADs Project benefit all participating

Appendix AA: Syracuse University-Fiscal Intermediary & Financial Update (Page 3 of 4)

counties, payment of subcontractor invoices will be made based on a proportional allocation distribution. The distribution calculations represented in **Table 2** below are based on the allocations to each subcontractor contained in each County's approved budget. Following this structured approach, ensures that each County is invoiced precisely for the percentage of each subcontractor's efforts allocated on an invoice-by-invoice basis, such that by the conclusion of the project each county will have been billed in accordance with their originally approved budgets.

Table 2

Invoice Allocation Model

	CONCEPTS FORWARD	HALLMARK	CHORUS	IDEA	RAND	PAINTED BRAIN
Fresno	22.82%	14.78%	5.45%	17.54%	13.92%	0.00%
Mariposa	0.30%	0.26%	0.12%	0.29%	0.23%	32.69%
Monterey	7.77%	6.60%	3.17%	7.52%	5.96%	0.00%
Orange	56.89%	48.34%	87.51%	55.04%	43.67%	0.00%
Shasta	3.14%	2.75%	1.32%	3.13%	2.49%	0.00%
Contra Costa	7.13%	21.66%	1.93%	13.10%	26.80%	53.48%
Tri-City	1.95%	5.61%	0.50%	3.39%	6.93%	13.83%
	100.00%	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Financial Updates

In **Table 3** below, we provide a fiscal status update of the PADs Project through December 31, 2022, on a County-by-County basis. Cumulatively across all counties, the project expenditures are tracking at 41% of the current **PADs Project** budget period which is from inception through June 30, 2023. **Table 4** reflects subrecipient spending to date. The "Obligated Amount" reflects each subcontractor's total budget for the period through June 30, 2023.

Please note, the time frames in which certain counties and subcontractors became engaged impacted the rates of expenditures shown below in **Table 3** and in **Table 4**. Contra Costa County's and Tri-City Mental Health Authority's involvement began months later that the other Counties. A large portion of Mariposa County's budget is allocated to a Peer Organization for which a subcontract with Painted Brain has just recently been fully executed. However, it is expected the rate of expenditures for these counties will become more aligned with the overall allocation by the period ending June 30, 2023. Also, Fresno County's budget is compressed and scheduled to fully expend by June 30, 2024 compared to the others which are expected to end by June 30, 2025.

Appendix AA: Syracuse University-Fiscal Intermediary & Financial Update (Page 4 of 4)

Table 3

Total Project Spending

County	Yrs 1-2 Budget ending 6/30/23	Actual Expenditures	% Expended
Contra Costa	**$431,854**	**$84,185.06**	**19.49%**
Fresno	**$575,392**	**$192,442.10**	**33.45%**
Mariposa	**$70,215**	**$4,322.44**	**6.16%**
Monterey	**$263,625**	**$100,276.87**	**38.04%**
Orange	**$4,876,777**	**$2,167,989.91**	**44.46%**
Shasta	**$109,788**	**$43,177.79**	**39.33%**
Tri-City	**$111,701**	**$22,096.12**	**19.78%**
PADS Project Sponsors	**$6,439,352**	**$2,614,702.06**	**40.61%**

Table 4

Subrecipient Spending

	CONCEPTS FORWARD	**HALLMARK**	**CHORUS**	**IDEA**	**RAND**	**PAINTED BRAIN**
	Invoiced through 11/30/22	Invoiced through 11/30/22	Invoiced through 11/30/22	Invoiced through 9/30/22	Invoiced through 9/30/22	Recently executed - no invoices
Obligated Amount	$354,105.00	$292,800.00	$4,200,000.00	$334,495.00	$336,068.00	$143,980.71
Actual Expenditures	$195,620.15	$73,440.00	$2,240,000.00	$24,647.00	$20,928.00	$0.00
% Expended	**55.24%**	**25.08%**	**53.33%**	**7.37%**	**6.23%**	**0.00%**

Appendix AB: Public Hearing Agenda

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

MARIPOSA COUNTY BEHAVIORAL HEALTH BOARD
NOTICE AND CALL OF SPECIAL MEETING
(GOVERNMENT CODE §54956)

PLEASE TAKE NOTICE that the Chairman of the Mariposa County Behavioral Health Board, acting pursuant to the authority of Government Code §54956, hereby calls a Special Meeting of the Mariposa County Behavioral Health Board to take place on **Tuesday, May 30, 2023, at 10:00 a.m.,** in the Health & Human Services Agency - Mariposa Conference Room, located at 5362 Lemee Lane, Mariposa, California.

You may join the meeting in-person at the location above, or via teleconference by dialing:
1 (669) 900-6833
Meeting ID 985-9834-5239, participant ID #, passcode 123456

The special meeting is for the purpose of discussing and transacting the following business:

A. **Call to Order and Roll Call**
B. **Action Items**
   a. PUBLIC HEARING to receive public input, consider, and approve submission of the Draft Mariposa County Mental Health Services Act (MHSA) Three-Year Expenditure Plan (2023-2026), and Prevention and Early Intervention Report (2021-2022), and Annual Innovation Report (2021-2022) to the Department of Health Care Services (DHCS).
C. **Adjournment**

Pursuant to the Government Code §54954.3, members of the public will have the opportunity to directly address the Board concerning the above-mentioned business, to the extent required by law.

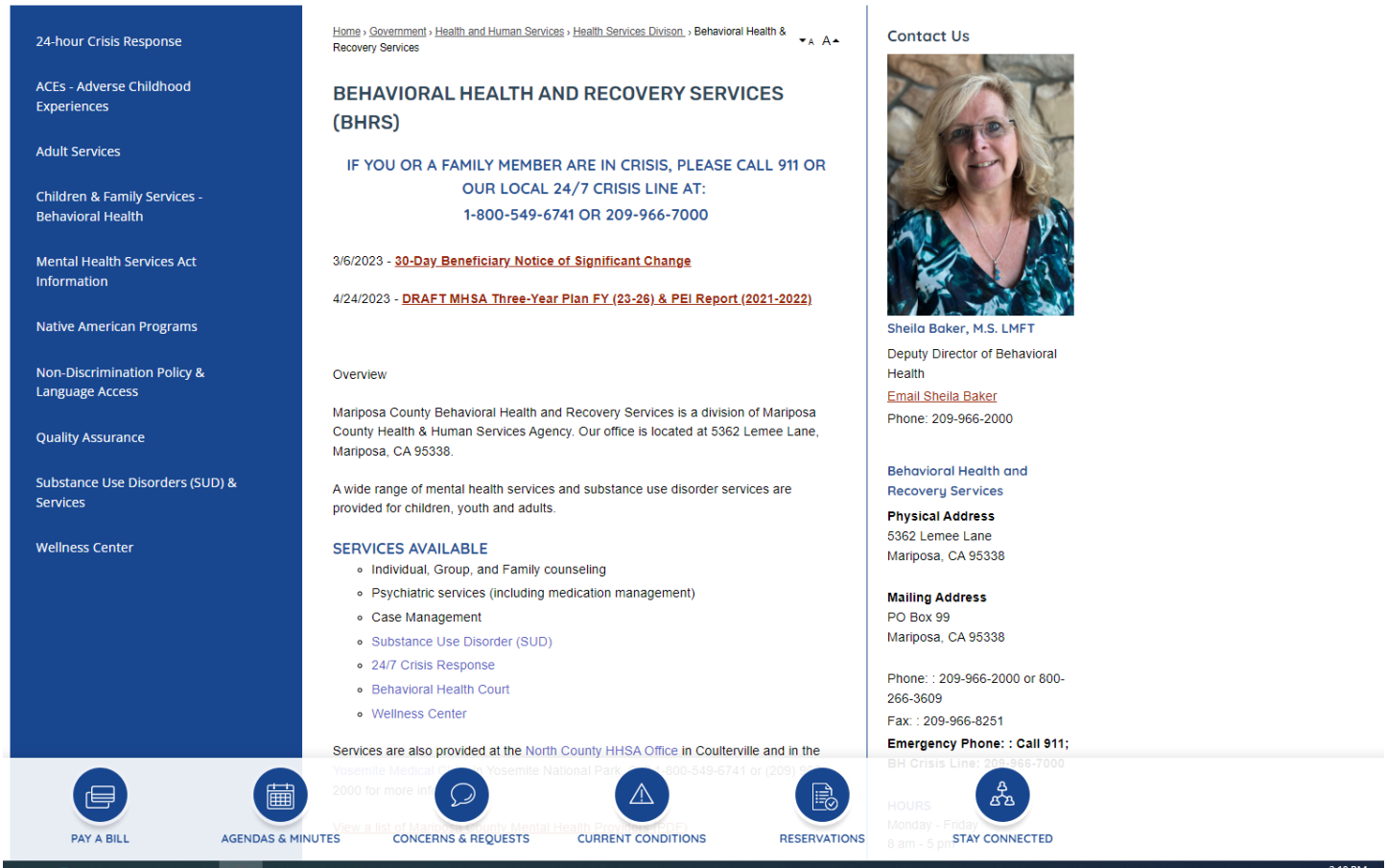
This notice is to be delivered to each member of the Behavioral Health Board members, and to each local newspaper of general circulation and radio or television station requesting notice in writing. The notice shall be delivered personally or by other means and shall be received at least 24 hours before the time of the meeting as specified in this notice.

Cpt. Sean Land, Chair
Mariposa County Behavioral Health Board

Date and Posted:

Donya Evans
Recording Secretary, Mariposa County Behavioral Health Board

Appendix AC: Website and Facebook Screenshot of Draft Posting



Mental Health Services Act (MHSA) Three-Year Plan

Health & Human Services Agency
Mariposa County
Healthy. Safe. Thriving.

5/03/2023

Mental Health Services Act

The Mental Health Services Act was a voter-approved initiative in 2004 to fund efforts to close gaps in the behavioral health system and to transform the behavioral health system in California to be one focused on wellness, recovery, and resilience. The MHSA uses revenues from a 1% sales tax on millionaires to fund local programs driven by local needs for families, children, transitional-age youth, adults, and older adults. MHSA's goal is to reduce the long-term impact on individuals and families resulting from untreated serious mental illness.

Proposed Programs

Community Services and Supports (CSS)

- Adult's Full-Service Partnerships
- Children's Full-Service Partnerships
- Wellness Center
- Peer Support – Wellness Center

Innovation:

- Psychiatric Advance Directives (PADs)

Prevention and Early Intervention (PEI)

- Family Resource Center
- Yosemite National Park Service Prevention Program
- Aramark and Community prevention services
- Friendly Visitor
- Mariposa Minds Matters
- Mental Health First Aid
- Central Valley Suicide Prevention Hotline

Workforce, Education, and Training (WET):

- Regional loan repayment program

Community Services and Supports Programs

Adult Full-Service Partnership

Proposed Activities:

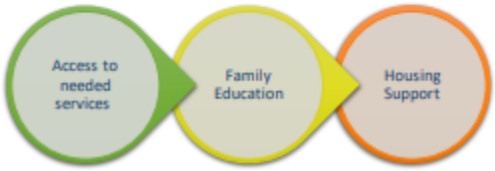
- Full-Service Partnership (FSP) Mental Health Treatment
- Supportive Services (employment, housing, food, clothing etc.)
- Team coordination meeting.

Individuals Served:

- Adults (26-59) and Older adults (60+)
- Serves up to 45 individuals annually.

Expected Outcomes:

- Promote and improve mental health and recovery.
- Symptom reduction.
- Conduct initial assessment.
- Collect data for changes in functional status (hospitalized, arrested, etc.)



Children's Full-Service Partnership

Proposed Activities:

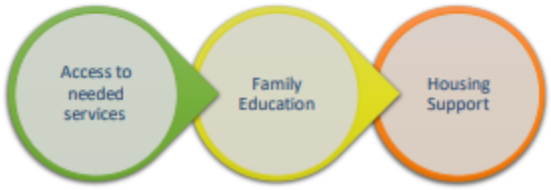
- Full-Service Partnership (FSP) Mental Health Treatment
- Supportive Services (employment, housing, food, clothing etc.)
- Team coordination meeting.

Individuals Served:

- Children (0-15) and Transitional Aged-Youth (16-26)
- Serves up to 30 individuals annually.

Expected Outcomes:

- Promote and improve mental health and recovery.
- Symptom reduction.
- Conduct initial assessment.
- Collect data when functional status changes occurs (hospitalized, arrested, etc.)



Wellness Center

Proposed Activities:

- Provides an environment to receive support and form meaningful relationships.
- Activities will be chosen and developed by peers.
- Daily living activities (cooking, job training, stress management, etc.)
- Wellness Center will expand to North County and Yosemite National Park.

Individuals Served:

- Anyone over the age of 18.
- Can serve up to 12 individuals daily at all locations.

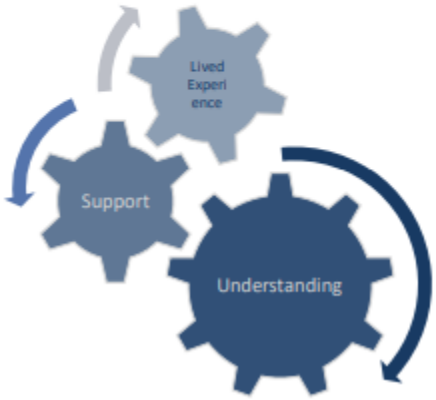
Expected Outcomes:

- Personal Growth
- Resources, Connections, and Referrals to Mental Health Services
- Improved Daily Living Skills
- Building Meaningful Relationships
- Survey's will be used upon entry of the program and quarterly thereafter to measure improvement of mental health & overall wellness.

Peer Support @ Wellness Center

Proposed Activities:

- To fund a Mental Health Aide with lived mental health experience to coordinate and facilitate peer support at the wellness center.



Expected Outcomes:

- Creates a career ladder for individuals in the recovery stage of their mental health.
- Creates opportunities for further advancement in county employment.
- Creates a more successful Wellness Center with a Peer-to-Peer interaction.

Prevention and Early Intervention Programs

Family Resource Center

Proposed Activities:

- Early Intervention Program
- Case Management, Group Support, Educational Programming, and Family Enrichment

Individuals Served:

- All county residents with a primary focus on children, transitional-age youth families and/or caregivers.
- Estimates serving 120 individuals annually.

Expected Outcomes:

- Program aims to increase timely access and linkage to mental health treatment and services.
- Strengthen the Family System.
- Provide educational opportunities to families.
- Provide social opportunities to build peer support.
- Increase wellness and resiliency for individuals.

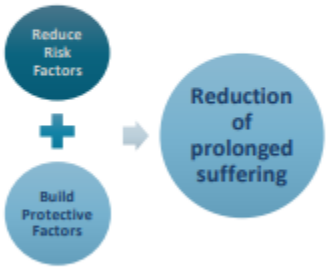
Yosemite National Park Services Prevention Program

Proposed Activities:

- Prevention Program
- Emotional Wellness Series and First Responder Training & Mental Health Office Hours.

Individuals Served:

- YNP employees and First Responders in YNP
- Estimates serving 80 individuals annually.



Expected Outcomes:

- Program expects to decrease staff suicide rates, unemployment, and homelessness
- Provide behavioral health interventions and education to reduce risk factors and building protective factors.
- Aimed at reducing the need for longer term counseling services, hospitalization, or significant impairments to activities of daily living.
- Pre/Post surveys will measure an increase in protective factors and a reduction of risk factors.

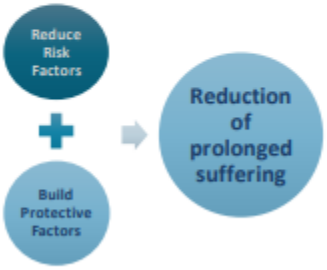
Aramark and Community Prevention Services

Proposed Activities:

- Prevention Program
- Yoga and Mindfulness Community Building Program

Individuals Served:

- Aramark/Yosemite Hospitality population in the boundary of YNP
- Estimates serving 150 individuals annually.



Expected Outcomes:

- Program expects to reduce isolation in remote and rural areas, increase physical activity, and grow community connections.
- Aimed at reducing stress, raising awareness, treating symptoms of trauma and increasing healthy immune systems.
- Pre/Post check-ins will measure an increase in protective factors and reduction of risk factors.
- Outreach and linkage of local resources for mental health services.

Friendly Visitor

Proposed Activities:

- A Prevention Program
- Volunteers will engage isolated seniors by providing 30-60 minute in-person visit.
- Monthly luncheons to increase socialization and improved resilience.

Individuals Served:

- Expected to serve up to 15 elderly individuals annually.

Expected Outcomes:

- The expected outcomes is a reduction in depressive symptoms, reduction of prolonged isolation and overall sense of being valued.
- Identify unmet needs and assist with referrals and connection to other community services.
- Monitor participant satisfaction.

Mariposa Minds Matters

Proposed Activities:

- Stigma and Discrimination Reduction program identifiers and brochures.
- Develop and participate in stigma and discrimination reducing activities.
- Hold booths at local farmers market, and other County festivals throughout the year.
- Community video events that feature mental health information.

Individuals Served:

- Expected to serve up to 150 individuals annually.

Expected Outcomes:

- The expected outcomes is a reduction in negative feelings, attitudes, beliefs, perceptions, stereotypes, and discrimination related to being diagnosed with mental illness or receiving mental health services.
- Pre/post surveys will be utilized to measure any changes in attitudes, knowledge, and/or behaviors regarding mental health.

Mental Health First Aid

Proposed Activities:

- Outreach for increasing recognition.
- Program engages and trains potential first responders to recognize and respond effectively to early signs of mental illness.

Individuals Served:

- Members of the community and nearby surrounding communities.
- Expected to serve up to 120 individuals annually.
- Potential responders include: law enforcement, healthcare workers, teachers, community members, and local business owners.

Expected Outcomes:

- The expected outcomes is to increase knowledge on signs, symptoms, risk factors, protective factors, and confidence to assist someone who may be experiencing a mental health crisis.

USA MENTAL HEALTH FIRST AID®

Central Valley Suicide Prevention Hotline

Proposed Activities:

- Suicide Prevention Program
- Provides a suicide prevention hotline 24 hours per day, seven days a week, and 365 days per year.

Suicide Prevention GIVING 1-888-506-5991 HOPE Hotline

Individuals Served:

- Expected to serve up to 50 individuals annually.

Expected Outcomes:

- The expected outcomes is to reduce suicide by the accessibility of a local hotline providing timely access to services.
- Designed to change attitudes, knowledge, and behavior to prevent mental illness related suicide.

Access and Linkage

Each PEI program is required to facilitate and ensure access and linkage to services. As such, MCBHRS proposes opting out of the access and linkage component. The reporting requirements for this component requires more training and staff time than a very small county has the capacity to implement.

Appendix AD: Behavioral Health Board Presentation (Page 10 of 14)

Psychiatric Advanced Directive

Proposed Activities:

- A multi-county collaborative project focusing on developing a Psychiatric Advance Directive technology platform.

Individuals Served:

- Expected to serve the population that has the highest risk of involuntary care, homelessness, unnecessary hospitalizations, and involvement with criminal justice.

Expected Outcomes:

- To improve positive outcomes for consumers at risk of involuntary care, homelessness, unnecessary hospitalizations, and improvement with criminal justice.
- To improve the quality of mental health services.
- To change how mental health treatment is implemented by allowing the consumer a voice & choice.

Workforce, Education, and Training

Regional Loan Repayment Program

Proposed Activities:

- To provide educational loan repayment assistance for eligible professions in exchange for a 12-month service commitment.

Expected Outcomes:

- State loan repayment program to help retain and recruit qualified staff or work to promote careers in the behavioral health field with students early in their academic career.

Individuals Served:

- Current, new or onboarding Licensed/Associate Clinicians, Licensed Psychiatrists, or Psychiatric Nurse Practitioners of MCBHRS.

Prevention and Early Intervention (PEI) Report

FY 2021/2022

Appendix AD: Behavioral Health Board Presentation (Page 12 of 14)

PEI Outcomes Report

Yosemite National Park Counselor

Served 147 unduplicated individuals

- 70% of participants indicated a decrease in risk factors.
- 74% indicated an increase in protective factors.

School Services

291 individuals served

- 80% of participants indicated a reduction in depression symptoms.
- 78% indicated a decrease in anxiety.

Mental Health First Aid

40 individuals served

- 100% of participants felt confident to recognize and assist someone in a mental health emergency after attending class.

Mariposa Minds Matter (Stigma Reduction)

110 individuals served

- 58% of participants indicated an increase of understanding of severe mental illness.
- 67% indicated an increased understanding of mental health stigma.

PEI Outcomes Report

School Suicide Prevention Program

43 individuals served.

- Sierra Foothill Charter School
- Lake Don Pedro Elementary
- YNP Elementary
- El Portal

Central Valley Suicide Prevention Line

Responded to 88 calls.

- 37% of calls were concerns of mental health
- 27% Suicide Content

Appendix AD: Behavioral Health Board Presentation (Page 13 of 14)

Innovation Annual Report

FY 2021/2022

Innovation Outcomes Report

Psychiatric Advanced Directive (PADs) Project

A multi-year multi-county collaborative project focusing on developing a Psychiatric Advance Directive and technology platform.

PADs Project Challenges

- External staff understanding County-specific protocols, contract language, and procedures.
- Timely Approvals of draft agreements.
- External staff knowing MHSA regulations.

Psychiatric Advance Directive Outcomes

- Completed year 1 goals
- Developed and finalized regional contract language and template.

PADs Project Lessons Learned

- Significant time between MHSOAC approval and implementation of MHSA Innovations project.
- Counties rely on project manager to direct and coordinate this MHSA project.
- Trainings were needed for understanding of nuances of MHSA, multi-county collaboration, and statewide initiatives.

Appendix AD: Behavioral Health Board Presentation (Page 14 of 14)

Mariposa County
Health & Human
Services Agency

2024 - 2025 Annual Update Mental Health Services Act (MHSA) Stakeholder Survey

Your voice matters! Mariposa County Behavioral Health and Recovery Services (MCBHRS) would like to hear from you. We invite community members of Mariposa County of all ages, races, ethnicities, sexual orientation, gender identity, and religious or spiritual beliefs to take this survey so we can hear the mental health needs of the diverse populations within the community.

Please help us by providing your feedback on the current programs and services for mental health services.
This survey takes about 5-10 mins to complete.

This survey is voluntary, and responses will be anonymous. Responses from this survey will inform the annual update to our Mental Health Services Act (MHSA) Plan.

What is the Mental Health Services Act (MHSA)?

Proposition 63 passed in November 2004, this act imposes a 1% tax on personal income in excess of $1 million. MHSA's goal is to reduce the long-term impact on individual's and families resulting from untreated mental illness. MHSA provides funding to support county mental health programs for families, children, and transitional-aged youth, adults, and older adults. This survey is for you to provide us with feedback regarding the mental health services available in Mariposa County.

Appendix AE: MHSA Annual Update Stakeholder Survey FY 24-25 (Page 2 of 12)

1. Which of the following groups do you feel are most underserved in the community when it comes to mental health services? Select all that apply. *

- [ ] Children 0 - 15 years old
- [ ] Youth 16 - 25 years old
- [ ] Adults 26 - 59 years old
- [ ] Older Adults 60+
- [ ] Parents/Family Members
- [ ] Foster Youth
- [ ] Homeless
- [ ] Veterans
- [ ] 2SLGBTQIA+
- [ ] Criminal Justice Involved
- [ ] Persons with Mental Health Needs (Consumers)

2. Which communities have the greatest need for mental health services? *

- [ ] Mariposa
- [ ] Cathey's Valley
- [ ] Coulterville
- [ ] Greeley Hill
- [ ] Don Pedro
- [ ] Yosemite
- [ ] Homeless
- [ ] El Portal
- [ ] Wawona
- [ ] Fish Camp

Appendix AE: MHSA Annual Update Stakeholder Survey FY 24-25 (Page 3 of 12)

3. What following barriers create challenges in accessing mental health services?

	Very Challenging	Somewhat Challenging	No Challenge
Appointment Availability	◯	◯	◯
Legal Concerns	◯	◯	◯
Level of Services did not match needs	◯	◯	◯
No Insurance	◯	◯	◯
Frequent Provider Changes	◯	◯	◯
Resources (e.g. financial)	◯	◯	◯
Safety Concerns	◯	◯	◯
Services Not Culturally Appropriate	◯	◯	◯
Stigma around Mental Health Illness in the Community	◯	◯	◯
Slow Response Time	◯	◯	◯
Transportation	◯	◯	◯
Childcare Issues	◯	◯	◯
Medical Conditions	◯	◯	◯
Technical Barriers	◯	◯	◯

Appendix AE: MHSA Annual Update Stakeholder Survey FY 24-25 (Page 4 of 12)

4. What are the primary negative impacts on mental health in Mariposa County? *

- [ ] Prolonged suffering
- [ ] School Failure or Dropout
- [ ] Removal of Children from their Homes
- [ ] Incarceration
- [ ] Unemployment
- [ ] Suicide
- [ ] Homelessness

Current Mental Health Services Act Programs.

Rank the following with one star being the least effective and five stars being the most effective

5. Peer Support Services - An individual that runs the Wellness Center who has lived experience with mental health illness.

☆ ☆ ☆ ☆ ☆

6. Wellness Center - Peer ran activities that help build meaningful relationships, and focused on mental health wellness.

☆ ☆ ☆ ☆ ☆

7. Adult System of Care - Intensive mental health services and supports for the adults and older adults in the community with serious mental illness.

☆ ☆ ☆ ☆ ☆

8. Children's Family Services Unit - Intensive mental health services and supports for the children and families in the community with serious emotional disturbances.

☆ ☆ ☆ ☆ ☆

Appendix AE: MHSA Annual Update Stakeholder Survey FY 24-25 (Page 5 of 12)

9. Mariposa Minds Matter Task Force - A committee that targets stigma reduction and discrimination related to mental health and wellness activities.

☆ ☆ ☆ ☆ ☆

10. Mental Health First Aid - Training provided to community to increase recognition of early signs of mental illness.

☆ ☆ ☆ ☆ ☆

11. Suicide Prevention Hotline - A suicide prevention hotline that operates 24hrs per day, seven days a week, and 365 days per year. 1-800-506-5991.

☆ ☆ ☆ ☆ ☆

12. Yosemite National Park Prevention Program - A counselor that provides mental health prevention services to address and promote recovery. Services provided: group therapy, therapeutic interventions, crisis response, emotional support/wellness groups, educational series, and psychoeducation to those working or living in Yosemite National Park.

☆ ☆ ☆ ☆ ☆

13. The Family Resource Center- offers an early intervention program that promotes recovery and related outcomes for mental illness in its early stages. This program is designed to assist children, families, and caregivers with parent-to-parent support, coaching, mentoring, referrals to services, and emotional peer support. Services provided include case management, parenting support, family activities, and support groups.

☆ ☆ ☆ ☆ ☆

14. Friendly Visitor Program- A prevention program that aims to prevent mental health challenges of isolated elderly adults.

☆ ☆ ☆ ☆ ☆

Appendix AE: MHSA Annual Update Stakeholder Survey FY 24-25 (Page 6 of 12)

15. Select the reason that best describes the area in which current mental health programs need improvement.

- [ ] Communication about available mental health services
- [ ] Access to mental health information and services
- [ ] Technical access to mental health information and services
- [ ] Location of services or activities provided
- [ ] More culturally aware treatment
- [ ] More appropriate levels of care

16. Please provide additional comments on needs or gaps in mental health services in our community.

Enter your answer

17. What is your zip code?

Enter your answer

Appendix AE: MHSA Annual Update Stakeholder Survey FY 24-25 (Page 7 of 12)

18. Which of the following best describes you? *

- ◯ Consumer or consumer family member
- ◯ Educator or teacher
- ◯ Advocate
- ◯ Human services provider
- ◯ Health provider
- ◯ Law enforcement
- ◯ Student
- ◯ Veteran
- ◯ Homeless
- ◯ Community based organization
- ◯ Faith based organization
- ◯ Other
- ◯ Decline to answer

Appendix AE: MHSA Annual Update Stakeholder Survey FY 24-25 (Page 8 of 12)

19. What is your age? *

- ◯ 0 - 15 years old
- ◯ 16 - 25 years old
- ◯ 26 - 59 years old
- ◯ 60+ years old
- ◯ Decline

20. What is your primary language? *

- ◯ English
- ◯ Spanish
- ◯ Other
- ◯ Decline

Appendix AE: MHSA Annual Update Stakeholder Survey FY 24-25 (Page 9 of 12)

21. What was your gender assigned at birth? *

- ◯ Male
- ◯ Female
- ◯ Decline

22. What is your current gender identity? *

- ◯ Male
- ◯ Female
- ◯ Transgender
- ◯ Queer
- ◯ Questioning or Unsure
- ◯ Other Gender Identity
- ◯ Decline

Appendix AE: MHSA Annual Update Stakeholder Survey FY 24-25 (Page 10 of 12)

23. What is your sexual orientation? *

- ◯ Gay or Lesbian
- ◯ Heterosexual or Straight
- ◯ Bisexual
- ◯ Questioning or Unsure
- ◯ Queer
- ◯ Other
- ◯ Decline

24. Are you a veteran? *

- ◯ Yes
- ◯ No
- ◯ Decline

Appendix AE: MHSA Annual Update Stakeholder Survey FY 24-25 (Page 11 of 12)

25. Do you have any of the following disabilities? *

- ◯ Difficulty seeing
- ◯ Difficulty hearing
- ◯ Mental illness
- ◯ Physical / mobility issues
- ◯ Chronic health conditions
- ◯ Other
- ◯ None
- ◯ Decline

26. What is your race? *

- ◯ American Indian or Alaska Native
- ◯ Asian
- ◯ Black or African American
- ◯ Native Hawaiian or Other Pacific Isalnder
- ◯ White
- ◯ Multiple Races
- ◯ Decline

Appendix AE: MHSA Annual Update Stakeholder Survey FY 24-25 (Page 12 of 12)

27. What is your ethnicity? *

- ○ Caribbean
- ○ Central American
- ○ Mexican/Mexican America - American/Chicano
- ○ Puerto Rican
- ○ South American
- ○ Other Hispanic or Latino
- ○ African
- ○ Asian Indian / South Asian
- ○ Cambodian
- ○ Chinese
- ○ Eastern European
- ○ European
- ○ Filipino
- ○ Japanese
- ○ Korean
- ○ Middle Eastern
- ○ Vietnamese
- ○ Other Non-Hispanic or Latino
- ○ Multiple ethnicities
- ○ Decline

Appendix AF: MHSA Annual Update Stakeholder PPT FY 24-25 (Page 1 of 5)

Mental Health Services Act
Annual Update Stakeholder Process FY (2024-2025)

Health & Human Services Agency
Mariposa County
Healthy. Safe. Thriving.

Stakeholder Meeting:
02/05/2024

Stakeholder Agenda

- Welcome and Meeting Objectives
- Overview of the Mental Health Services Act
- Community Planning Process
- Review Current MHSA Programs
- Community Input and Discussion
- Next Steps

Meeting Objectives

01
Mental Health Services Act (MHSA)Overview

02
Overview of Fiscal Year 23-24 current MHSA Programs

03
Provide an opportunity for community input on the Annual Update FY 24-25 MHSA Programs

Mental Health Services Act

The Mental Health Services Act (MHSA) is proposition 63 that was passed in 2004, this act imposes a 1% tax on personal income in excess of one million dollars.

MHSA's goal is to reduce the long-term impact on individuals and families resulting from untreated serious mental illness, specifically to fund efforts to close gaps in the behavioral health system and to transform the behavioral health system in California to be one focused on wellness, recovery, and resilience.

MHSA provides funding to support county mental health programs for families, children, and transitional age youth, adults and older adults.

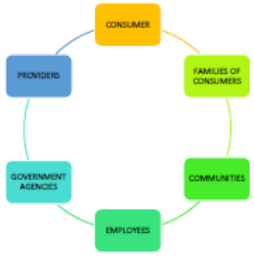
What are the MHSA Requirements?

The MHSA process must include the following:

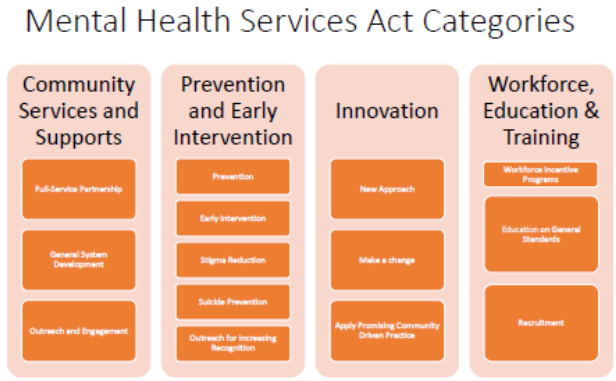
- Community Collaboration – Stakeholder involvement in all stages
- Cultural competence
- Client driven
- Family driven
- Wellness, recovery and resilience focused
- Integrated service experiences for clients and their families

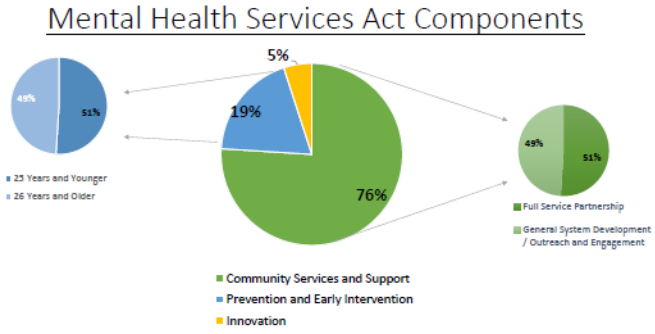
What is the stakeholder process?

- What is a stakeholder?
  - An individual or entity with an interest in mental health services.
- MHSA programs must include stakeholder involvement at every stage of the process.
  - Developing
  - Planning
  - Implementing
  - Evaluating
- The stakeholder process must include education, input and feedback.



Appendix AF: MHSA Annual Update Stakeholder PPT FY 24-25 (Page 2 of 5)





Appendix AF: MHSA Annual Update Stakeholder PPT FY 24-25 (Page 3 of 5)

Adult & Children Full-Service Partnership

Activities	Individuals Served	Expected Outcomes
• Provides a full spectrum of community services to achieve goals. • Supportive Services • Assigned Personal Service Coordinator • Outreach to Homeless.	• Serves a minimum of 35 adults (26-59) and older adults (60+) annually. • Serves a minimum of 30 children (0-15) and transitional aged youth (16-25) annually.	• Promote and Improve mental health and recovery. • Individualized treatment plan.

Whatever It Takes

Full-Service Partnership Continued...

Full-Service Partnership is doing "whatever it takes" to help individuals on their path to recovery and wellness.

The FSP program is a collaborative relationship between the County and the client and when appropriate the client's family. The County plans and provides the full spectrum of community services so that the client can achieve their identified goals.

- Eligible for supportive housing, linkage to food, clothing, employment and education (as appropriate).
- Incentive program to encourage and engage FSP clients to attend groups.
- Increased Adult Team Meeting's & Children Family Team Meeting's with a system of care approach.
- Assigned a Personal Service Coordinator for 24hr support through duration of the program.
- Parent Support/Education and Family finding to create a wider array of informal support networks.

Wellness Center

Activities	Individuals Served	Expected Outcomes
• Provides environment to receive support and form meaningful relationships. • Activities chosen and developed by peers. • Daily living activities (cooking, job training, stress management etc.)	• Anyone over the age of 18. • Can serve up to 12 individuals daily at all locations. • Wellness Center locations Mariposa, North County, and Yosemite National Park.	• Personal Growth • Resources, connections, referrals and linkage. • Improved daily living skills. • Building meaningful relationships.

Peer Support @ Wellness Center

Activities	Expected Outcomes
• To fund a Mental Health Aide with lived mental health experience to coordinate and facilitate peer support at the wellness center.	• Creates a career ladder for individuals in the recovery stage of their mental health. • Creates opportunities for further advancement in county employment. • Creates a more successful Wellness Center with a Peer-to-Peer interaction.

Family Resource Center

Activities	Individuals Served	Expected Outcomes
• Early Intervention Program • Open Tuesday-Saturday from 11-7 • Case Management to Provide support, coaching, mentoring and referrals to mental health services. • Group Support including LGBTQ+, Friends and Family Support Group, Grief Group, Social Support Group • Educational Programming including Childbirth education classes, family enrichment activities.	• All county residents with a primary focus on children, transitional-age youth, families and/or caregivers. • Estimates serving 120 individuals annually.	• Program aims to increase timely access and linkage to mental health treatment and services. • Strengthen the Family System. • Provide educational opportunities to families. • Provide social opportunities to build peer support. • Increase wellness and resiliency for individuals.

Yosemite National Park Prevention Program

Activities	Individuals Served	Expected Outcomes
• Prevention Program • Emotional Wellness Series and First Responder Training & Mental Health Office Hours. • Utilization of the Stress Continuum, and evidence-based intervention • Increase awareness around suicide and suicide prevention • Open office hours for mental health related outreach and education.	• Yosemite National Park Employees and First Responders • Estimates serving 80 individuals annually.	• Provide behavioral health interventions and education to reduce risk factors and build protective factors. • Pre/Post surveys will measure an increase in protective factors and a reduction of risk factors.

Appendix AF: MHSA Annual Update Stakeholder PPT FY 24-25 (Page 4 of 5)

Friendly Visitor

Activities	Individuals Served	Expected Outcomes
• A Prevention Program • Volunteers will engage isolated seniors by providing 30-60 minute weekly in-person visits. • Collaboration with advocacy, activities and outings, cultural and spiritual considerations, and referral services. • Monthly mixers to increase socialization and improved resilience.	• Program will serve up to 12 elderly individuals.	• Reduction in depressive symptoms, reduction of prolonged isolation and overall sense of being valued. • Identify unmet needs and assist with referrals and connection to other community services. • Monitor participant satisfaction.

Aramark and Community Prevention Services

Activities	Individuals Served	Expected Outcomes
• Prevention Program • Yoga and Mindfulness • Art and Silk Painting • Personal Writing • Community building.	• Aramark/Yosemite Hospitality population in YNP • Unserved residents of YNP • Estimates serving 150 individuals annually	• Provide behavioral health interventions and education to reduce risk factors and build protective factors. • Pre/Post check-ins will measure an increase in protective factors and reduction of risk factors. • Outreach and linkage of local resources for mental health services.

Mariposa Minds Matter

Activities	Individuals Served	Expected Outcomes
• Stigma and Discrimination Reduction program. • Develop and participate in stigma and discrimination reducing activities. • Hold booths at local farmers market, and other County festivals throughout the year. • Community video events that feature mental health information.	• Expected to serve up to 150 individuals annually.	• Reduction in negative feelings, attitudes, beliefs, perceptions, stereotypes, and discrimination related to being diagnosed with mental illness or receiving mental health services. • Pre/post surveys will be utilized to measure any changes in attitudes, knowledge, and/or behaviors regarding mental health.

Mental Health First Aid

Activities	Individuals Served	Expected Outcomes
• Outreach for increasing recognition of early signs of mental illness. • Program engages and trains potential first responders to recognize and respond effectively to early signs of mental illness.	• Members of the community • Expected to serve up to 120 individuals annually. • Potential responders include: law enforcement, healthcare workers, teachers, community members, and local business owners.	• The expected outcomes is to increase knowledge on signs, symptoms, risk factors, protective factors, and confidence to assist someone who may be experiencing a mental health crisis.

MENTAL HEALTH FIRST AID USA

Central Valley Suicide Prevention Hotline

Activities	Individuals Served	Expected Outcomes
• Suicide Prevention Program • Provides a suicide prevention hotline 24 hours per day, seven days a week, and 365 days per year.	• Expected to serve up to 50 individuals annually.	• Reduce suicide by the accessibility of a local hotline providing timely access to services. • Designed to change attitudes, knowledge, and behavior to prevent mental illness related suicide.

1-888-506-5991

Access and Linkage

Each PEI program is required to facilitate and ensure access and linkage to services. As such, MCBHRS proposes opting out of the access and linkage component. The reporting requirements for this component requires more training and staff time than a very small county has the capacity to implement.

Appendix AF: MHSA Annual Update Stakeholder PPT FY 24-25 (Page 5 of 5)

Psychiatric Advanced Directive

Activities	Individuals Served	Expected Outcomes
• A multi-county collaborative project focusing on developing a Psychiatric Advance Directive technology platform. • Participating counties: Mariposa, Orange County, Monterey, Shasta, Fresno, Tri-City, and Contra Costa • Utilize peers and community stakeholders with lived experience and understanding to develop a standardized PAD template that will be turned into an online and interactive app (technology platform). • Legislative and policy advocacy to create a legal structure to recognize PADs. • Provide standardized PADs training for understanding to communities and stakeholders.	• Expected to serve the population that has the highest risk of involuntary care, homelessness, unnecessary hospitalizations, and involvement with criminal justice.	• To improve positive outcomes for consumers at risk of involuntary care, homelessness, unnecessary hospitalizations, and improvement with criminal justice. • Allowing individuals to take responsibility for their recovery • Supporting person-centered thinking • Supportive decision-making • Enhancing a family's trust in the "system," that their family member will receive the treatment to which they are entitled, and in a supportive fashion • Providing appropriate and supportive care • De-escalating potential crisis situations

www.padsca.org

Regional Loan Repayment Program

Activities	Individuals Served	Expected Outcomes
• To provide educational loan repayment assistance for eligible professions in exchange for a 12-month service commitment.	• Current, new or onboarding Licensed/Associate Clinicians, Licensed Psychiatrists, or Psychiatric Nurse Practitioners of MCBHRS.	• State loan repayment program to help retain and recruit qualified staff or work to promote careers in the behavioral health field with students early in their academic career.

Group Discussion

- How well do the mental health services currently available meet the needs of the community?
- What can we do to improve mental health services?

Input and Feedback

- As we plan for next year- we need your feedback on the current programs and identify where we can improve the communities overall mental wellness.
- **We invite you to take our online survey to share your experience with the mental health program and services.** https://forms.office.com/g/9tyxC4FV2y

2023 - 2024 Annual Update Mental Health Services Act (MHSA) Stakeholder Survey

Next Steps

Mariposa County Behavioral Health will take this feedback and input to inform the MHSA annual update.

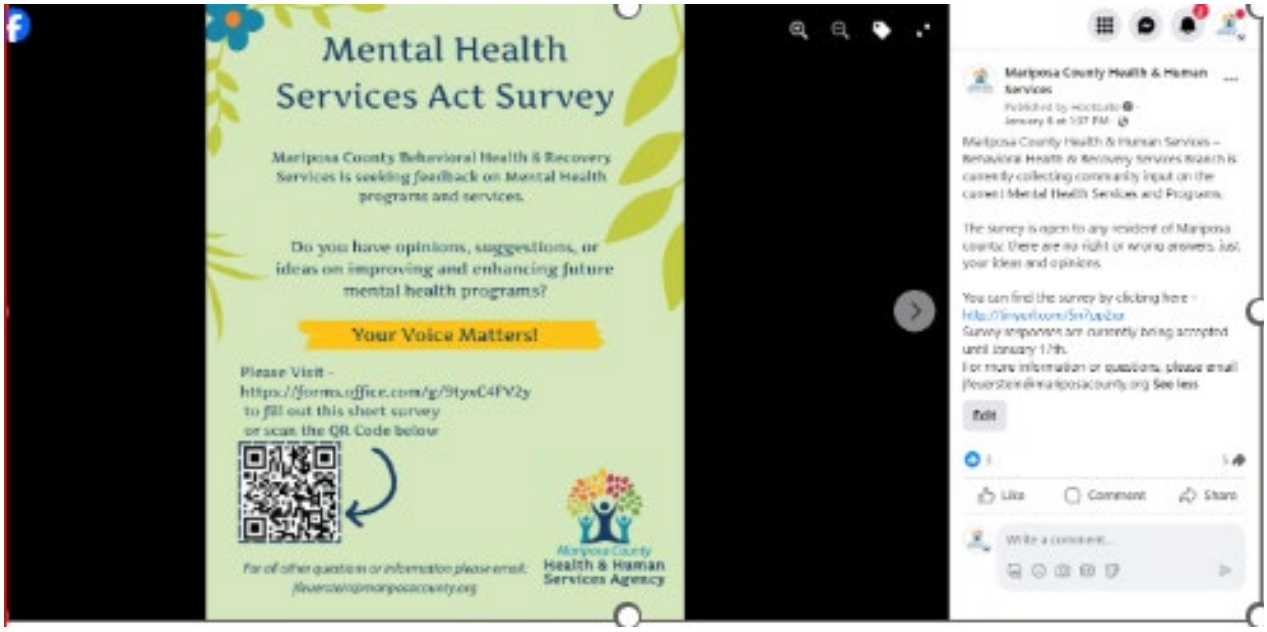
A draft copy of the update will be posted on our website for a 30-day public review.

A public hearing will be scheduled to provide any additional feedback and comments.

Questions??

Appendix AG: MHSA Annual Update Stakeholder Survey Flyer FY 24-25 (Page 1)

Appendix AH: MHSA Annual Update Stakeholder Survey Flyer FY 24-25 Facebook Post (Page 1)



Appendix AI: MHSA Annual Update Stakeholder Survey Flyer FY 24-25 Poppy/Health and Human Services Agency Post (Page 1)

Mariposa County Health & Human Services – Behavioral Health & Recovery Services Branch is currently collecting community input on the current Mental Health Services and Programs.

The survey is open to any resident of Mariposa county; there are no right or wrong answers, just your ideas and opinions.

You can find the survey by clicking here -http://tinyurl.com/5n7pp2xa
Survey responses are currently being accepted until January 17th.
For more information or questions, please email jfeuerstein@mariposacounty.org

Like 10 Views Save for later

Mental Health Services Act Annual Update

STAKEHOLDER SURVEY RESULTS: (2024-2025)

MHSA Supervisor Roles & Expectations

- Report out on MHSA programs
  - How are the programs going?
- Program Budget
  - MHSA program dollars being spent according to MHSA Plan
- Discuss what needs to improve/expand/reduce
  - MHSA programs must be implemented according to the MHSA Plan

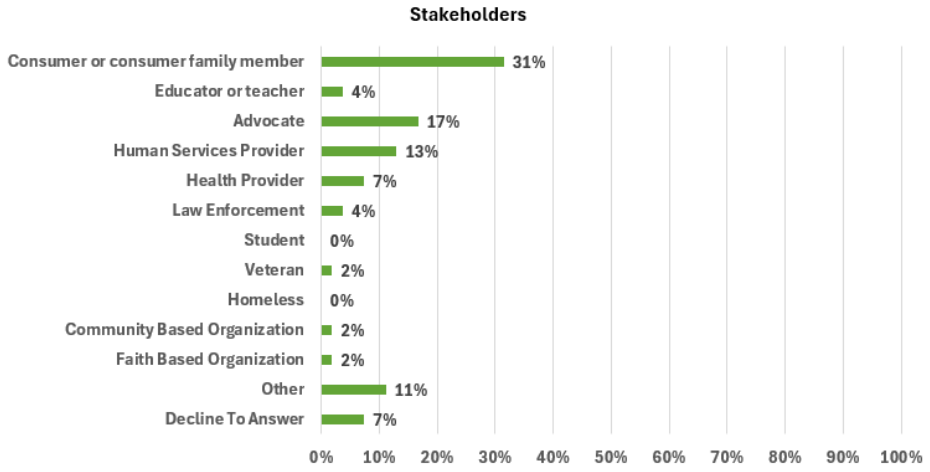
*All supervisors MUST participate in providing input and feedback to stakeholder survey results and MHSA programs.

MHSA Stakeholder Survey

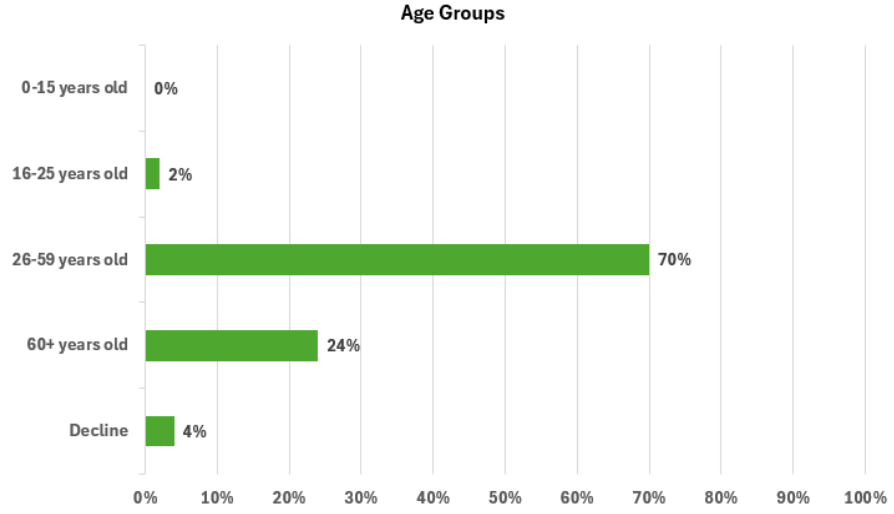
- The MHSA stakeholder survey was open from 1/5/24 – 3/5/24.
- Surveys were posted in all the HHSA lobbies, on Facebook and Poppy.
- Medical Records team offered surveys to all scheduled clients each day.
- There were 54 survey responses.
- MHSA Annual update stakeholder meeting was held on 2/5/24.

Stakeholders were asked the following questions.

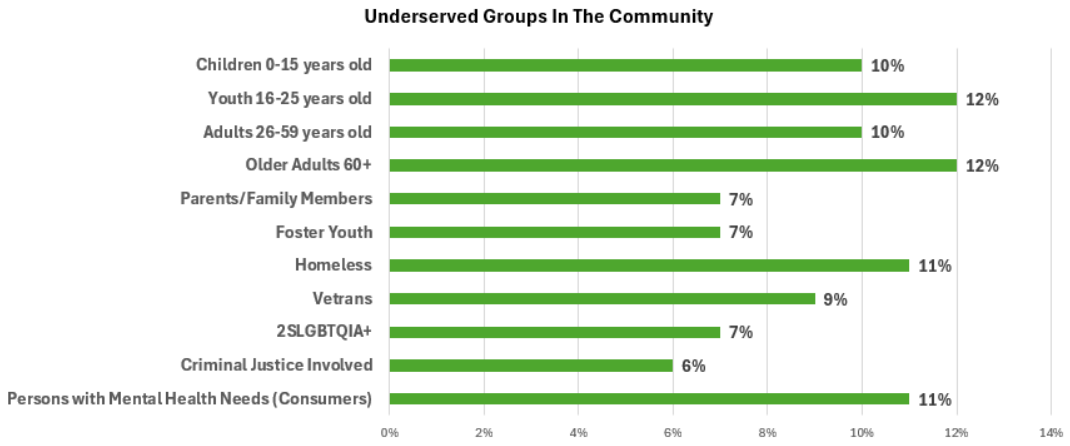
Which of the following best describes you?



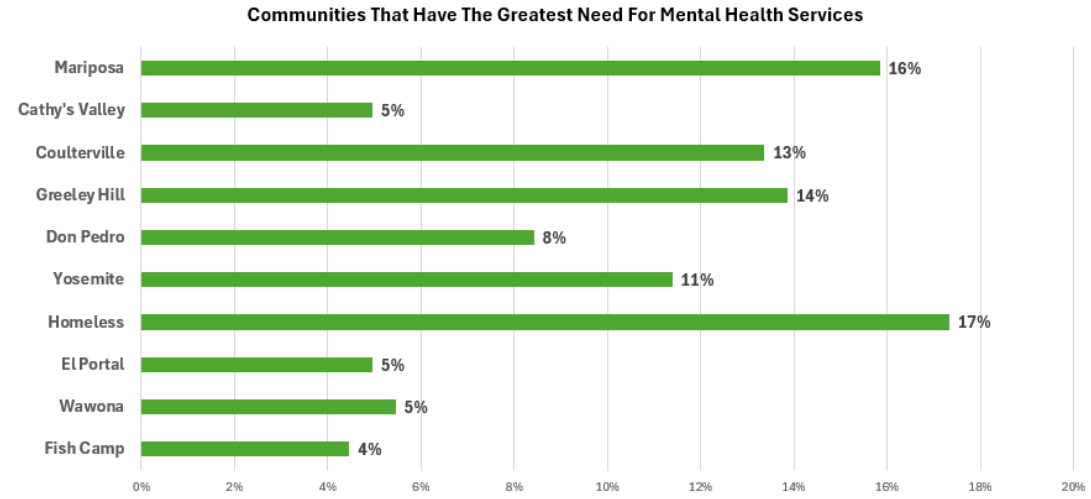
What is your age?



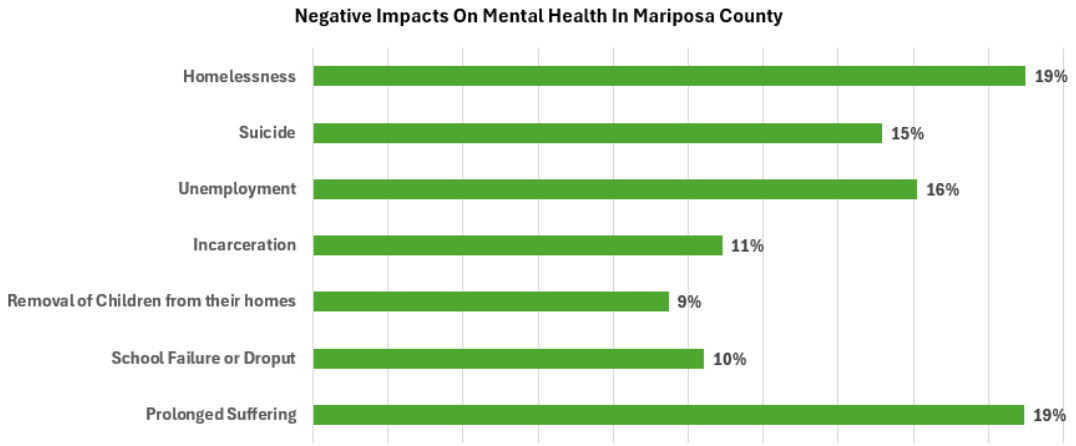
Which of the following groups do you feel are most underserved in the community when it comes to mental health services? Select all that apply.



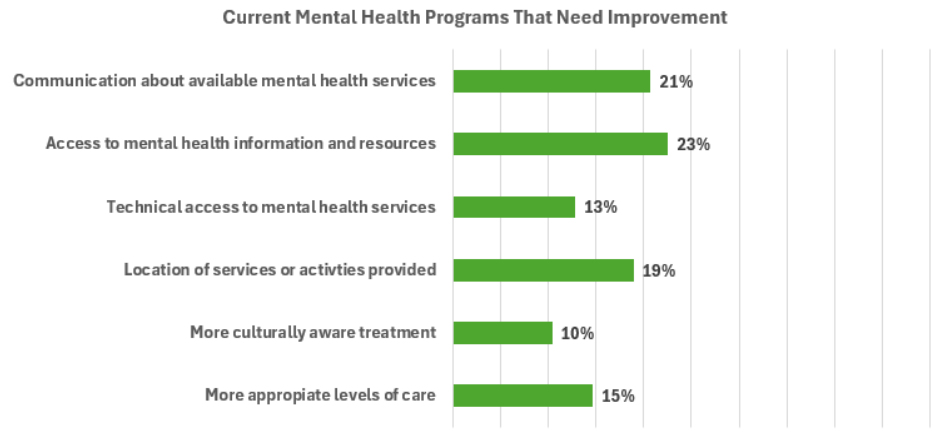
Which communities have the greatest need for mental health services?



What are the primary negative impacts on mental health in Mariposa County?

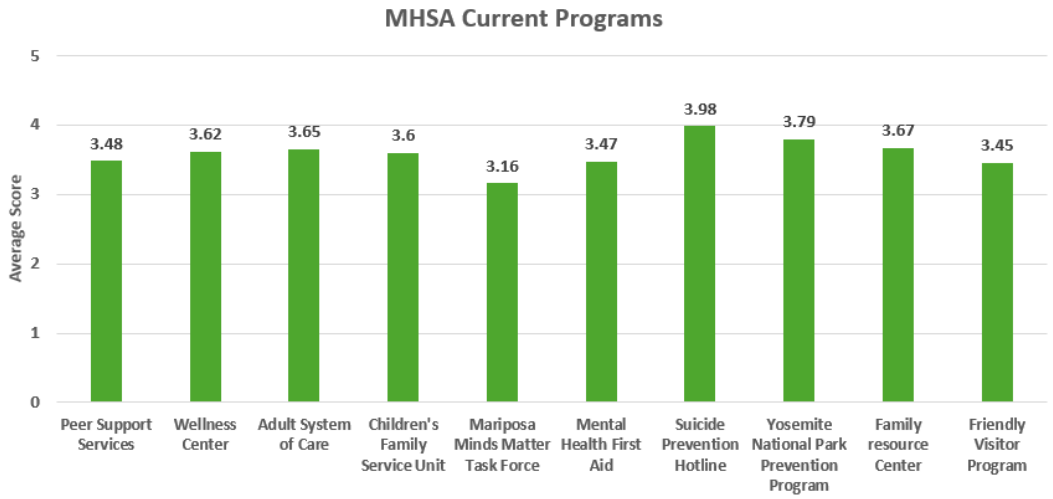


Stakeholders were asked to select the reason that best describes the area in which current mental health programs need improvement.

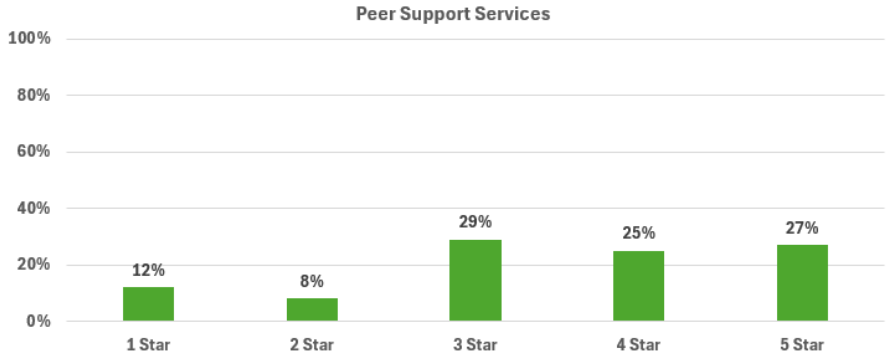


Appendix AJ: MHSA Annual Stakeholder Survey Results PowerPoint (Page 5 of 15)

Stakeholders were asked to rank the following current Mental Health Services Act programs.

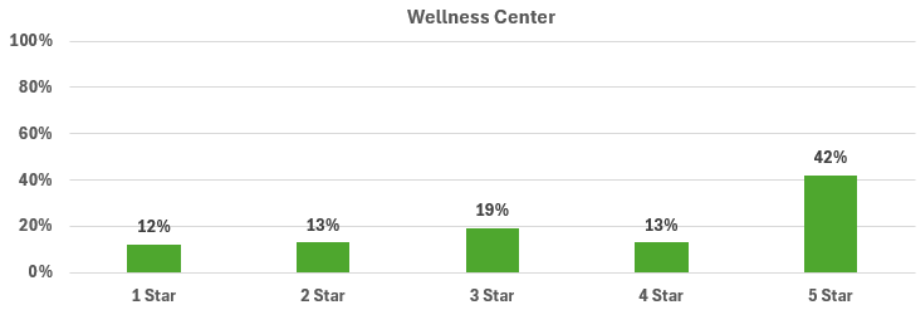


Peer Support Services – *An individual that runs the Wellness Center who has lived experience with mental health illness.*



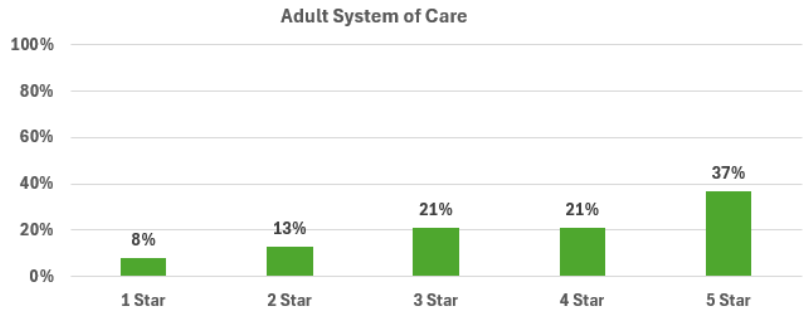
Average Rating ***3.48***

Wellness Center – *Peer ran activities that help build meaningful relationships and focused on mental health wellness.*



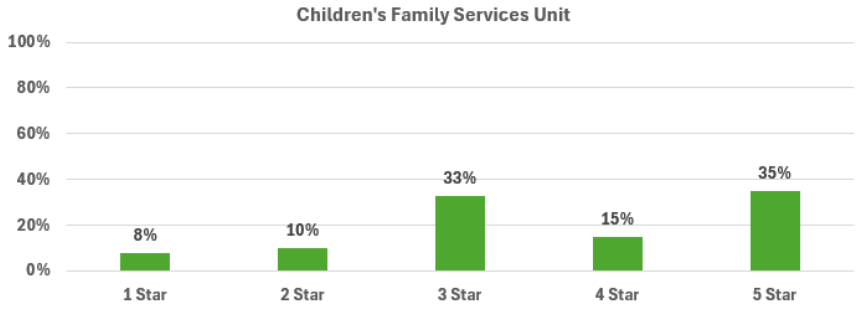
Average Rating ***3.62***

Adult System of Care – *Intensive mental health services and supports for the adults and older adults in the community with serious mental illness.*



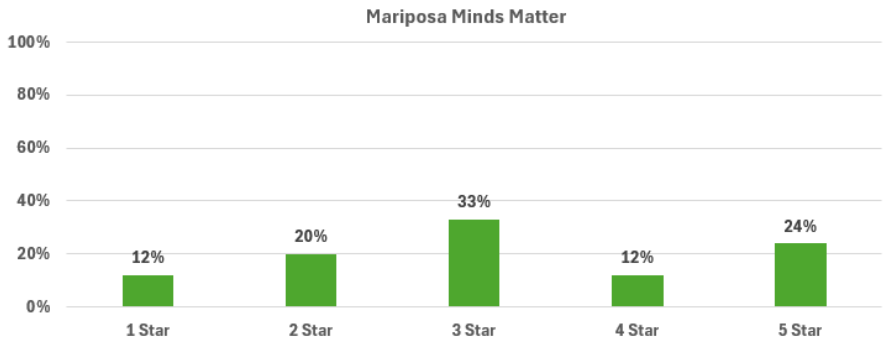
Average Rating ***3.65***

Children's Family Services Unit – *Intensive mental health services and supports for the children and families in the community with serious emotional disturbances.*



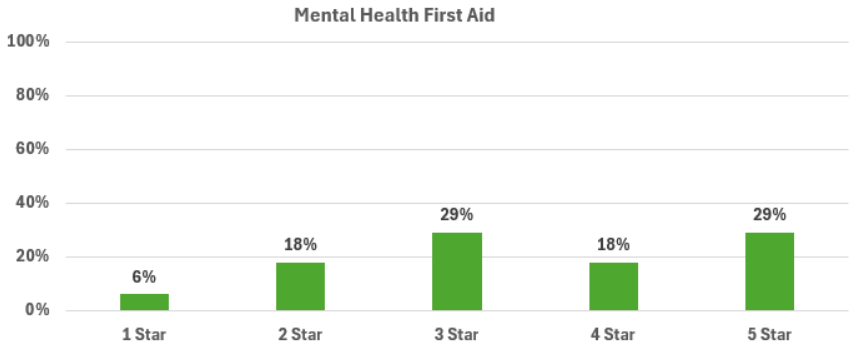
Average Rating ***3.60***

Mariposa Minds Matter Task Force – *A committee that targets stigma reduction and discrimination related to mental health and wellness activities.*



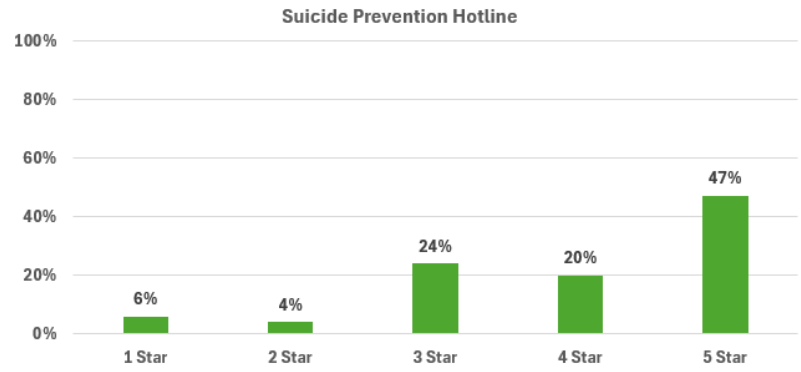
Average Rating ***3.16***

Mental Health First Aid – *Training provided to community to increase recognition of early signs of mental illness.*



Average Rating ***3.47***

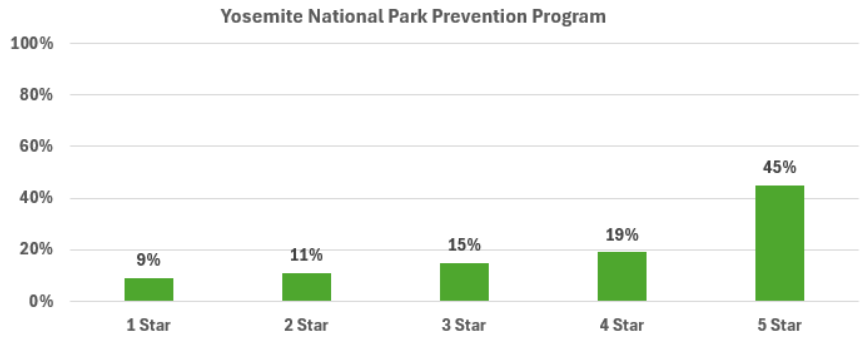
Suicide Prevention Hotline – *A suicide prevention hotline that operates 24hrs per day, seven days a week, and 365 days per year. 1-800-506-5991*



Average Rating ***3.98***

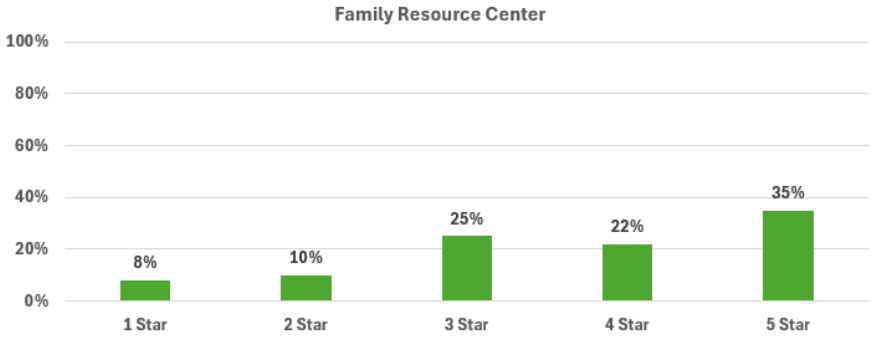
Appendix AJ: MHSA Annual Stakeholder Survey Results PowerPoint (Page 9 of 15)

Yosemite National Park Prevention Program – *A counselor that provides mental health prevention services to address and promote recovery. Services provided: group therapy, therapeutic interventions, crisis response, emotional support/wellness groups, educational series, and psychoeducation to those working or living in Yosemite National Park.*



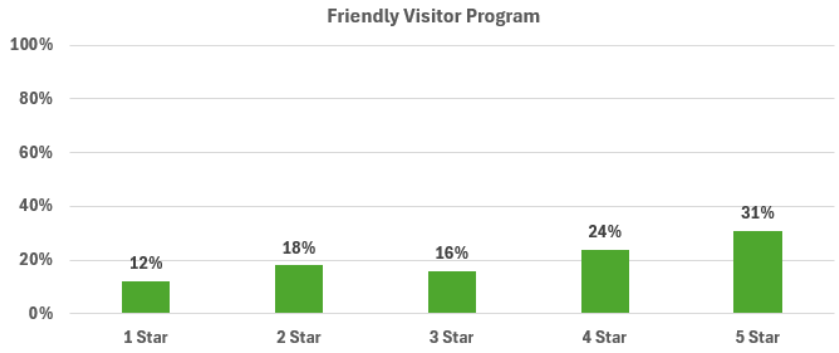
Average Rating ***3.79***

Family Resource Center – *offers an early intervention program that promotes recovery and related outcomes for mental illness in its early stages. This program is designed to assist children, families, and caregivers with parent-to-parent support, coaching, mentoring, referrals to services, and emotional peer support. Services provided include case management, parenting support, family activities, and support groups.*



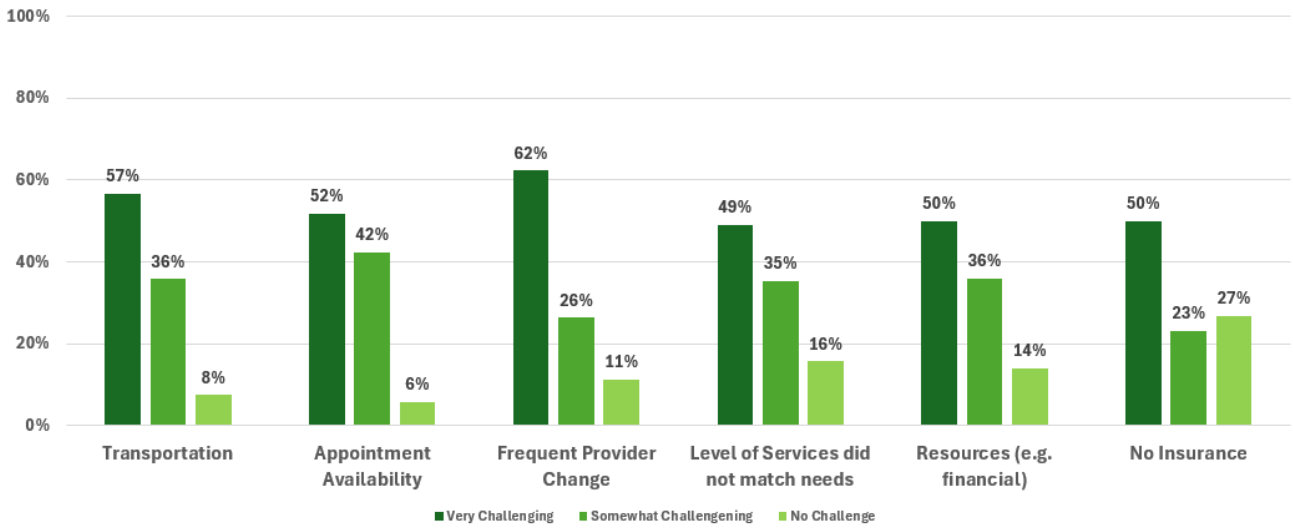
Average Rating ***3.67***

Friendly Visitor Program – *A prevention program that aims to prevent mental health challenges of isolated elderly adults.*

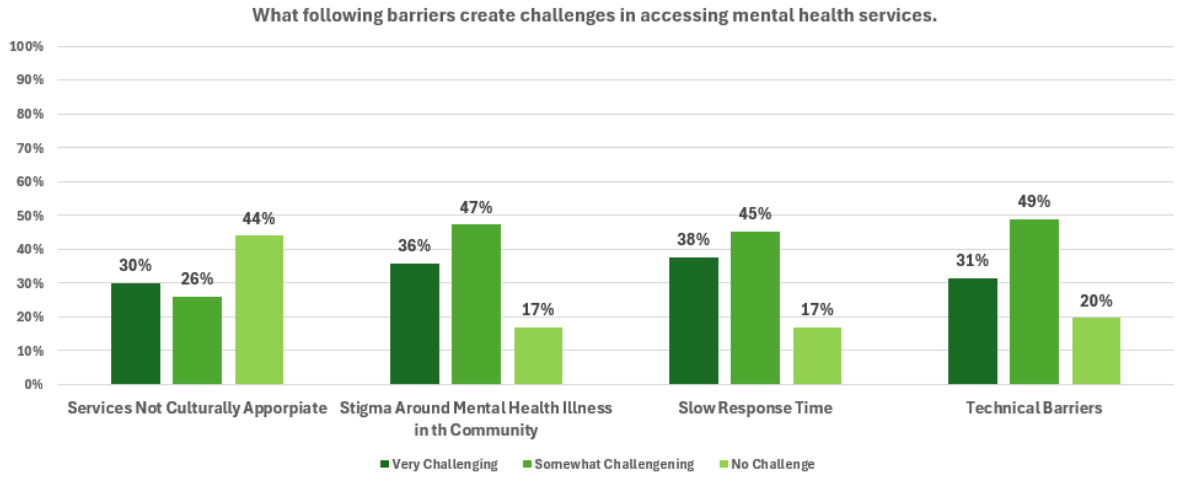


Average Rating ***3.45***

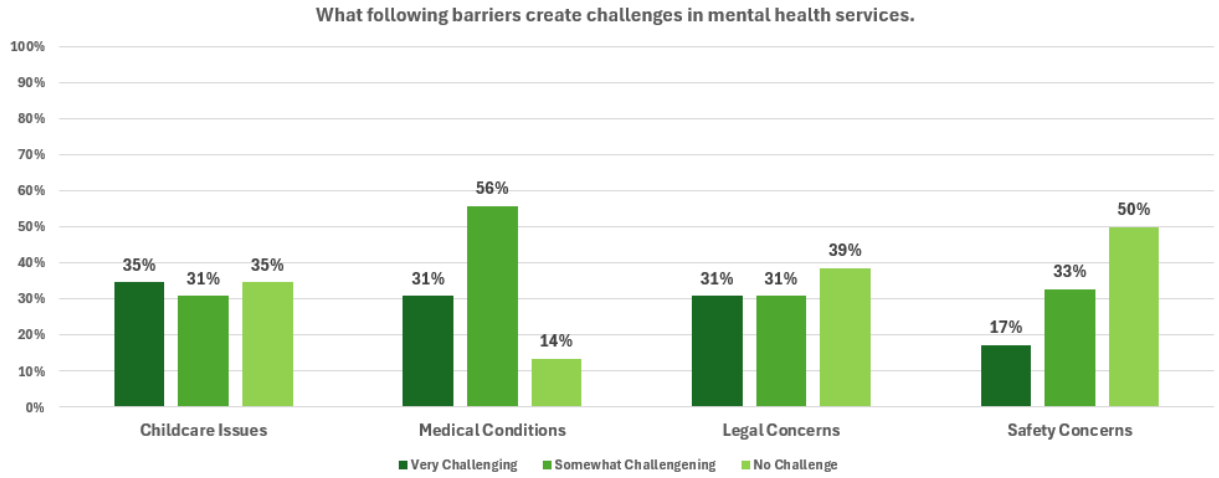
What following barriers create challenges in accessing mental health services?



What following barriers create challenges in accessing mental health services? Continued.



What following barriers create challenges in accessing mental health services? Continued.



Appendix AJ: MHSA Annual Stakeholder Survey Results PowerPoint (Page 12 of 15)

Stakeholders were asked to provide additional comments on needs or gaps in mental health services in our community.

- More providers, more staffing for the after-hours emergency line and providers at the emergency room.
- Offer Culturally Sensitive Programs.
- More outreach to bring awareness of resources.
- Making technology resources more available to homeless and elder community.
- More services for clients with private ins.
- A feeling of lack of confidentiality, especially at the Native American mental health.
- Services for youth of parents who are addicts or incarcerated.

Stakeholder Comments Continued

- Keeping the same clinician during the duration of treatment.
- Trauma Focused Therapy
- Accessibility between mild to moderate care.
- Extended Wellness Center Hours
- More informative series for basic skill building (nutrition, cooking, computer, art, craft, dance, meditation and movement.)
- Free counseling sessions in Yosemite, Yosemite needs a counselor and mental health wellness activities.
- Suicide prevention/awareness and DU Awareness in schools
- More accessibility for deaf/hard of hearing community

Appendix AJ: MHSA Annual Stakeholder Survey Results PowerPoint (Page 13 of 15)

Key Findings

- The populations most identified as underserved were age groups 17-25 and 60+ years old.
- North County (Coulterville, Greeley Hill, and Don Pedro) was identified as having the greatest need for mental health services.
- The most challenging barriers that stakeholders identified in accessing mental health services are:
  - 94% said appointment availability
  - 93% said transportation
  - 88% said frequent provider changes
  - 84% said level of services did not match needs
  - 87% said medical conditions
  - 86% said resources
  - 83% said stigma around mental health illness and slow response time
  - 80% said technical barriers
- The primary negative impacts on mental health in Mariposa County were identified as prolonged suffering and homelessness.
- Communication about available services and access to mental health information and resources were identified as the areas in which current mental health programs need the most improvement.

MHSA Required Programs

Community Services and Supports

- FSP
- Wellness center
- Peer support

Prevention and Early Intervention

- Stigma Discrimination and Reduction
- Suicide Prevention
- Prevention
- Early Intervention
- Outreach for increasing recognition programs

Workforce, Education and Training

Innovation

Appendix AJ: MHSA Annual Stakeholder Survey Results PowerPoint (Page 14 of 15)

Overview of Current MHSA Programs

July 1, 2023 – June 30, 2026

Discussion: *Do we want to Expand/Reduce the following current MHSA programs?*

Community Services and Supports

- Full-service partnership
  - Adults - $1,020,262
  - Children - $706,017
- Wellness Center
  - $10,000
- Peer Support @ Wellness Center
  - $42,088

Overview of Current MHSA Programs

July 1, 2023 – June 30, 2026

Discussion: *Do we want to Keep/Expand/Reduce the following current MHSA programs?*

Prevention and Early Intervention

- Yosemite National Park Services Prevention Program
  - $20,000
- Aramark and Community Prevention Services
  - $30,000
- Friendly Visitor
  - $50,000
- Family Resource Center
  - $121,000
- Suicide Prevention Hotline
  - $4,000
- Mariposa Minds Matter
  - $2,000
- Mental Health First Aid
  - $10,000

Overview of Current MHSA Programs

July 1, 2023 – June 30, 2026

Innovation & Workforce, Education, & Training

- Psychiatric Advanced Directive
  - $116,173
- WET
  - $19,695

Questions

Appendix AK: Public Hearing Agenda (Page 1 of 2)

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

BEHAVIORAL HEALTH BOARD MEETING
AGENDA

June 5th, 2024
12:30 p.m. – 2:30 p.m.
Mariposa County Health & Human Services
5362 Lemee Lane, Mariposa, California 95338

To attend in-person: Health & Human Services – Mariposa Conference Room
5362 Lemee Lane, Mariposa, California

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

Mission Statement: Our mission is to ensure high quality behavioral health services for all individuals in our community by evaluating the community's behavioral health services and needs, advocating for persons with behavioral health and substance use disorder needs, advising the Board of Supervisors and Behavioral Health Director on related issues and educating the public on the importance of behavioral health as a part of community health.

I. **Call to Order and Roll Call - Confirm Quorum**
II. **Public Hearing:** Conduct public hearing to receive public input, review and make recommendations, for submission of the Draft Mariposa County MHSA Annual Plan FY 2024-2025 (Attachment)

III. **Approval of Meeting Minutes: May 1st, 2024 (attachment)**

IV. **Public Comments**

Persons wishing to address any agenda item or comment on any item not on the agenda may do so at this time. Any comments will be limited to 5 minutes per person. Please state your name and address (optional). For items not on the agenda, no action will be taken at this time. If it requires action, it will be referred to staff and/or placed on the next agenda.

V. **Agenda Items**
   - A. **Announcements**
   - B. **Old Business**
     1. Review and vote on approval of 2023-2024 BHB Annual Report (Attachment)
   - C. **New Business**
     1. Accept nominations and elect new Chair and Vice Chair for the Behavioral Health Board
   - D. **Receive Staff Reports as Pertaining to Behavioral Health**
     1. Director of HHSA
     2. Director of Health Services

In compliance with the Americans with Disabilities Act, if special assistance is required to participate in this meeting, please contact Recording Secretary at 1-209-966-2000.

Appendix AK: Public Hearing Agenda (Page 2 of 2)

3. Deputy Director of Behavioral Health
4. Finances
5. Quality Assurance

E. Receive Committees and Community Partner Reports as Pertaining to Behavioral Health

1. Mariposa Heritage House
2. Mariposa Minds Matter
3. Connections
4. Probation
5. Native Solutions
6. Mariposa Safe Families
7. Family Recourse Center (Alliance)
8. CASA
9. Ethos
10. Mountain Crisis
11. Miwumati Healing Center
12. Discuss Policy/Legislative Issues Relevant to the BHB (Action Plan - Goal A4) From Supervisor Rosemarie Smallcombe

VI. Adjournment

Next Meeting: The next meeting will be held in the Mariposa County Health & Human Services Mariposa Conference Room and via teleconference, **July 3, 2024, at 12:30 p.m. to 2:00 p.m.**

Appendix AL: Website and Facebook Screenshot of Draft Posting (Page 1)

- 24-hour Crisis Response
- ACEs - Adverse Childhood Experiences
- Adult Services
- Children & Family Services - Behavioral Health
- Mental Health Services Act Information
- Native American Programs
- Non-Discrimination Policy & Language Access
- Quality Assurance
- Substance Use Disorders (SUD) & Services
- Wellness Center

Home › Government › Health and Human Services › Health Services Division › Behavioral Health & Recovery Services › Mental Health Services Act Information

Mental Health Services Act (MHSA) Information

NOTICE OF PUBLIC HEARING

Notice of Public Hearing for The Mental Health Services Act Annual Update FY 24-25

Mental Health Services Act Plan for Fiscal Year 2023 to 2026

Mariposa Mental Health Services Act Three-Year-Plan 2023-2026 (PDF)

DRAFT Mariposa Mental Health Services Act Annual Update (2024-2025) & PEI Report (2022-2023) - Open for 30-day Public Comment Period

For questions about the Draft update please contact HHSAQA@mariposacounty.org

Mental Health Services Act Plan for Fiscal Year 2020 to 2023

2022-2023 Mental Health Services Act Annual Update (PDF)

2021-2022 Mental Health Services Annual Plan Update (PDF)

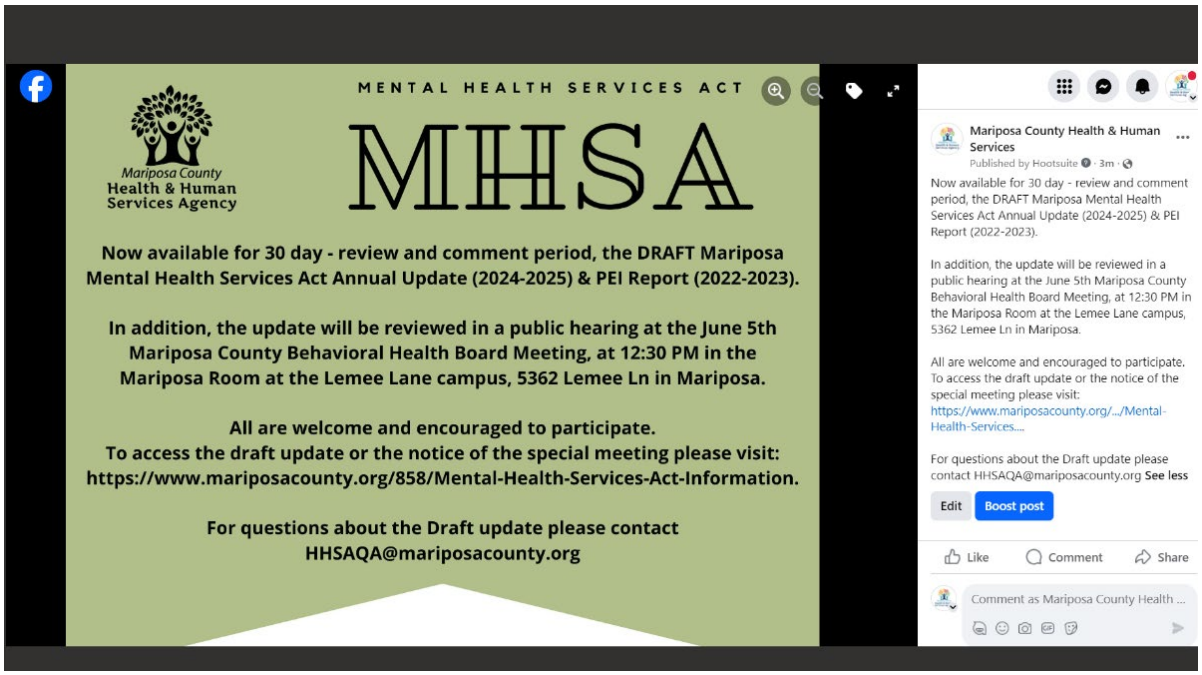
MHSA Annual Update (2021 - 2022) Amendment - WET Project FINAL (PDF)

2019-2020 Mental Health Services Act 2019-2020 Annual Plan Update (PDF)

Mental Health Services Act Annual Revenue and Expenditure Report

Mariposa FY 22-23 MHSA Annual Revenue and Expenditure Report (PDF)

Mariposa FY 21-22 MHSA Annual Revenue and Expenditure Report (PDF)



Appendix AM: Behavioral Health Board Presentation (Page 1-13)

Public Hearing:
6/05/2024

Meeting Objectives

01

Mental Health Services Act (MHSA)Overview

02

Overview of Fiscal Year 24-25 proposed programs

03

Public Hearing Input on Proposed Programs

Appendix AM: Behavioral Health Board Presentation (Page 2-13)

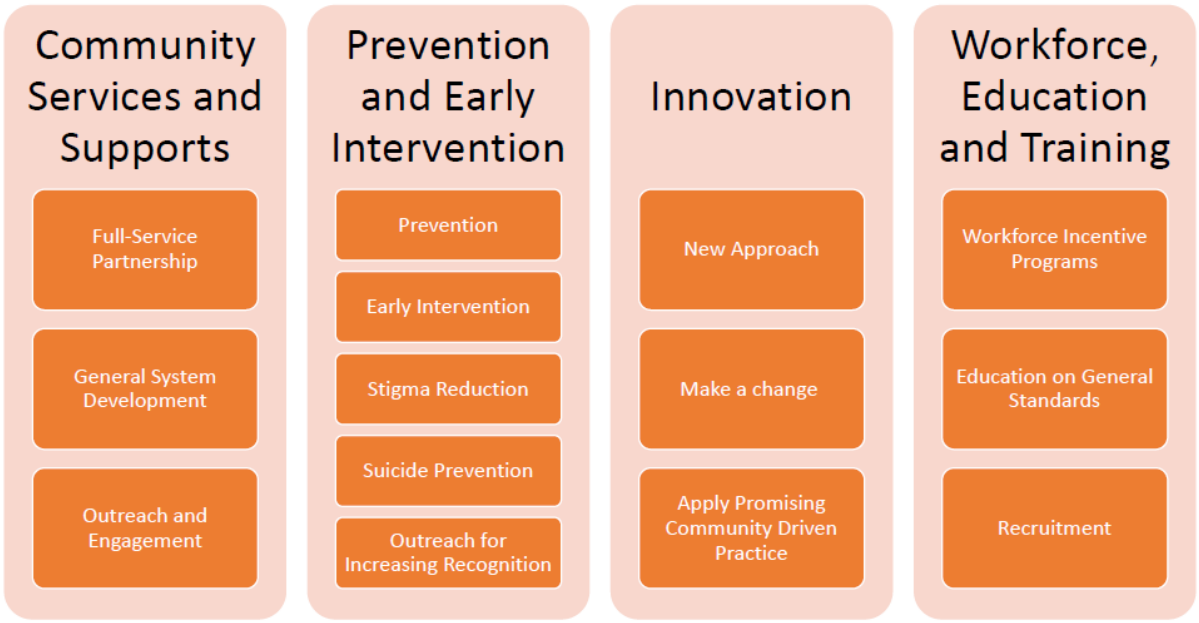
Mental Health Services Act

The Mental Health Services Act (MHSA) is proposition 63 that was passed in 2004, this act imposes a 1% tax on personal income in excess of one million dollars.

MHSA's goal is to reduce the long-term impact on individuals and families resulting from untreated serious mental illness, specifically to fund efforts to close gaps in the behavioral health system and to transform the behavioral health system in California to be one focused on wellness, recovery, and resilience.

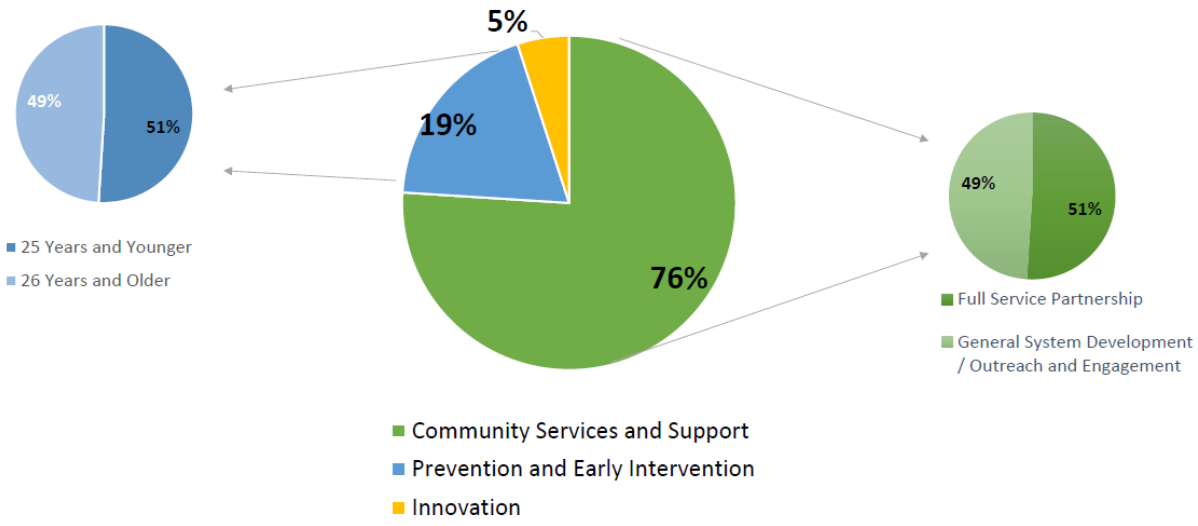
MHSA provides funding to support county mental health programs for families, children, and transitional age youth, adults and older adults.

Mental Health Services Act Categories

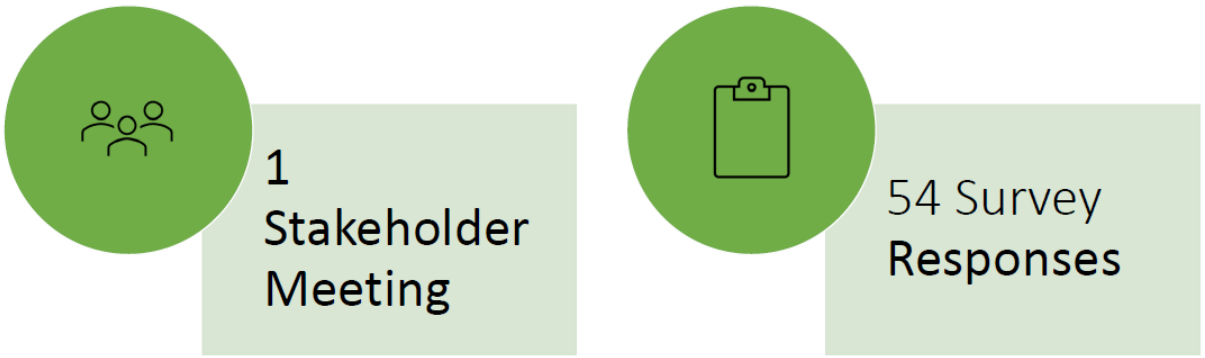


Appendix AM: Behavioral Health Board Presentation (Page 3-13)

Mental Health Services Act Components



Overview of 2024 Stakeholder Process



Appendix AM: Behavioral Health Board Presentation (Page 4-13)

Stakeholder Feedback

Youth and Older Adults Most Underserved

- Full-Service Partnership (FSP)
- Wellness Center (18 + years of age)
- Family Resource Center
- Yosemite National Park Prevention Program
- Aramark and Community Prevention Services
- Friendly Visitor

Homeless with Greatest Need For Mental Health Services

- FSP

Homelessness and Prolonged Suffering Are the Most Negative Impacts on Mental Health

- FSP
- Wellness Center
- Mariposa Minds Matter

More Outreach, Services in outlying areas, and information of resources and services easily accessible

- All MHSA programs have components of outreach, are easily accessible and provided in outlying areas.

Appendix AM: Behavioral Health Board Presentation (Page 5-13)

Overview of MHSA 2024- 2025

Community Services and Supports

- Full-service partnership
- Wellness Center
- Peer Support

Prevention and Early Intervention

- Yosemite National Park Services Prevention Program
- Aramark and Community Prevention Services
- Friendly Visitor
- Family Resource Center
- Suicide Prevention Hotline
- Mariposa Minds Matter
- Mental Health First Aid

Workforce, Education, and Training

- Regional Loan Repayment Program

Innovation

- Psychiatric Advanced Directive

Adult & Children Full-Service Partnership

Activities	Individuals Served	Expected Outcomes	Annual Budget
• Provides a full spectrum of community services to achieve goals. • Supportive Services • Assigned Personal Service Coordinator • Outreach to Homeless.	• Serves a minimum of 25 adults (26-59) and older adults (60+) annually. • Serves a minimum of 20 children (0-15) and transitional aged youth (16-25) annually.	• Promote and Improve mental health and recovery. • Individualized treatment plan.	• Adults: $537,024 • Children: $499,517

Whatever It Takes

Full-Service Partnership Continued…

Full-Service Partnership is doing "whatever it takes" to help individuals on their path to recovery and wellness.

The FSP program is a collaborative relationship between the County and the client and when appropriate the client's family. The County plans and provides the full spectrum of community services so that the client can achieve their identified goals.

- Eligible for supportive housing, linkage to food, clothing, employment and education (as appropriate).
- Incentive program to encourage and engage FSP clients to attend groups.
- Increased Adult Team Meeting's & Children Family Team Meeting's with a system of care approach.
- Assigned a Personal Service Coordinator for 24hr support through duration of the program.
- Parent Support/Education and Family finding to create a wider array of informal support networks.

FY 24/25 FSP Budget Breakdown

Funding Category	Budget	Details
Salary and Benefits	$1,036,542.00	Salary of 30 staff including quality assurance and fiscal
Operating Expenses	$441,839.00	Client related expenses and software
Total:	**$1,478,381.00**	

Cost Saving

- Hospitalizations

Appendix AM: Behavioral Health Board Presentation (Page 7-13)

Wellness Center

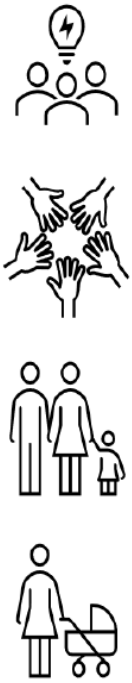
Activities	Individuals Served	Expected Outcomes	Annual Budget
• Provides environment to receive support and form meaningful relationships. • Activities chosen and developed by peers. • Daily living activities (cooking, job training, stress management etc.)	• Anyone over the age of 18. • Can serve up to 12 individuals daily at all locations. • Held at three locations: Mariposa, North County and Yosemite National Park.	• Personal Growth • Resources, connections, referrals and linkage. • Improved daily living skills. • Building meaningful relationships.	• Wellness Center: $10,000

Peer Support @ Wellness Center

Activities	Expected Outcomes	Annual Budget
• To fund a Mental Health Aide with lived mental health experience to coordinate and facilitate peer support at the wellness center.	• Creates a career ladder for individuals in the recovery stage of their mental health. • Creates opportunities for further advancement in county employment. • Creates a more successful Wellness Center with a Peer-to-Peer interaction.	• Peer Support @ Wellness Center: $43,877

Appendix AM: Behavioral Health Board Presentation (Page 8-13)

Family Resource Center



Activities	Individuals Served	Expected Outcomes	Annual Budget
• Early Intervention Program • Open Tuesday-Saturday from 11-7 ▪ Case Management to Provide support, coaching, mentoring and referrals to mental health services. • Group Support including LGBTQ+, Friends and Family Support Group, Grief Group, Social Support Group • Educational Programming including Childbirth education classes, family enrichment activities.	• All county residents with a primary focus on children, transitional-age youth, families and/or caregivers. • Estimates serving 120 individuals annually.	• Program aims to increase timely access and linkage to mental health treatment and services. • Strengthen the Family System. • Provide educational opportunities to families. • Provide social opportunities to build peer support. • Increase wellness and resiliency for individuals.	• Family Resource Center: $121,000

Yosemite National Park Prevention Program

Activities	Individuals Served	Expected Outcomes	Annual Budget
• Prevention Program ▪ Emotional Wellness Series and First Responder Training & Mental Health Office Hours. ▪ Utilization of the Stress Continuum, and evidence-based intervention ▪ Increase awareness around suicide and suicide prevention ▪ Open office hours for mental health related outreach and education.	• Yosemite National Park Employees and First Responders • Estimates serving 80 individuals annually.	• Provide behavioral health interventions and education to reduce risk factors and build protective factors. • Pre/Post surveys will measure an increase in protective factors and a reduction of risk factors.	• Yosemite National Park Prevention Program: $20,000

Appendix AM: Behavioral Health Board Presentation (Page 9-13)

Aramark and Community Prevention Services

Activities	Individuals Served	Expected Outcomes	Annual Budget
• Prevention Program • Yoga and Mindfulness • Physical Health • Expressive Arts • Community building ▪ Open office hours for mental health related outreach and education.	• Aramark/Yosemite Hospitality population in YNP • Unserved residents of YNP • Estimates serving 120 individuals annually	• Provide behavioral health interventions and education to reduce risk factors and build protective factors. • Pre/Post check-ins will measure an increase in protective factors and reduction of risk factors. • Outreach and linkage of local resources for mental health services.	• Aramark and Community Prevention Services: $30,000

Friendly Visitor

Activities	Individuals Served	Expected Outcomes	Annual Budget
• A Prevention Program • Volunteers will engage isolated seniors by providing 30-60 minute weekly in-person visits. • Collaboration with advocacy, activities and outings, cultural and spiritual groups, and referral services. • Monthly luncheons to increase socialization and improved resilience.	• Program will serve up to 12 elderly individuals.	• Reduction in depressive symptoms, reduction of prolonged isolation and overall sense of being valued. • Identify unmet needs and assist with referrals and connection to other community services. • Monitor participant satisfaction.	• Friendly Visitor: $50,000

Appendix AM: Behavioral Health Board Presentation (Page 10-13)

Mariposa Minds Matter

Activities	Individuals Served	Expected Outcomes	Annual Budget
• Stigma and Discrimination Reduction program. • Develop and participate in stigma and discrimination reducing activities. • Hold booths at local farmers market, and other County festivals throughout the year. • Community video events that feature mental health information.	• Expected to serve up to 150 individuals annually.	• Reduction in negative feelings, attitudes, beliefs, perceptions, stereotypes, and discrimination related to being diagnosed with mental illness or receiving mental health services. ▪ Pre/post surveys will be utilized to measure any changes in attitudes, knowledge, and/or behaviors regarding mental health.	• Mariposa Minds Matter: $2,000

Mental Health First Aid

Activities	Individuals Served	Expected Outcomes	Annual Budget
• Outreach for increasing recognition of early signs of mental illness. • Program engages and trains potential first responders to recognize and respond effectively to early signs of mental illness.	• Members of the community • Expected to serve up to 120 individuals annually. • Potential responders include: law enforcement, healthcare workers, teachers, community members, and local business owners.	• The expected outcomes is to increase knowledge on signs, symptoms, risk factors, protective factors, and confidence to assist someone who may be experiencing a mental health crisis.	• Mental Health First Aid: $10,000

MENTAL HEALTH FIRST AID® USA

Central Valley Suicide Prevention Hotline

Activities	Individuals Served	Expected Outcomes	Annual Budget
• Suicide Prevention Program • Provides a suicide prevention hotline 24 hours per day, seven days a week, and 365 days per year.	• Expected to serve up to 50 individuals annually.	• Reduce suicide by the accessibility of a local hotline providing timely access to services. • Designed to change attitudes, knowledge, and behavior to prevent mental illness related suicide.	• SVSPH: $4,000

1-888-506-5991

Access and Linkage

Each PEI program is required to facilitate and ensure access and linkage to services. As such, MCBHRS proposes opting out of the access and linkage component. The reporting requirements for this component requires more training and staff time than a very small county has the capacity to implement.

Appendix AM: Behavioral Health Board Presentation (Page 12-13)

Psychiatric Advanced Directive

Activities	Individuals Served	Expected Outcomes	Annual Budget
• A multi-county collaborative project focusing on developing a Psychiatric Advance Directive technology platform. • Participating counties: Mariposa, Orange County, Monterey, Shasta, Fresno, Tri-City, and Contra Costa • Utilize peers and community stakeholders with lived experience and understanding to develop a standardized PAD template that will be turned into an online and interactive app (technology platform). • Legislative and policy advocacy to create a legal structure to recognize PADs. • Provide standardized PADs training for understanding to communities and stakeholders.	•Expected to serve the population that has the highest risk of involuntary care, homelessness, unnecessary hospitalizations, and involvement with criminal justice.	• To improve positive outcomes for consumers at risk of involuntary care, homelessness, unnecessary hospitalizations, and improvement with criminal justice. • Allowing individuals to take responsibility for their recovery • Supporting person-centered thinking • Supportive decision-making • Enhancing a family's trust in the "system," that their family member will receive the treatment to which they are entitled, and in a supportive fashion • Providing appropriate and supportive care • De-escalating potential crisis situations	• PADs: $125,320

Regional Loan Repayment Program

Activities	Individuals Served	Expected Outcomes	Annual Budget
• To provide educational loan repayment assistance for eligible professions in exchange for a 12-month service commitment.	• Current, new or onboarding Licensed/Associate Clinicians, Licensed Psychiatrists, or Psychiatric Nurse Practitioners of MCBHRS.	• State loan repayment program to help retain and recruit qualified staff or work to promote careers in the behavioral health field with students early in their academic career.	• Regional Loan Repayment Program: $29,965

Questions??

Appendix AN: Behavioral Health Board Presentation Sign in Sheet (Page 1)

BEHAVIORAL HEALTH BOARD
SIGN-IN SHEET
June 5, 2024

Notice: Signing this attendance sign-in sheet is voluntary.
You are welcome to attend the meeting whether or not you choose to sign the attendance sheet.

PLEASE PRINT

MEMBERS	GUESTS	STAFF
1 Paul Brickett	1 Dan Hallett	1
2 Rosemarie Smallcorn	2 Kayeli Gentry	2 Sheila Baker
3 Ellie McSwain	3 Megan Atkinson	3 Marcia Buxton
4	4 Julie Jules	4 Kandy Patenaude
5 ~~Kelly~~	5 Karen Fox	5 Gillian Rodney
6 EVA ADAMS →	6 ~~EVA ADAMS~~	6
7	7 Brandy Stumpf	7
8	8 Summer Lynn Marquez	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15

Appendix AO: Board of Supervisors Agenda (Page 1 of 8)

Mariposa County

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

MILES MENETREY, CHAIR	**DISTRICT V**
ROSEMARIE SMALLCOMBE, VICE CHAIR	**DISTRICT I**
WAYNE FORSYTHE	**DISTRICT IV**
SHANNON POE	**DISTRICT II**
DANETTE TOSO	**DISTRICT III**

AGENDA OF THE BOARD OF SUPERVISORS

AMENDED

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

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

Citizens wishing to schedule matters for Board consideration or to appear before the Board must contact the Clerk of the Board in writing stating the action requested, sponsoring department, and requested date. Appropriate requests will be scheduled as time allows. Submission deadline is on Thursday prior to noon (12 days in advance of meeting), so that the Agenda can be processed and packages available on Thursday for the following week's meeting. One copy of all supporting materials must be submitted.

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

Agendas and supporting documentation are generally available for review on the Thursday prior to the Board meeting, as soon as it is completed, at the Mariposa County Government Center. They are also available online at:https://www.mariposacounty.org/2792/Agendas-Minutes

PLEASE SILENCE CELL PHONES.

June 18, 2024

BOARD MEETINGS ARE OPEN TO THE PUBLIC

1 (929)-352-1921 660-091-011#

Audio of the meeting streams on the internet but has a 1-4 minute time lag. Consequently, members of the public who wish to provide input from off-site are invited to do so by using the above call in line or by submitting written comments: For submittal options, please visit https://www.mariposacounty.org/2409/Participate-in-Meetings

Persons who, due to a disability, need assistance or special accommodations in order to participate in this meeting should, as soon as possible prior to the meeting, contact the Clerk of the Board at (209) 966-3222, option 2 (voice) or email board-clerk@mariposacounty.org to request special accommodations for persons with disabilities.

In compliance with the American Disabilities Act, if you need special assistance to participate in this meeting, please contact the Clerk of the Board's Office.

Appendix AO: Board of Supervisors Agenda (Page 2 of 8)

Appendix AO: Board of Supervisors Agenda (Page 3 of 8)

A. Call to Order and Roll Call

9:00 AM Meeting Called to Order at the Mariposa County Government Center

B. Pledge of Allegiance

C. Introductions

D. Approval of Consent Agenda (Items designated by "CA")

NOTE: The Consent Agenda consists of items that are generally viewed as non-controversial and routine by the department. If the Board wishes to discuss an item, it will be removed from the Consent Agenda and moved to the end of the timed agenda; or, at the Chair's discretion, may be taken in conjunction with another item scheduled by the respective department; otherwise, the Consent Agenda items are generally approved in one single motion. This is the appropriate time for the public to advise the Chair of any comments to the Consent Agenda, or to request that the Board consider removing an item from the Consent Agenda.

CA1. **Health and Human Services Agency**

Resolution Continuing a Shelter Crisis Local Emergency in Mariposa County

CA2. **Administration**

Approve Budget Action Reducing General Fund Contingency and Increasing Appropriations in the Indigent Defense Budget to Cover Significantly Higher Costs than Any Prior Year ($61,310) (4/5ths Vote Required)

CA3. **Auditor**

Approve Budget Action Transferring Funds Within the CSA 1M Don Pedro Fire Protection Budget to Utilize Reserve ($11,043)(4/5th Vote Required)

CA4. **Administration**

Approve Budget Action Reducing General Fund Dental Stabilization Reserves and Increasing Appropriations in the Human Resources Budget ($72,720); and Reducing Workers' Compensation Fund Reserve and Transferring Funds to the General Liability Fund to Cover Significantly Higher Costs than Any Prior Year ($34,181) (4/5ths Vote Required)

CA5. **Clerk of the Board**

Receive the List of Software as a Service License Agreements Entered into by the County Administrative Officer (Purchasing Agent) Pursuant to Resolution 22-116 Entered Into, Received, and Processed in May of 2024

CA6. **Clerk of the Board**

Receive the List of Agreements Entered into by the County Administrative Officer (CAO) (Purchasing Agent) Pursuant to County Code Chapter 3.08, Entered Into, Received and

Appendix AO: Board of Supervisors Agenda (Page 4 of 8)

Processed in May of 2024

CA7. **Clerk of the Board**

Receive Minutes of the Committees Established by the Mariposa County Board of Supervisors Pursuant to Resolution 22-115, Section 10.2

CA8. **Clerk of the Board**

Receive the List of Agreements Entered into by the Mariposa County Department Heads (Assistant Purchasing Agents) Pursuant to County Code Chapter 3.08 Entered Into, Received and Processed in May of 2024

CA9. **Health and Human Services Agency**

Approve First Amendment to Agreement with MySidewalk, Inc for SaaS, Software as a Service to Extend the Term by One Year, from April 16, 2026 to April 15, 2027 in the Amount of $22,657.50 for Three Years for a New Amount Not to Exceed $78,697.50; and Authorize the Board of Supervisors Chair to Sign the Amendment

CA10. **Health and Human Services Agency**

Approve Third Amendment to the Agreement with Area 12 Agency on Aging (A12AA); Authorize the Board of Supervisors Chair to Sign the Amendment; and Approve Budget Action Increasing Revenue and Appropriations in the Transit Budget Receiving Unanticipated Funds ($3,550) (4/5ths Vote Required)

CA11. **Health and Human Services Agency**

Approve an Agreement with Ascendient Healthcare Advisors, Inc. in the Amount of $75,000 for Consultation; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA12. **Health and Human Services Agency**

Approve an Agreement with Central Star Behavioral Health, Inc. in the Amount of $115,000 for Inpatient Services; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA13. **Health and Human Services Agency**

Approve a Memorandum of Understanding (MOU), with Central California Alliance for Health, for Managed Medical Care Commission; and Authorize the Board of Supervisors Chair to Sign the MOU

CA14. **Health and Human Services Agency**

Approve Budget Action Increasing Revenues, Expenses and Transfers in the Senior Nutrition and 2011 Realignment Funds ($80,000)(4/5th Votes Required)

CA15. **Health and Human Services Agency**

Approve Budget Action Transferring Funds Within the Behavioral Health Department 402 Budget for Fiscal Year 2024 to Pay Expenses Through Year End ($743,835)(4/5th Vote Required)

CA16. **Health and Human Services Agency**

Appendix AO: Board of Supervisors Agenda (Page 5 of 8)

Accept the Resignation and Recognize the Service of Dr. Eric Sergienko to the Emergency Medical Care Committee (EMCC); and Appoint Dr. Mimi Carter as Representative for the Mariposa County Health Officer on the Emergency Medical Care Committee (EMCC) with a Term Expiring on June 18, 2028

CA17. **Health and Human Services Agency**

Approve Amendment A02 by the California Department of Community Services Development in the Amount of $560,000 to extend the end date to the Low Income Home Energy Assistance Program 23B-2021 agreement; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA18. **Health and Human Services Agency**

Approve Submission of the "Mariposa County Mental Health Services Act (MHSA) Annual Update for Fiscal year 2024-2025" to the Department of Health Care Services (DHCS) and "Annual Prevention and Early Intervention (PEI) Report for Fiscal Year 2022-2023" and "Annual Innovation Report for Fiscal Year 2022-2023"; Authorize the Health and Human Services Agency (HHSA) Director to Implement Those Activities Within the Annual Update for Fiscal Year 2024-2025 Upon DHCS Approval; and Authorize the Health and Human Services Agency Director to Sign the Certifications with DHCS with Regard to the MHSA Plan (Subject to Approval as to Legal Form by County Counsel)

CA19. **Health and Human Services Agency**

Approve an Agreement with Jackson & Coker LocumTenens, LLC in the Amount of $600,000 for Staffing for Psychiatric Services; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA20. **Public Works**

Approve a Change Order with Mountain Cascade Inc., in the Amount of $868,165.81 for the Fall 2023 Pavement Resurfacing Project; and Authorize the Board of Supervisors Chair to Sign the Change Order

CA21. **Public Works**

Accept the Offer of Dedication of an Easement for Public Road and Public Utility Purposes On, Over and Across Antone Road as Described by the Exhibits within Document No. 20211730 and Document No. 20211731, Mariposa County Records; and Authorize the Board Chair to sign the Certificate of Acceptance

CA22. **Public Works**

Approve an Agreement with RDO Equipment Company for the Purchase and Installation of Carlson Machine Control Hardware in the Amount of $85,229.55; and Authorize the Chair of the Board of Supervisors to Sign the Agreement

CA23. **Public Works**

Approve a Change Order with Kroeker Inc., in the Amount of $73,730.18 for the Highway 140 Crossing Improvements; and Authorize the Board of Supervisors Chair to Sign the Change Order

Appendix AO: Board of Supervisors Agenda (Page 6 of 8)

CA24. **Public Works**

Approve a Change Order with Williams Excavation Inc., in the Amount of $746,900 for the Natural Disaster Water Storage Mitigation Project; and Authorize the Board of Supervisors Chair to Sign the Change Order

CA25. **Public Works**

Appoint Arthur Huet-Stringer to the Parks and Recreation Commission representing District II; Appoint Kassandra Bismeyer as a Member At Large who Resides in District III with Terms Expiring on July 2, 2027

CA26. **Treasurer/Tax Collector/County Clerk**

Approve an Agreement with the Secretary of State for Help America Vote Act (HAVA) Funds in an Amount Not to Exceed $100,000.00 to Enhance Election Technology and Make Election Security Improvements; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA27. **Treasurer/Tax Collector/County Clerk**

Authorize the Request for Approval to Sell 5-Year Tax Defaulted Parcels at the Annual Auction Scheduled for August 9, 2024

E. Items removed from Consent Agenda

F. Departmental Presentation

For Items within the Jurisdiction of the Board and not on Today's Agenda

G. Public Comment on Non-Agenda Items

For Items within the Jurisdiction of the Board and not on Today's Agenda (Speakers Limited to Five Minutes)
(Please note that state law does not allow action to be taken on any item not appearing on the Agenda unless the action is otherwise authorized by Government Code Section 54954.2(b). No conclusion should be drawn if the Board does not respond to public comment at this time.)

H. Board Recognitions

1. **Sheriff's Office**

Resolution and Tile Plaque for Sean Land Upon His Retirement

Recess Board of Supervisors

Announcement Pursuant to Government Code 54952.3

In accordance with Government Code Section 54952.3, it is hereby announced that the Mariposa County Board of Supervisors will be sitting either simultaneously, or serially, as the Local Transportation Commission of Mariposa County and that they receive no additional compensation for same.

Appendix AO: Board of Supervisors Agenda (Page 7 of 8)

I. LOCAL TRANSPORTATION COMMISSION

(Chair - Commissioner Wayne Forsythe, Vice-Chair - Commissioner Danette Toso)

Public Comment Period

For Items within the Jurisdiction of the Local Transportation Commission and not on Today's Agenda (Speakers Limited to Five Minutes)

LTC Regular Agenda

1. **Public Works**

Adopt a Resolution allocating the Transportation Development Act (TDA) Funds for Fiscal Year 2023–2024

Adjourn LTC

Reconvene as Board of Supervisors

J. Regular Agenda Items

1. **Board of Supervisors**

Receive a Presentation from Representatives of the Northern Mariposa County History Center (Board Chair)

2. **Public Works**

Approve an Agreement with George Reed Inc., for the Downtown Revitalization Phase II Roadway, Water and Sewer Infrastructure Improvement Project in the amount Not to Exceed $4,441,244; and Authorize the Board Supervisors Chair to Sign the Agreement

3. **Planning**

Authorize the Board of Supervisors Chair to Sign a "Letter of Public Convenience and Necessity" to the Department of Alcohol Beverage Control to Issue a Type 20 Off-Sale Beer and Wine Licenses that would Otherwise be Subject to the State Moratorium, Census Block 06-043-010-001, for the Building Located at 4808 Highway 140, Mariposa (Wildhaven Yosemite)

4. **Administration**

Approve Agreement between Mariposa County and SEIU Local 521 regarding Compensation Alignment for Eligibility Specialist I, II, III Series; and Authorize Board of Supervisors Chair to Sign Agreement.

5. **Administration**

Rescind Resolution 1987-421, 1991-258, and 2009-258; and Approve the New Pre-Employment Medical Exam Policy

6. **Administration**

Appendix AO: Board of Supervisors Agenda (Page 8 of 8)

Adopt a Resolution Adopting the 2024-25 Fiscal Year Budget and Authorizing Certain Actions in Order to Implement the Fiscal Year 2024-25 (FY25) Budget

K. Closed Session

1. **Administration**

CLOSED SESSION: Conference with Labor Negotiators: Name of County Designated Representative: Shelline Bennett: Employee Organization: Mariposa County Managerial/Confidential Organization (MCMCO); and Service Employees International Union (SEIU)

2. **County Counsel**

CLOSED SESSION: Conference with Legal Counsel; Existing Litigation: Ted Dwyer V. County of Mariposa; WCAB No.: ADJ10168154, ADJ10168168, ADJ1016816464

Report Out

L. Board Information

M. Adjournment

Appendix AP: PADS Annual Report, Alpha Omega - Translation/Interpretation (Page 1 of 2)

alpha omega
TRANSLATIONS

7674 Audubon Meadow Way
Alexandria VA, 22306

T. 703 768 2535
F. 703 995 0949

www.alphaomegatranslations.com
info@alphaomegatranslations.com

Summary of activities for year 2023.

A. Summary of Activities and Accomplishments During the Reporting Period
B. Challenges Encountered and Resolved During the Reporting Period
C. Plans and Expectations for the Next Reporting Period
D. Attachments

A. Summary of Activities and Accomplishments During the Reporting Period

Customers:
Concept Forward
Idea Engineering Anthony

Translation of 73 document(s) from English (USA) to Arabic, Chinese, Farsi, Korean, Vietnamese for Idea Engineering
Service requested by Antony Del Castillo Schickram – **invoice I-06055**

Translation of 1 document(s) from English (USA) to Spanish for Idea Engineering
Service requested by Antony Del Castillo Schickram
Invoice **I-06228**

Translation of 2 document(s) from English (USA) to Arabic, Chinese, Farsi, Hmong, Korean, Vietnamese for Idea Engineering
Service requested by Jeanne Spencer
Invoice I-06214

Virtual interpreting from English (USA) to Spanish for Concepts Forward
Service requested by Kiran Sahota
Invoice I-06242

Appendix AP: PADS Annual Report, Alpha Omega - Translation/Interpretation (Page 2 of 2)

B. Challenges Encountered and Resolved During the Reporting Period

No challenges recorded. Customer expressed satisfaction with deliverables.

E. Plans and Expectations for the Next Reporting Period

Translation and interpretation projects as described in Master Contract.

A. Attachments

N/A

Appendix AQ: PADS Annual Report, Burton Blatt Institute-Evaluation/Technology (Page 1 of 8)

Report on Implementation of the Evaluation of Orange County Innovation Activities, with Particular Focus on Development and Outcomes of a PADs Technology Platform

Date Submitted: December 29, 2023

Period(s) Covered: January 1, 2023-December 31, 2023

Submitted by:
Gary Shaheen, Ph.D.
Project Director
Burton Blatt Institute
Syracuse University

Summary of the Qualitative Evaluation

The Syracuse University (SU) Burton Blatt Institute (BBI) was tasked by Orange County, California to conduct a multi-year process and outcome qualitative evaluation of the web-based platform supporting Psychiatric Advanced Directives (PADs) implemented by 7 California counties. These 7 counties are Fresno, Mariposa, Monterey, Shasta, Tr-City, Contra Costa, and Orange counties who are using their Mental Health Administration Innovation Funds to support their efforts. BBI works directly with Project Manager Kiran Sahota, all 7 counties, and project subcontractors Chorus, Idea, Painted Brain, CAMPHRO, and Rand Corporation to obtain data supporting the evaluation. BBI also works with the Project Manager and SU's Office of Sponsored Programs to administer the requirements of the Orange County contract and for fiscal administration of County and Sub-Contractor sub-awards, including timely payments based upon submission and review of invoices. This Annual Project Report summarizes only the evaluation project activities implemented by BBI during the Project Year 1/1/2023-12/29/2023.

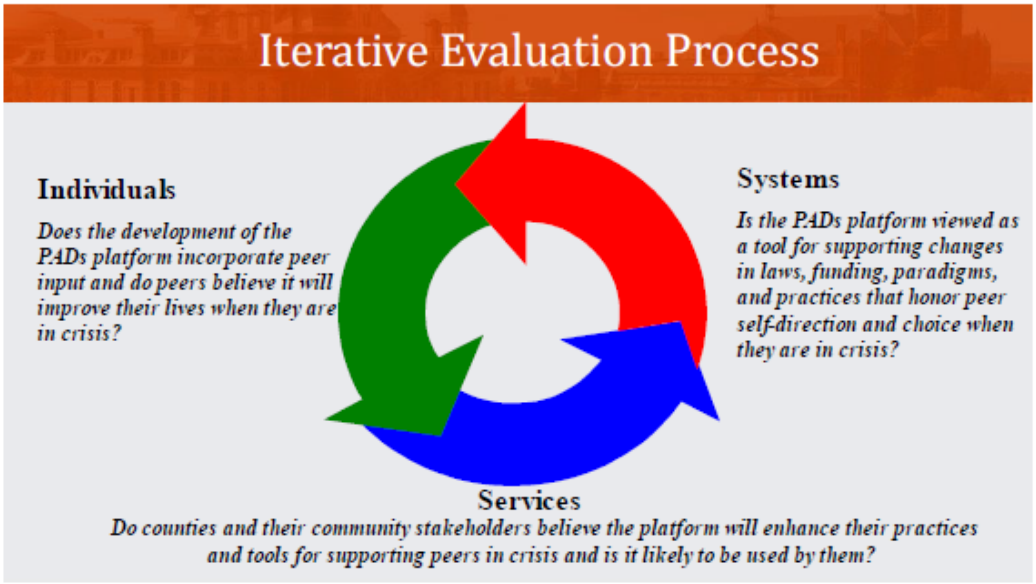
BBI uses a qualitative research approach. This included participant observations of in person and virtual meetings and workgroups, as well as conducting individual semi-structured interviews with PADS project County Managers, staff, and community stakeholders. The research objectives and methodological foundations are grounded in a comprehensive literature review focused on Psychiatric Advanced Directives for people with mental illnesses and disability studies. BBI collected data during the year by and by conducting participant observations and individual, semi-structured interviews with PADs Project County Mangers and staff, and with identified community project stakeholders who are participating in the PADs project

Appendix AQ: PADS Annual Report, Burton Blatt Institute-Evaluation/Technology (Page 2 of 8)

We have developed evaluation indicators framework (input, process and outcome) to document information at different stages of the project lifecycle. The indicators fall into three categories:

- Input indicators: to measure the contributions necessary to enable the program to be implemented (e.g., funding, staff, key partners, infrastructure).
- Process indicators: to measure the program's activities and outputs (direct deliverables of the activities).
- Outcome indicators: to measure whether the program is achieving the expected effects/changes in the short, intermediate, and long terms. BBI also gathers data on factors influencing adoption of the PADs web-based platform within county mental health departments and among staff who manage or support their county's PADs project.

BBI's evaluation framework is intended to describe the direct and indirect benefits of the web-based platform among county staff and Peers ("individual level"), its impact upon mental health and related services provided by agencies when they utilize PADs to support Peers who are in crisis ("services level"), and how the development and use of a PADs web-based platform influences public attitudes, policy, funding, law and regulations, and inter-agency dialogue and partnerships, as well as reduce the overall rates of homelessness, and incarceration among Peers ("systems level"). These dimensions are illustrated below:



We have also framed the development and use of the product as one element of a systems change process being articulated by the Project Manager. To measure these systems change dimensions, we have adopted the rubric for systems change developed by the Corporation for Supportive Housing:

Building Blocks of Systems Change: (https://www.csh.org/resources/laying-a-new-foundation-changing-the-systems-that-create-and-sustain-supportive-housing/)

Appendix AQ: PADS Annual Report, Burton Blatt Institute-Evaluation/Technology (Page 3 of 8)

"Achieving a real change in a system is different from making the system do something new. A real change in a system is one in which people habitually do the new thing, using resources, authority, technology, and ideas that are routinely associated with the new activity. You can recognize system change more easily when it is complete, or nearly complete, by these five signs:"

• **A change in power**: There are designated positions—people with formal authority—responsible for the new activity (not just committed or skillful individuals who happen to care about it).

• **A change in money**: Routine funding is earmarked for the new activity in a new way—or, failing that, there is a pattern of recurring special funding on which most actors in the system can rely.

• **A change in habits**: Participants in a system interact with each other to carry out the new activity as part of their normal routine—not just in response to a special initiative, demonstration, or project. If top-level authorities have to "command" such interactions to take place, then the system has not absorbed them, and thus has not yet changed.

• **A change in technology or skills**: There is a growing cadre of skilled practitioners at most or all levels in the delivery chain, practicing methods that were not previously common or considered desirable. These practitioners are now expert in the skills that the new system demands and have set a standard for effective delivery of the new system's intended results.

• **A change in ideas or values**: There is a new definition of performance or success, and often anew understanding of the people to be served and the problem to be solved. The new definition and understanding are commonly held among most or all actors in the system, such that they are no longer in great dispute.

Summary of the Evaluation:

Since formal data analysis and coding will not occur until 2024, BBI can only report on our assumptions of the emerging trends and issues. Many of these were included in a presentation we delivered at the September 2023 all-county convening event. A copy of our presentation detailing these assumptions is attached to this report (Attachment 1).

Project Implementation:

- BBI hired Dr. Nare Galstyan as Senior Research Associate and Ms. Isabel Torrence as Research Assistant to directly assist in implementing the evaluation.
- We scheduled and participated in regular teleconference meetings and e-mail exchanges with Concepts Forward Consulting, Chorus, Idea and Rand as needed to discuss and coordinate respective roles and deliverables.
- BBI submitted and received SU IRB approval to implement County Manager and community stakeholder interviews that were conducted throughout the year.
- We prepared presentation materials and participated in two PADs County and

Stakeholder in-person meetings in Monterey and Orange Counties that were held respectively on March 7, and September 12, 2023.

- BBI continued to add references to the comprehensive PADs Literature Review to strengthen the empirical basis for implementing BBI's evaluation.

- A summary of our observation and interview activities is provided below:
  - County – specific Subcontractor meeting observations: **63**
  - County Champions and other project meeting observations: **33**
  - Technology, PADs Template, and Marketing Workgroup observations: **70**
  - In-person Chorus – led County provider and partner on-site meetings: **12**
  - Interviews with County Managers, County-employed Peer Specialists and County Community Partners/Stakeholders: **34**
  - Annual Project Convenings: **2**

Preliminary Assumptions from the Research

Observation and interview data that we obtained throughout the year have yet to be coded and analyzed in order to report findings with empirical validity. Interviews with key community stakeholders including hospitals, law enforcement, other crisis and first responder agencies, and priority population providers were begun during the year and will continue during 2024. The data that was obtained and reviewed over the course of the year nonetheless allows BBI to present some emerging assumptions and concerns related to the process and outcomes associated with the design and implementation of the web-based PADs platform and address each component of the CSH Systems Change Framework.

- **Key Signs of Changes to Power**:

1) BBI observed that Peers from almost all participating counties were involved in meetings and workgroups from the start of the project, and their perspectives and input on the template, web-based platform and marketing were sought, valued and included in plans and products. They also helped ensure that the language, format, and intent of the web-based platform reflected perspectives gained from their lived experiences. Inclusion of the Peer voice was further strengthened by the addition of Peer-run advocacy organizations Painted Brain and Camphro as key project partners tasked with designing the PADs template upon which the platform will be based.

   Challenges: Peer participation in Technology and other workgroups has been primarily from county-employed Certified Peer Specialists. However not all counties have these staff. We note that in order for the project to be viewed as Peer -advised and enabled across all 7 counties, those counties without Peer representatives should consider how to make the voices of their Peer constituencies heard.

2) We also observe that development of the power to implement systems change is also being addressed by the active participation of some of the community agency stakeholders who would be likely to encounter peers in crisis when a PAD might be used. Our preliminary assumptions imply that including law enforcement, hospital staff, MH Crisis Teams and others in workgroups to share how they would access and use web-based PADs in their line of duty potentially empowers them and their sponsoring agencies to 'own' the product and may strengthen its potential for adoption and use.

   Challenges: Although most counties are represented in workgroups by law enforcement, hospitals, and other community partners and stakeholders, not all counties are so represented. Without stakeholder participation from all counties, varying levels of acceptance and use of the platform among community stakeholders, and/or delay in its testing while these issues are identified and resolved may emerge.

- **Key Signs of Changes to Money:**

1) A key feature of this project is its designation, use and incorporation of Mental Health Services Act (MHSA) "Innovation Funds" to support its development and implementation. County Managers talked about how the funding source allows them to exercise creativity and encourages them to develop the internal and external partners needed to address the myriad elements of the project. It also supports their allocation of time to the project in addition to their other responsibilities. It appears that having a dedicated funding stream used by all counties may also contribute to a shared sense of project-identity among counties, that BBI will explore more fully in its research.

2) BBI observes that the way that the PADs Innovation Funding as a funding source shared by 7 counties who pursue the same goals and outcomes and work with the same subcontractors may help to avoid the fragmentation and overlap that challenges many projects of this scale and scope. The project funding scheme also designates a single management and oversight entity, Concepts Forward Consulting that has been instrumental in ensuring that the project is implemented according to its goals, adheres to its timeline, and that all subcontractors and partners work closely with counties and each other as an integrated team,

   Challenges: Potential changes in the Mental Health Service Act could significantly impact the amount of funds counties have to continue programs. County staff often mention future funding as a concern in continuing and scaling up their PADs projects.

- **Key Signs of Changes in Habits:**

1) The PADs Innovation Project is somewhat unique in the experiences of counties who have generally implemented their own MH projects, but who have rarely participated with other counties to implement a joint initiative. Our preliminary assumption is that

regular zoom and in-person regular meetings as a group has begun to positively influence changes in habits among counties often heretofore pursuing separate initiatives. We are beginning to observe that they share a sense of project-identity, participate in regular cross county communication and knowledge exchange, and are developing a general familiarity with each other's challenges and successes that had not occurred previously.

2) PADs county MH Departments and their community partners and stakeholders appear to be developing a pattern of interaction across their respective services and systems. Ongoing communication with each other, primarily through Technology Workgroups includes discussions about embedding the web-based platform as component in the regular routines and operating procedures of law enforcement and hospitals. We note that the intent by county MH departments to reach out and involve these agencies and discuss how they can use the platform within their service systems represents another potential project innovation.

   Challenges: We observed varying levels of engagement among counties in providing input and feedback on the content, design, and marketing of the PAD's platform, with some counties demonstrating more active participation than others. This could also be due to the staff turnover among some counties, with new PADs Managers entering the project at various times in its development.

- **Key Signs of Changes in Technology and Skills:**

1) A key feature of the 7 county PADs Innovation Project in the opinion of the Project Manager and many County Managers is the development of its web-based platform. PADs in some form are being implemented across 27 states, and SAMHSA and its partner the American Psychiatric Association (APA) have developed and promulgated a web-based PAD application supported by a website, webinars and supporting materials. (https://smiadviser.org/padapp) BBI notes that many of the definitions and response fields developed for the SAMHSA/APA web-based PAD parallel those that are being developed in California. Both products could be accessible and used by Peers through their smart phone and using a QR code. However, the CA PADs project is also attempting to customize its product for Peers who may be challenged by diverse other conditions that may compromise their ability to develop and retrieve their data. These can include being homeless or being incarcerated, as well as having poor literacy skills and technology skills and for those requiring the App in languages other than English. Preliminary interview data suggests that these and other barriers are not only being recognized by CA PADs project partners, but efforts to consider how the app can be accessible to all Peer users are being seriously considered.

2) In addition to police officers and hospitals, we note that the platform is being developed within the context of CA Senate Bill 43 that establishes 'Care Courts' that would require counties to provide comprehensive treatment to the most severely impaired and untreated Californians and hold patients accountable to their treatment plan. Discussions about promoting the PADs web-based platform as a resource that Care Courts could consider when determining how to provide treatment that honors a Peer's preferences are also

occurring. Furthermore, preliminary efforts are being made to determine how the web-based PADs platform can be integrated into the CLETS system. This case identification technology is mandated for use by law enforcement and Crisis Teams among all counties.

Challenges: The SAMHSA/APA app as currently available requires Peers to have some familiarity with the use of technology and sufficient literacy skills to comprehend the instructions. Staff and partners we have interviewed identified three main barriers to the use of the PADs platform by peers. As the platform is tested and deployed, these barriers should be considered:

- Challenges with technology
- Reading comprehension
- The time it might take to complete a PAD.
- The availability of staff support to assist Peers in completing, accessing and updating their web-based PAD.

- **Key Signs of Changes in Ideas or Values**:

1) County Managers and staff, including Peer Specialists, community partners and stakeholders, and family members and others who have participated in workgroups articulate the belief that the web-based platform is a potentially valuable tool for ensuring Peer human rights and self-determination. Counties have identified a diverse range of conditions and circumstances affecting treatment and recovery of Peers. They may interact differently with MH services, legal authorities, personal support systems and these may also be influenced by the urban and rural communities where they reside. Chorus has been clear that the initial 'build' phase of the project will establish a foundation for future customization that directly applies to diverse Peer constituencies. While BBI will continue to gather data on this progress, we note that consensus about the ideas and values of self-determination is a foundation that guides project implementation.

Challenges: The web-based platform is intended for use by Peers with diverse conditions and circumstances. Chorus implemented a series of county-level direct information sessions with agencies serving county identified Peer priority groups. However, it appears that more intensive efforts to obtain greater Peer priority population representation from all counties in the build and testing phases may be necessary.

Challenges Encountered and Resolved During the Reporting Period

- Dr. Galstyan took maternity leave from mid-September through mid-December. Dr. Shaheen and Ms. Torrence, assisted by other members of the BBI research team were able to continue to implement the evaluation and meet all deliverables during that time period.
- Identifying community partner agency, law enforcement and other stakeholders and obtaining their participation in interviews continues to be a challenge in some counties.
- Fresno ends its Phase 1 project by June 30, 2024. However, we have been challenged to

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identify and interview community agency partners and stakeholders who also know enough about the project to provide useful data. BBI and Fresno PADs Managers will address this concern early in 2024.

Plans and Expectations for Calendar Year 2024

- We will seek approval from the SU IRB during the First Quarter of 2024, enabling BBI to schedule and conduct interviews Peers identified as county priority populations to obtain their insight into the access, use, and potential value of the PADs web-based platform.
- We will continue to update the BBI implementation plan located on the PADs share drive.
- BBI expects to participate in person at the April partners convening in Shasta.
- We will work closely with Fresno County PADs Managers to fast track their schedule of stakeholder and Peer interviews so that we can summarize their data for a brief report we will provide to them after July 1, 2024.
- BBI is preparing work plans and budgets to support the expected expansion of the PADs project to additional counties in 2024.

Chorus Innovations: Year End Project Update

Summary of Work Completed January - December 2023

1. Summary of Activities and Accomplishments

Chorus Innovations (Chorus) has embarked on a transformative journey over the past year, marked by a series of dynamic activities and notable accomplishments.

Participatory and Community-Centered Engagement Activities:

- Chorus, in partnership with Concepts Forward Consulting, Painted Brain, CAMHPRO, and the participating counties, started three monthly technology workgroups for peers, caregivers & family members, and first responders & services providers with participants across all of the seven counties. Chorus has maintained these monthly meetings throughout the year and used these workgroups to obtain valuable community feedback.

- In partnership with peers from the technology workgroups, Painted Brain, and CAMHPRO, Chorus created the user persona of Richard, whose story has been used to highlight the profound impact of the digital PAD. This persona has been utilized in multiple in-person workgroups with peers within the participating counties and in various presentations to the community about the PADs project.

- Chorus provided in-person community engagement sessions in Fresno, Shasta, Mariposa, Orange, Monterey, and Contra Costa counties to peers, caregivers and family members, and law enforcement. The purpose of these sessions was to obtain community feedback and build ongoing community relationships where participants can join Chorus' monthly technology workgroups in the future. In addition, Chorus staff participated in three ride along activities with law enforcement in Mariposa and Orange County to better understand how a PAD would be utilized by first responders in the field.

- In partnership with Concepts Forward Consulting and participating counties, additional presentations were provided to Orange County MHSA Planning Advisory Committee (PAC), Contra Costa Forensic Mental Health Team, and Shasta County's Mental Health Alcohol and Drug Advisory Board to share information about the PADs project to a larger community audience.

- In partnership with Concepts Forward Consulting and participating counties, co-led ongoing Terms of Service and Privacy Notice Workgroup meetings where a draft Terms of Service document is being developed and refined.

- In partnership with Concepts Forward Consulting, participated in an ongoing Legal and Legislative Workgroup where representatives from legal and psychiatric fields as well as from the California Behavioral Health Directors Association, Disability Rights California, Painted Brain, the California Hospital Association, Mental Health Services Oversight and Accountability Commission, NAMI California, and Patient's Rights San Diego have been present to discuss the PADs project.

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Application Development and Design

- Over the course of the year, Chorus created and refined the product development process, eventually landing on a Hub and Spoke interface which centralizes the app experience to the Crisis Directives page. The Crisis Directives page, or the "Hub," acts as the primary touch point before branching out to other crisis and treatment related preferences within the PAD. The benefit to this approach includes the ability to adapt to a non-linear experience where completion of the PAD template has no bound sequence or order. As a result, Chorus is able to explore UX and design patterns that encourage both guidance and a voice to peers as they complete their PAD.

- In partnership with Painted Brain and CAMHPRO, Chorus assisted with reorganizing the PADs template into an app friendly format to be used in the build of the technology. So far, the following sections are in strong consideration to be incorporated into the full PAD:
    - Onboarding
    - My Profile (Crisis Directives)
    - My Support System
    - My Dependents & Pets
    - Supporting Me During a Crisis
    - Current Medications and Preferences
    - My Psychiatric Treatment Preferences
    - My Medical Conditions and Treatment Preferences
    - Gender Affirming Treatment
    - Sign and Activate my PAD

  The following sections are being considered but require more follow-up from other stakeholders. Chorus is working with these stakeholders to refine these sections as appropriate:
    - Reproductive Health
    - Recovery and Reentry Support

- Over the course of the year, Chorus continued to evolve the wireframes of the application and developed an initial prototype for the peer experience of the PAD based on insights and feedback received during the many technology workgroups. This prototype has been displayed to participating counties and subcontractors during the September PADs Convening in Orange County.

- Over the course of its development, the design of the application has undergone a remarkable transformation, evolving from its initial iteration into a more sophisticated and user-centric interface. User feedback from all of the collective workgroups played a pivotal role, illuminating areas for improvement and guiding the design towards a more intuitive user experience.

- Chorus began building v1 of the application, with the focus on the peer experience. The Crisis Directives are slated to be completed and ready for initial testing by January. The remaining Treatment Directives are anticipated to be completed by February.

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2. Challenges Encountered and Resolved

Template Refinement

The PADs template required ongoing revisions as various stakeholders shared their feedback. As a result, Chorus worked closely with Painted Brain and CAMHPRO to restructure and reorganize the PADs template into a more app friendly format, with the focus on the Crisis Directives profile and putting a hold on other areas that require more stakeholder feedback.

Legal/Legislative and Terms of Service

Through discussions in the technology workgroups as well as in internal discussions, Chorus identified several compliance and risk issues that will need to be addressed in the terms of service/privacy policy created for the website application being developed. Several questions have also come up that pertain to the broader legal and legislative component of this project. In response to these questions, Concepts Forward Consulting convened an ongoing Legal and Legislative Workgroup, in which Chorus is participating. During these workgroups, concerns continue to be discussed and addressed to help move the PADs project forward. In addition, Concepts Forward Consulting and Chorus convened an ongoing Terms of Service/Privacy Notice Workgroup with representatives from all seven counties. This workgroup has led to a collaborative effort to create and review a Terms of Service draft document that is currently in the process of being refined and finalized.

3. Plans and Expectations for 2024

From January to December 2024, Chorus will plan for the following:

- Chorus to complete the peer experience build
- Begin testing of the web application with Painted Brain and CAMHPRO as well as peers involved with the PADs project to obtain feedback and iterate on the product design and functionality.
- Build out the full first responder/service provider experience in the web application
- Build out the healthcare agent experience in the web application
- Continue to host monthly workgroups to gather feedback
- Continue to engage in in-person community engagement activities with all participating counties
- Expand testing of the web application with the participating counties' priority population user groups
- Conduct tabletop exercises with all user groups present to simulate actual scenarios of web application usage
- Continue to iterate and improve on the product design and functionality
- Explore application and account access for all PAD users

4. Attachments

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Richard's Story

WHO IT WILL SERVE

Meet Richard.

He's an uncle, an artist, and Dodger fan who experiences a mental health condition.

Like everybody else, sometimes he needs his community to support him.

Let's see how the platform will support him and the various service providers.

MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

ONBOARDING & SETUP

His decisions, His voice, His choice.

He's especially vulnerable when in a moment of crisis, so it's important that we understand him.

- Move from a 50-page medical form to a social media-like profile
- Ensure it's quick, personalized, and easy to comprehend
- Empowered with simple security and sharing preferences

RICHARDS PHONE

MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

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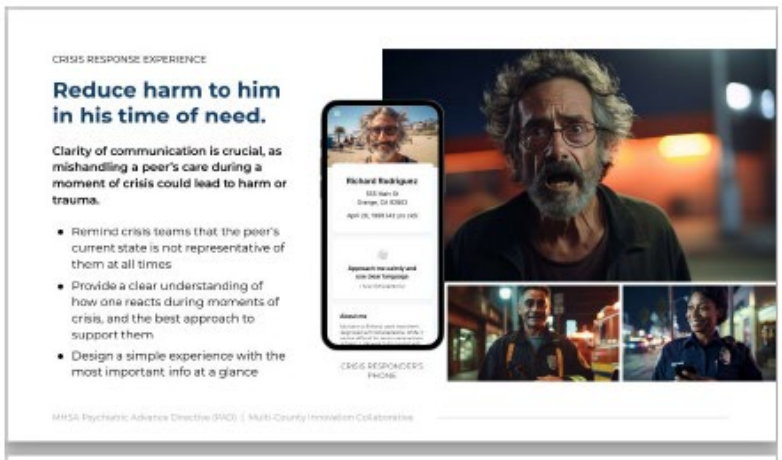

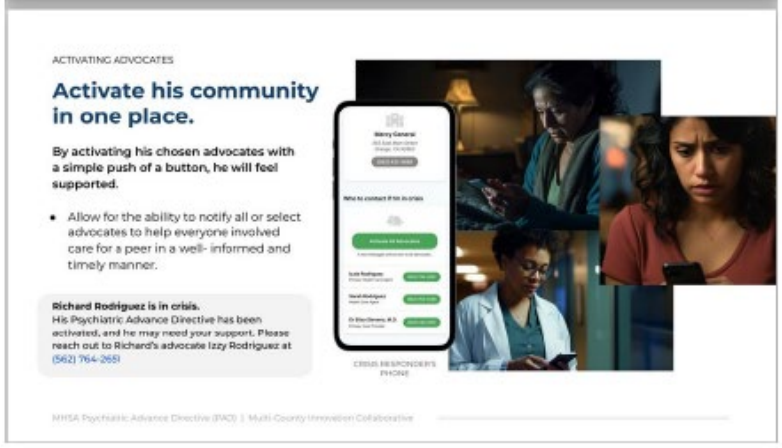

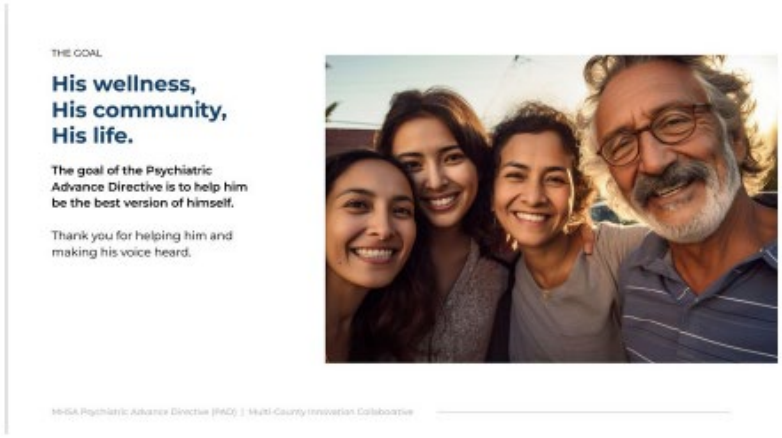

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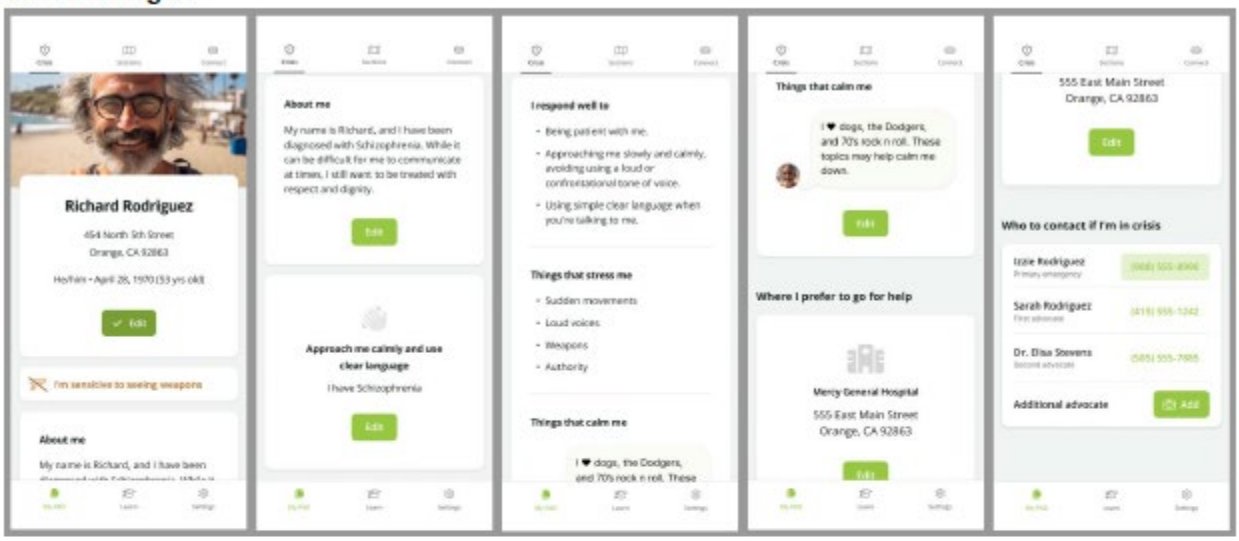
Wireframe Designs



Community Engagement in Mariposa County

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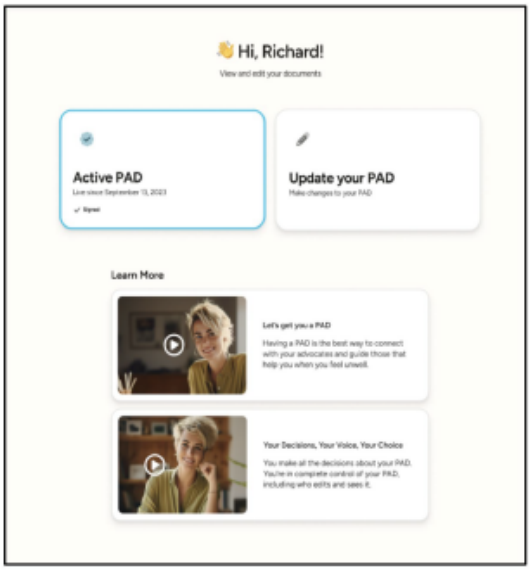
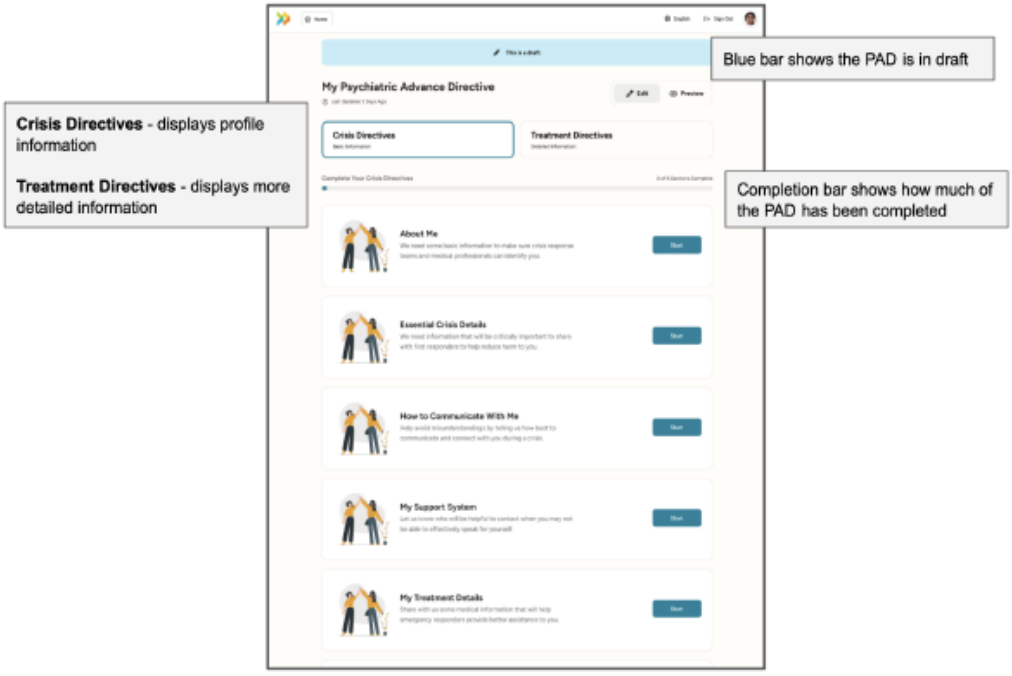
Current App Designs





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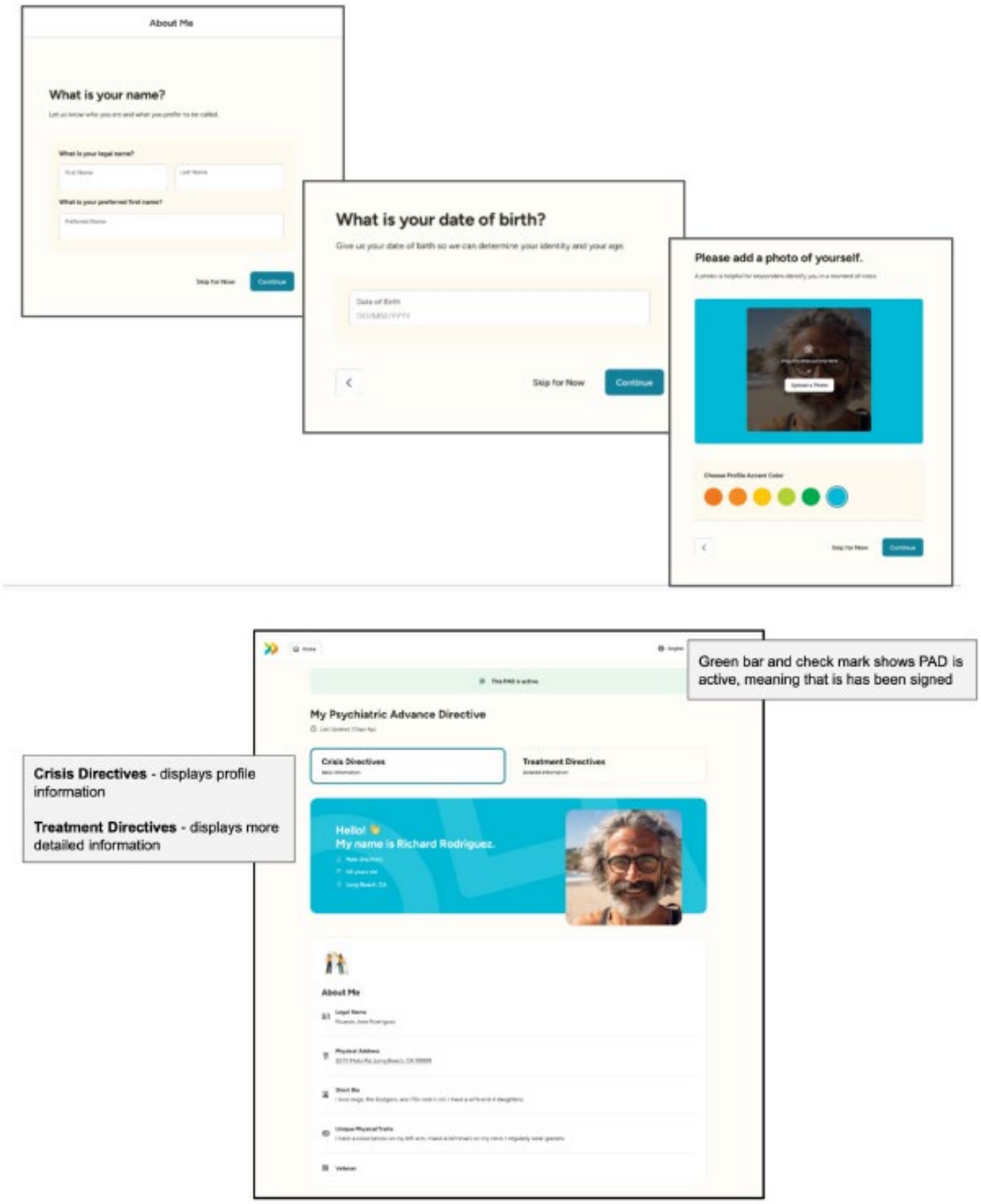

Appendix AS: PADS Annual Report, Idea Engineering- Marketing and Website (Page 1 of 11)

idea ENGINEERING 805-963-5399 | IdeaEngineering.com

Psychiatric Advance Directives 2023 Summary Report

Introduction

During 2023, Idea Engineering (IE) led the development of a unique brand identity for the Psychiatric Advance Directive (PAD) project. Extensive input from stakeholders led to a selection of a logo, tagline and branding direction, and updates to all communications materials with the new brand.

The introductory videos for the project were also in development during the year, with scripting, reviews, planning, filming and editing of three videos: English and Spanish versions for peers, family members and caregivers, and the general public, and an English version for first responders, healthcare and other service providers.

Collaborative Development

Throughout the year, IE participated in collaborative planning sessions with county staff and other subcontractors. They included convenings with representatives from all counties and subcontractors in Monterey County in March and Orange County in September. Monthly meetings included the full workgroup, subcontractors, "wrap" meetings with each county, marketing sub-workgroup meetings led by IE, and meetings with other subcontractors as needed. IE also visited tech and peer workgroups as needed to share logo, tagline and video concepts and request feedback from these stakeholders. The ongoing communication with shared perspectives and knowledge has contributed to the development of meaningful and cohesive branding and communications materials.

Marketing Sub-workgroup

Monthly meetings of the marketing sub-workgroup facilitated by Idea Engineering have provided valuable input as the branding and introductory videos developed. A focused group of county staff and subcontractors have reviewed communications materials in development before sharing with county leads for final approval. The marketing sub-workgroup will continue on an as needed basis going forward in 2024.

Psychiatric Advance Directive Branding

In 2023, logo and branding concepts were developed for the project, with ongoing input from key stakeholders including additional peer interviews, reviews at marketing and other meetings with county staff and subcontractors, and meeting with the Peer Template Workgroup and Technology Workgroups.

Branding

In the spring, a preliminary branding guidelines document was shared for review, with support agreed upon for the tone of the project, a balance of being "warm and inviting" with "professional and trustworthy." This and supporting language in the brand platform became the framework for developing and evaluating the logo and other identity materials as they were developed.

Logo

After initial exploration, the counties determined that the name would be "Psychiatric Advance Directive," to aid in building recognition for the phrase. Logo concepts included distinctive icons to aid in visual recognition when someone is in a crisis. The logo designs evolved during multiple rounds of feedback, then three options were shared via an online survey in English and Spanish. After a first round with input from peers and county outreach to priority populations and stakeholders, a second round of the logo survey was distributed online in collaboration with Chorus. The second round was narrowed to two logo options, and

audiences were targeted to include demographic gaps identified in the first survey. Alpha Omega reviewed both logo options with an eye to all upcoming threshold language needs and confirmed both options would work well across cultures. Upon review of survey results and recommendations from IE and Chorus, County representatives approved the logo design selection at the August Project Workgroup meeting.

Tagline
Tagline development was similar with multiple rounds of input and refining based on feedback, including reviews at Tech Workgroup meetings in September. At the Convening in September, County representatives voted to select "My Plan • My Voice" as the tagline for the project. The tagline provides a tone of personal power that supports the brand personality.

Branding
At the same Convening, IE shared initial options for visual directions for how the branding might extend to the website and other communications materials. The options were narrowed and revised based on input by peers and others from that meeting and following ones. In early November, county leads voted, selecting a branding design direction that includes engaging use of color, translucence and curves. IE began incorporating it across all materials and developing a brand guidelines document for use by all subcontractors and counties for unified messaging.

IE also drafted a shared Communications Guidelines document incorporating input from other subcontractors and disussions throughout the year, to support the goal of consistent written language for the PADs project. It includes a comprehensive list of key terms and phrases such as "peers" and "recovery" and style guidelines such as when to use the acronym "PAD." Initial feedback was received and will be incorporated with upcoming input from Painted Brain and CAMHPRO. Going forward, when agreed upon, all tems will be provided in both English and Spanish, and it will be shared with Alpha Omega for reference and for expansion to other languages as needed.

Stakeholder Engagement Promotional Materials

A standard PowerPoint template was developed for use by all subcontractors and county staff. Flyers were updated as needed, and expanded to additional audiences. They included a legislative advocacy sheet and a flyer for an informational session for Family Members & Caregivers. IE supported Painted Brain and CAMHPRO in customizing the PowerPoint presentation and flyers as needed.

Updates to all flyer and PowerPoint templates with the new branding were completed in December.

PAD Template Development

Idea Engineering participated in reviews of the template content and design at meetings led by CAMHPRO, Painted Brain and Chorus. IE and Chorus have met regularly to align development of the branding with the PAD template and technology platform.

PAD Introductory Videos

At the beginning of 2023, short, preliminary versions of the videos were proposed during planning meetings and filming was planned for February. Due to scheduling constraints, the preliminary versions were canceled before filming, and planning began for the videos as originally specified, 3-5 minute introductions to the project and what Psychiatric Advance Directives are for peers, family members, caregivers, and the general public, as well as a version for first responders, healthcare and other service

Appendix AS: PADS Annual Report, Idea Engineering- Marketing and Website (Page 3 of 11)

providers. The peer/general version will be delivered in eight threshold languages, and the complex planning for interpretation and translation needs included consultation with subcontractor Alpha Omega.

Scripts and storyboard concepts were developed to include a balance between short clips from peer, first responder and healthcare provider interviews with a narrator speaking while scenes illustrate the value of PADs. Planning was discussed and storyboards reviewed during meetings with county staff and subcontractors, at Marketing meetings and at Peer ad Professional Tech Workgroup meetings. The script was fine-tuned based on responses from peers and others during the process.

A key part of the videos are interviews with peers, first responders and healthcare providers. Recruiting and scheduling proved to be extremely challenging, with only one healthcare provider available, and first resopnders and Spanish peers being represented by actors. However, the three peers who participated provided valuable points of view, which will make the video extremely relatable and engaging.

Filming took place over multiple days, with interviews and actors speaking to the camera in October, and b-roll scenes in November. They included scenes of a peer in crisis, with first responders; and of peers with facilitators, healthcare providers, family members and by themselves, looking at their PAD on a variety of devices. The actors show diversity in race, age and gender, reinforcing the accessibility of PADs. Photos were also taken of key scenes for potential use in other communications materials such as the website and flyers. Editing is in progress for the English and Spanish versions with delivery anticipated in early 2024.

Website

The website www.padsca.org serves as the public facing online information portal for the project. During 2023, content updates included a new "For Peers" page with informational sessions listed, and a new "Technology" page featuring the advantages of a digital system, a technology overview, and updates from ongoing workgroup sessions, and a Contact page. IE continued to provide hosting and technical maintenance for the website, and monthly analytics reports.

In fall of 2023 a new website design was developed incorporating the new branding. The design was approved and programming is in progress, with content updates being incorporated based on input from the Marketing sub-workgroup. The new site is expected to go live in early 2024.

Upcoming

- In 2024, Psychiatric Advance Directive brand identity usage guidelines will be completed, as well as the shared Communications Guidelines.
- IE will continue developing PADs Toolkit promotional materials such as brochures, postcards and social media graphics.
- Stakeholder communications will include new handouts for Healthcare Agents and Family Members & Caregivers, with content currently in development by Painted Brain & CAMHPRO.
- The introductory videos in English and Spanish will be completed, and customized versions for the other threshold languages will be developed.
- The training videos are anticipated to begin development in summer 2024.
- The new website will go live, with ongoing content updates and technical support.

Appendix AS: PADS Annual Report, Idea Engineering- Marketing and Website (Page 4 of 11)

LOGO INPUT – RESULTS

Psychiatric Advance Directive	Psychiatric Advance Directive	Psychiatric Advance Directive
• All: 75 • Peers: 43 • Chorus • Idea Engineering	• All: 73 • Peers: 41	• All: 25 • Peers: 6

Logo & Tagline

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Flyer Templates

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PowerPoint Template

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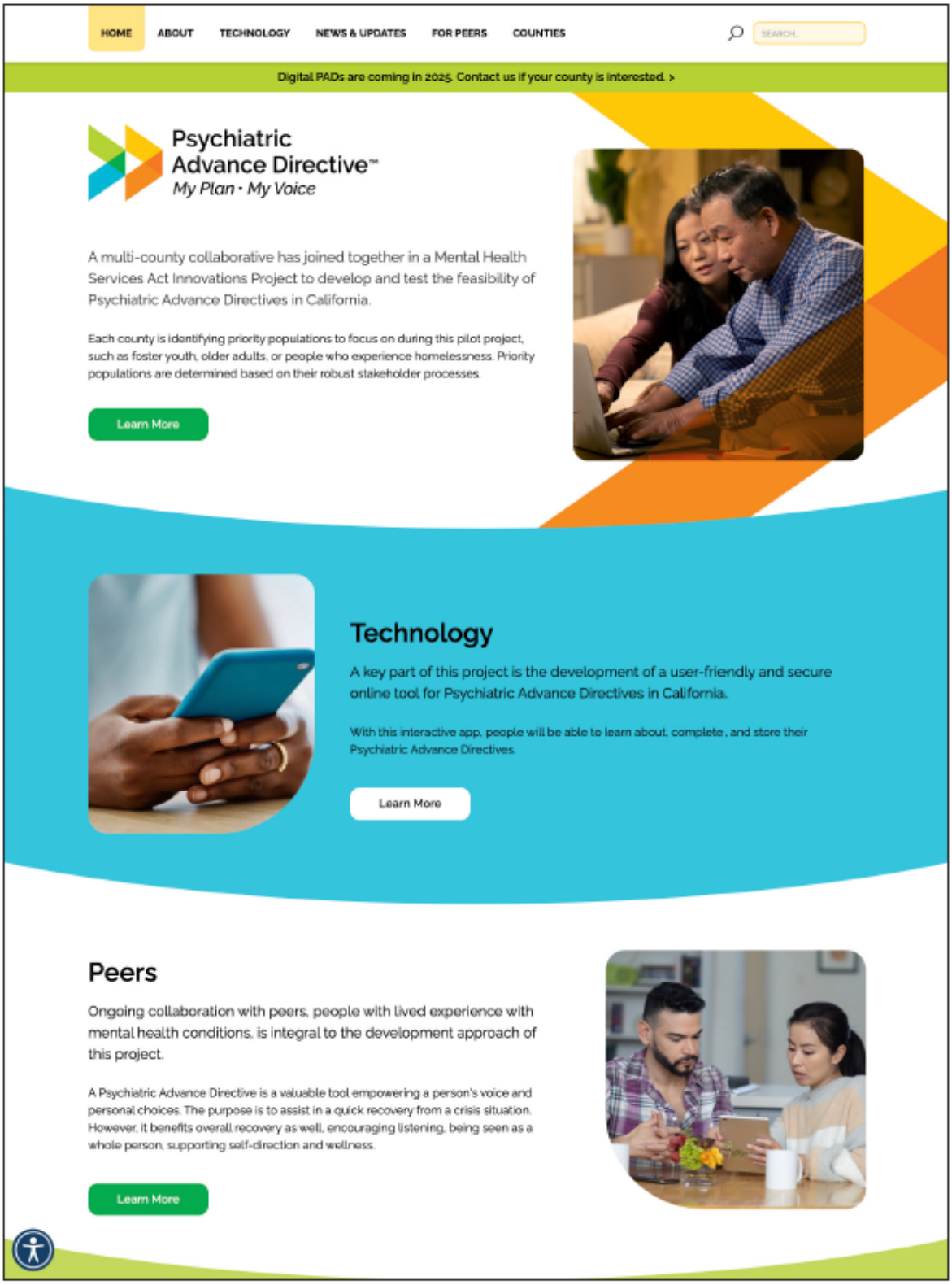

Website (in Progress)

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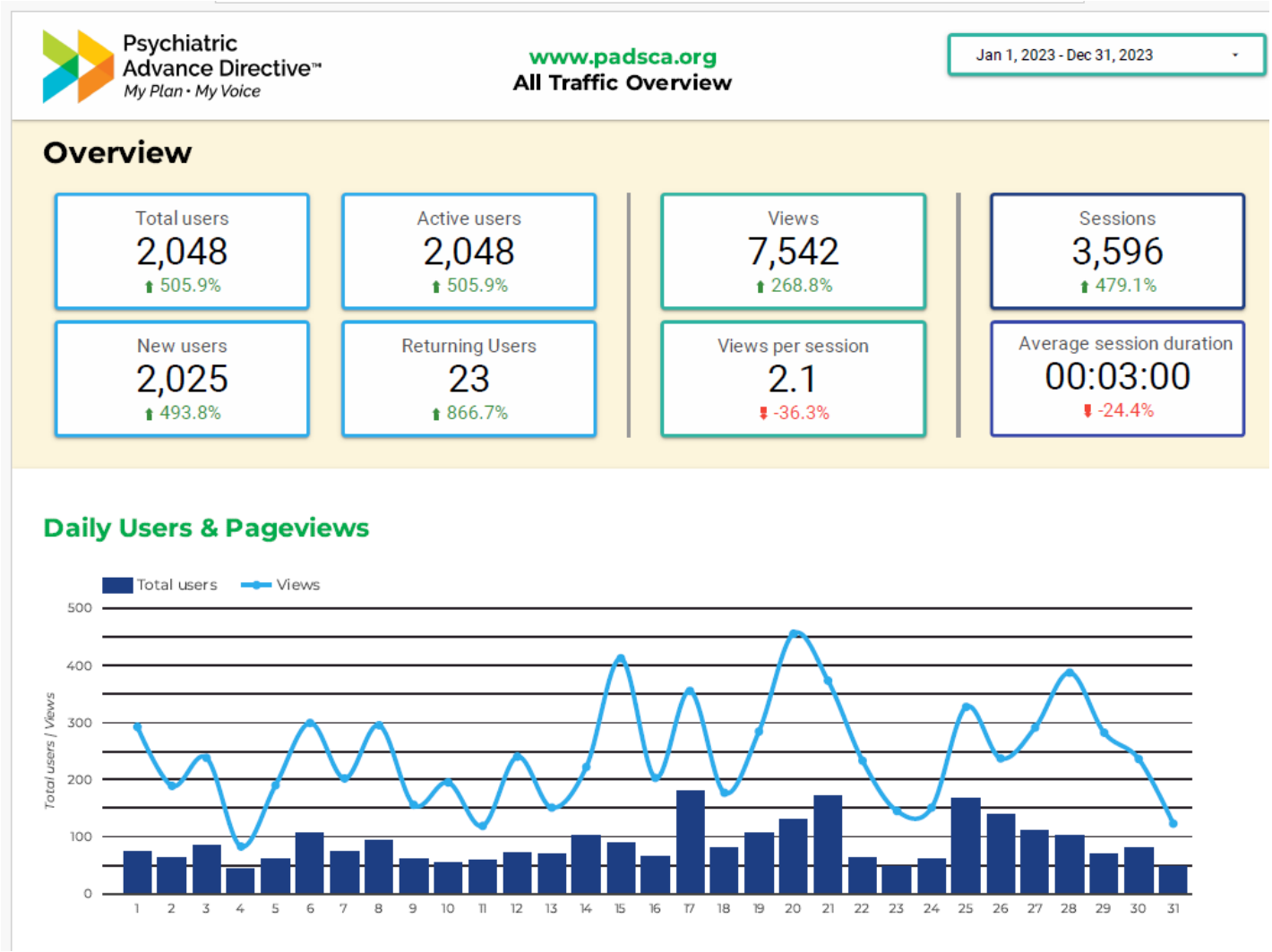

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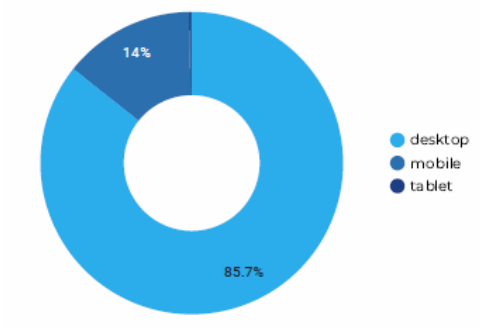
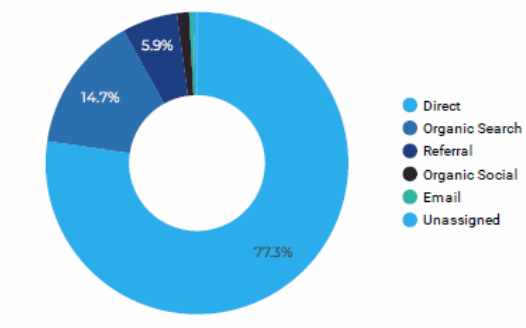
Users By Device Type



	Device category	Total users
1.	desktop	1,759
2.	mobile	288
3.	tablet	6
	Grand total	2,048

Users By Traffic Source



	Channel Group	Total users
1.	Direct	1,625
2.	Organic Search	308
3.	Referral	124
4.	Organic Social	27
5.	Email	10

User Location

	City	Views ▾
1.	Los Angeles	919
2.	Santa Maria	563
3.	Santa Barbara	532
4.	Goleta	400
5.	Oxnard	315
6.	Sacramento	287
7.	Cheyenne	277
8.	Moses Lake	276
9.	Undetermined	249
	Grand total	7,542

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Users by Language

	Language	Views ▾
1.	English	7,538
2.	Spanish	3
3.	German	1
	Grand total	7,542

1 - 3 / 3

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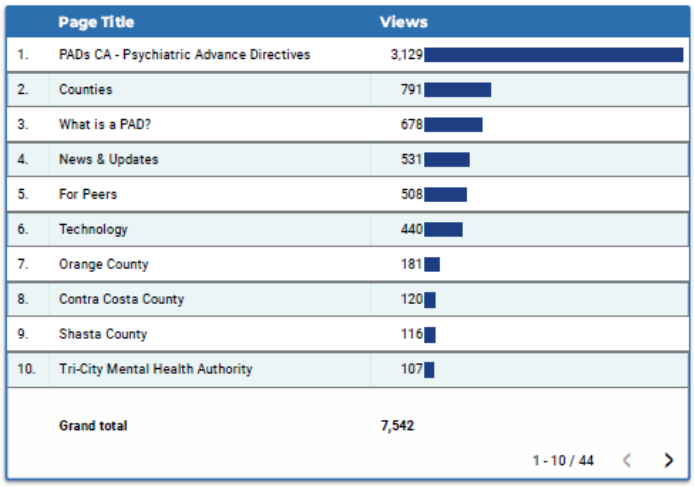
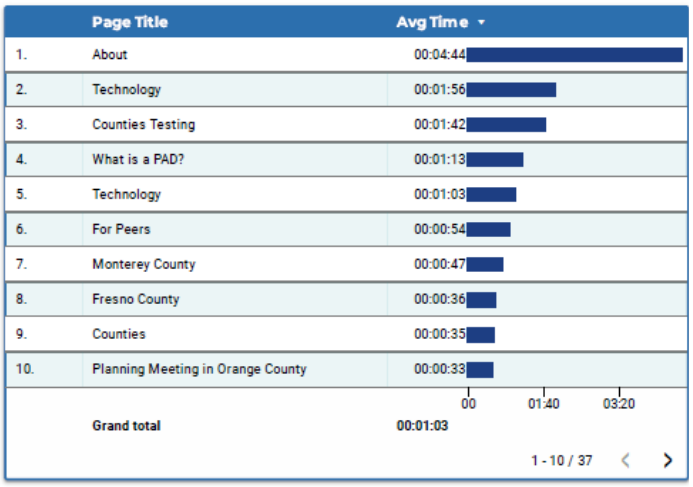
Top Page Views



	Page Title	Views
1.	PADs CA - Psychiatric Advance Directives	3,129
2.	Counties	791
3.	What is a PAD?	678
4.	News & Updates	531
5.	For Peers	508
6.	Technology	440
7.	Orange County	181
8.	Contra Costa County	120
9.	Shasta County	116
10.	Tri-City Mental Health Authority	107
	Grand total	**7,542**

1 - 10 / 44

Top User Engagement



	Page Title	Avg Time
1.	About	00:04:44
2.	Technology	00:01:56
3.	Counties Testing	00:01:42
4.	What is a PAD?	00:01:13
5.	Technology	00:01:03
6.	For Peers	00:00:54
7.	Monterey County	00:00:47
8.	Fresno County	00:00:36
9.	Counties	00:00:35
10.	Planning Meeting in Orange County	00:00:33
	Grand total	**00:01:03**

00 01:40 03:20

1 - 10 / 37

Appendix AS: PADS Annual Report, Idea Engineering- Marketing and Website (Page 11 of 11)

Psychiatric Advance Directive™
My Plan • My Voice

www.padsca.org
Google Analytics Reporting

Data From Google Analytics

Definitions

Total Users
Count of distinct visitors over a specific period, encompassing new and returning visitors.

Active Users
Number of unique recent visitors, indicating current user engagement.

New Users
Count of first-time visitors within a timeframe, reflecting marketing effectiveness.

Returning Users
Visitors who have interacted before, indicating user loyalty and retention efforts' success.

Views
Total instances a specific page or content is seen, providing insight into content popularity.

Views per Session
Average pages viewed in a single session, indicating user engagement depth.

Sessions
Total individual visits within a timeframe, starting upon access and ending with inactivity or exit.

Session Duration
Average time users spend on the site or app during a session, reflecting user engagement and experience quality.

Daily Users
Unique visitors accessing the website or app within a single day, indicating daily reach.

Pageviews
Total number of pages viewed, showing user engagement with content.

Users by Device Type
Categorizes visitors by devices (desktop, mobile, tablet) used to access, aiding in optimizing user experience.

Users by Traffic Source
Segments visitors based on channels (direct, search, social) they come from, assessing marketing effectiveness.

User Location
Provides geographic data (country, region, city) about visitors, enabling regional content customization.

Top Pages
Displays most visited pages, helping identify popular content and user interests.

Time on Page
Average duration users spend on a specific page, indicating content relevance and user engagement depth.

Disclaimer

This dashboard utilizes data from Google Analytics, a widely-used web analytics tool. While Google Analytics provides valuable insights, it may have limitations such as sampling, potential inaccuracies, and challenges in distinguishing bot traffic. Please be aware that the data presented here should be considered as estimates rather than precise figures. It's advisable to interpret the information in this dashboard with caution and to cross-reference it with other sources for a comprehensive understanding of your website's performance.

Appendix AT: PADS Annual Report, Painted Bain- Peer Voice (Page 1 of 3)

Painted Brain and CAMHPRO: Annual Report for MHSA's Multi-County Innovations Project

Over the contract year 2023, Painted Brain and CAMHPRO have exceeded contract deliverables for the MHSA Multi-County Psychiatric Advance Directive Innovations Project. Below is a detailed overview of the program outcomes, challenges and outlook for the year 2024.

A. Summary of Activities and Accomplishments During the Reporting Period

Listening sessions

- Painted Brain and CAMHPRO (PB & CAMHPRO) had two in-person listening sessions per county between the months of February to March. This totaled 14 in-person listening sessions. The purpose of these listening sessions was to gather information on what peers and community members thought of Psychiatric Advance Directives.
    - In Each County, over the course of 2 days PB & CAMHPRO had a virtual meeting for peers and a separate meeting for community members.
    - PB & CAMHPRO had an additional monthly virtual listening session which was open to peers and community members in all 7 counties.
- PB & CAMHPRO had one virtual listening session in October that focused on training curriculum development. PB & CAMHPRO received input from the county peers about what they would like to see covered in the curriculum.

Work Groups

- PB & CAMHPRO hosted monthly virtual Peer Template Workgroups, where peers from all 7 counties reviewed the PADs template together. These meetings took place from January-July of 2023.

Cross-Contractor Collaboration

- PB & CAMHPRO have been working closely with Chorus to support the development of language for the mock-ups and final version of the PADs Digital Platform website.
- PB & CAMHPRO have been working with RAND to support the development of the training survey to include recovery language and measurable peer values.
- PB & CAMHPRO attended a monthly Tech Workgroup facilitated by Idea Engineering and provided feedback on a variety of topics, including:
    - Marketing materials such as recovery language on flyers
    - Verbiage for the official PADs website
    - Feedback for the PADs website user interface
    - Other feedback as necessary.
- PB & CAMHPRO participated in the recording of promotional videos for Idea Engineering relative to the Innovations project. The peers shared their story and provided perspective on why PADs are important.

Appendix AT: PADS Annual Report, Painted Bain- Peer Voice (Page 2 of 3)

Milestones

- PB & CAMHPRO and the County Peers worked together to get the first draft of the PAD template sent to Chorus so they could begin implementing the template in the Digital PADs Platform
- PB & CAMHPRO successfully incorporated Peer Values into the PAD template and eliminated stigmatizing language
- PB & CAMHPRO incorporated the peer voices and feedback from all 7 counties into the train-the-trainer curriculum and PAD template
- PB & CAMHPRO presented about project at SHARE's Peer Workforce Conference "Bridging Research and Practice"
- PB & and Kiran Sahota presented with Health Management Association (HMA) on PADs for the CARE Act
- PB brought peer needs and concerns to the PADs legislative workgroup
- PB & CAMHPRO made significant progress on the Train the Trainer Curriculum
- PB & CAMHPRO met all deliverables
- PB & CAMHPRO have made the PADs template so exhaustive that it serves as a "tool-box" for individuals in a mental health crisis

B. Challenges Encountered and Resolved During the Reporting Period

1) Balancing the needs of all counties.
   - Varying size of counties.
   - Population size, diversity and resources vary.
   - The amount of peers employed to send to work groups vary.
   - Some Counties face unique transportation issues due to the rural setting.
   - Some Counties face internet and technology inequity.

As a result the project began meeting with Counties on a separate basis so that we could assess and address the needs of each county.

2) There were several unanticipated challenges with getting feedback from the nine identified threshold language groups. Next year, we hope to focus on receiving feedback from target groups.

C. Plans and Expectations for the Next Reporting Period

- Complete Train the Trainer Curriculum and receive feedback from all 7 counties
- Train peers in all 7 counties to be trainer
- Develop peer advocacy groups to support the peer voice in PADs

Appendix AT: PADS Annual Report, Painted Bain- Peer Voice (Page 3 of 3)

D. Attachments

Attendance info:
https://drive.google.com/drive/folders/1LjubSb5Tja0bwEsQ5mXca3C_VAGucpIL

Convening Slideshow:
https://docs.google.com/presentation/d/1ZEC6_7t-h7Eb4EwsB1BKTZY52DSL9BiW/edit?usp=sharing&ouid=104331190930935840814&rtpof=true&sd=true

Appendix AU: PADS Annual Report, RAND- Evaluation/User experience (Page 1 of 2)

RAND – PADs Evaluation 2023 Year-End Summary

Summary of Activities and Accomplishments During the Reporting Period

RAND has attended ongoing meetings with subcontractors and/or counties in order to plan the evaluation and revise our approach based on the overall platform development. RAND has also met with Chorus and BBI on a 1:1: basis to discuss specific aspects of the proposed evaluation and to tailor the evaluations to reduce participant and/or county burden. RAND has also had monthly or bimonthly meetings with Painted Brain/CAMHPRO since May. These meetings have been used to discuss various aspects of the training evaluation, to learn more about the training curriculum under development, and to solicit feedback from Painted Brain/CAMHPRO on the evaluation survey with trainees.

RAND leads (Eberhart, Siconolfi) attended the September 2023 in-person convening in Orange County. RAND delivered a presentation on our work to-date and the proposed evaluation design for Peer Supporters (training evaluation) and Peers who completed a PAD (outcomes evaluation). The meeting also included group discussions and planning for a range of implementation and evaluation decisions.

Finally, the RAND team has continued biweekly internal team meetings for strategic planning between these larger, multi-stakeholder meetings.

Training evaluation

RAND developed and finalized the training evaluation protocol. This included a literature review to identify relevant constructs/measures, the development of a retrospective post-training survey and a post-training focus group protocol, and preparation of various logistics and administrative materials (e.g., recruitment materials, consent forms, info sheets, etc.). We submitted the training evaluation packet for Institutional Review Board (IRB) review/approval by RAND's internal IRB in December 2023.

Evaluation with Peers who completed a PAD

RAND also developed a workflow to enable a "two-level" evaluation with PADs platform users. The first level is a Mini Survey, an optional feedback form within the platform that elicits basic demographics, basic feedback on the PADs experience, and permission for future outreach by RAND. The second level is the "full evaluation" with PADs users. The sample for the full evaluation will be drawn from the Mini Survey participants who consented to outreach by RAND. We iterated the Mini Survey and its workflow (level 1) in consultation with counties and other subcontractors in 2023, and have finalized a working model. This aspect of the protocol was also submitted to RAND's IRB in December 2023. RAND is currently developing the remaining evaluation protocols (survey and/or interview/focus group protocols) for the Peer/PADs Consumer evaluation.

Challenges Encountered and Resolved During the Reporting Period

RAND has continued to adapt our originally-proposed evaluation to recent changes in the scope and focus of the innovation project.

Appendix AU: PADS Annual Report, RAND- Evaluation/User experience (Page 2 of 2)

RAND's evaluation activities inherently dependent on the development and implementation of the PADs Peer Supporter training and the launch of the PADs platform. In Fall 2023, RAND identified potential challenges to implementing the full evaluation within the remaining Phase 1 time (ending June 2025) if the launch of the training and/or platform was pushed back beyond early 2024. Our evaluation design includes longer-term follow-up windows (e.g., interviews/focus groups with trainees several months after they completed the training and have accrued "live" experience in the field facilitating PADs; surveys/interviews/focus groups with PADs consumers several months after they have completed their PAD). Further delays in the launch of the training and/or platform will shorten the period of time available for follow-up, because RAND will need time to analyze the data and prepare the final report before the project ends in June 2025.

We have communicated these potential challenges to the project coordinator and larger PADs Innovation group. As of December 2023, we believe we will still be able to implement the training and outcomes evaluations as-planned if the training and platform hit the launch targets of January/February 2024. Based on the degree of timeline slippage for training/platform launch beyond that target, we may need to shorten follow-up windows, or truncate some evaluation activities.

Plans and Expectations for the Next Reporting Period

The RAND team expects that data collection for its evaluation will begin shortly after the New Year.

RAND will also finalize the remaining evaluation protocols (survey and/or focus groups with Peers who have completed a PAD) and submit this for IRB review and approval. Following approval, we expect to launch this aspect of data collection in Spring 2024.

RAND will also begin working on analysis and reporting, following the implementation of data collection.

Anticipated accomplishments by end of FY2024

Based on the current overall project timeline, we anticipate that RAND will have launched and implemented training-related evaluation activities. We also expect that we will have developed and launched activities focused on the Peer-level impacts of PADs.

Appendix AV: PADS Annual Report, Syracuse University- Fiscal Intermediary (Page 1 of 3)

Burton Blatt Institute
SYRACUSE UNIVERSITY

Fiscal Intermediary Updates for 2023

Overview

Syracuse University continued to serve in the role of Fiscal Intermediary for the Psychiatric Advance Directives (PADs) Project, which is a Mental Health Services Act Innovations Project involving the collaboration of multiple California Counties; namely, Contra Costa County, Fresno County, Mariposa County, Monterey County, Orange County, Shasta County and the Tri-City Mental Health Authority. In addition to the expertise and excellence in the programmatic areas of Disability Research and Advocacy that Syracuse University's Burton Blatt Institute brings forth to the PADs Project, Syracuse University has a dynamic research administration team that supports the world-class, top-tier research performed on campus and around the world. Syracuse University's Office of Sponsored Programs and Office of Sponsored Accounting provide the critical infrastructure to support the PADs Project contract(s) administration and fiscal oversight. Our offices primary functions are to facilitate the responsible and efficient stewardship of grant and contract funded projects from various external funding agencies. As a result of the significant federally funded research conducted by Syracuse University, we are required by federal policy, law, and regulations to have rigorous and well-documented fiscal oversight measures in place to responsibly administer these funds. Syracuse University routinely undergoes multiple audits from various agencies and external auditors with no material weaknesses noted in past years. Lastly, Syracuse University is a proud member of the Federal Demonstration Partnership (FDP), which is a cooperative of 10 federal agencies and over 200 research intensive institutions with the primary purpose to reduce the administrative burdens associated with research grants and contracts.

Why is this important to the PADs Project which is not federally funded? Syracuse University is able to leverage the best practices learned through its FDP membership to the benefit of all externally sponsored projects, including the PADs project. A prime example of this benefit is the University's enrollment in the FDP Expanded Clearinghouse which essentially provides a public facing organizational profile of Syracuse University, including audit and financial data that is regularly updated on an annual basis. To review Syracuse University's profile at any given time, simply navigate to this website (https://fdpclearinghouse.org/organizations/196) for the most recent information.

2023 Updates

Representatives from Syracuse University attended and presented at the PADs Project meeting held in Anaheim, CA September 11-12, 2023. Stuart Taub, Director, Office of Sponsored Programs, provided an overview presentation on Syracuse University's role, responsibility and financial update as the fiscal intermediary and fielded questions from the County representatives in attendance. Gary Shaheen, Project Director, Burton Blatt Institute, provided a presentation reflecting the Burton Blatt Institute at Syracuse University's progress on the Orange County Evaluation engagement with the PADs Project, and each fielded questions from County representatives following his presentation.

Appendix AV: PADS Annual Report, Syracuse University- Fiscal Intermediary (Page 2 of 3)

Seven (7) California Counties are actively engaged in funding the PADs Project, and with their authorization Syracuse University engaged subcontractors providing the necessary services for the PADs Project in the areas of Lead Project Management, Technology Platform Development, Marketing & Communications, PADs Advisory and Training, Peer Organization and Evaluation. During the 2023, with authorization from the Counties Syracuse University closed out the subcontract with Hallmark Compass and engaged Alpha Omega Translations.

Payment of subcontractor invoices continued in 2023 based on the proportional allocation distribution as originally established and each with approval from the Lead Project Manager. In **Table 1** below, we provide a fiscal status update of the PADs Project through December 31, 2023, on a County-by-County basis. Cumulatively across all counties, the project expenditures are tracking at 53.9% of the current **PADs Project** budget period which is from inception through June 30, 2025. **Table 2** reflects subrecipient spending to date. The "Obligated Amount" reflects each subcontractor's total budget for the period through June 30, 2024.

Please note, the time frames in which certain counties and subcontractors became engaged impacted the rates of expenditures shown. Contra Costa County's and Tri-City Mental Health Authority's involvement began months later that the other Counties. The largest portion of Mariposa County's budget is allocated to a Peer Organization for which Contra Costa County and Tri-City Mental Health Authority also include in their budgets but with subsequent start dates. The subcontract with Alpha Omega Translations was not executed until the summer of 2023. However, it is still expected the rate of expenditures for these counties will become more aligned with the overall allocation by the period ending June 30, 2024. Also, Fresno County's budget is compressed and scheduled to fully expend by June 30, 2024 compared to the others which are expected to end by June 30, 2025.

Table 1

Total Project Spending

County	Total Budget ending 6/30/24*	Actual Expenditures	% Expended
Contra Costa	$1,211,136	$386,125	31.9%
Fresno	$863,087	$555,968	64.4%
Mariposa	$79,660	$61,650	77.4%
Monterey	$498,828	$256,606	51.4%
Orange	$9,545,470	$5,382,257	56.4%
Shasta	$207,735	$107,779	51.9%
Tri-City	$313,264	$104,355	33.3%
PADS Project Sponsors	$12,719,180	$6,854740	53.9%

Appendix AV: PADS Annual Report, Syracuse University- Fiscal Intermediary (Page 3 of 3)

Table 2

Subrecipient Spending

Subcontractor	Invoiced through	Obligated Amount	Actual Expenditures	% Expended
Concepts Forward	11/30/2023	$656,181	$449,828	68.6%
Chorus	11/30/2023	$7,300,000	$5,491,665	75.2%
Idea	10/31/2023	$478,215	$302,435	63.2%
Rand	10/22/2023	$647,270	$137,310	21.2%
Painted Brain	7/31/2023	$296,593	$175,037	59.0%
Hallmark	06/30/2023	$73,440	$73,440	100%
Alpha Omega	8/31/2023	$206,607	$1,650	0.8%

Appendix AW: MHSA Annual Update Stakeholder Survey FY 25-26 (Page 1 of 9)

Mariposa County Health & Human Services Agency

2025 - 2026 Annual Update Mental Health Services Act (MHSA) Stakeholder Survey

2025 - 2026 Annual Update Mental Health Services Act (MHSA) Stakeholder Survey

Your voice matters! Mariposa County Behavioral Health and Recovery Services (MCBHRS) would like to hear from you. We invite community members of Mariposa County of all ages, races, ethnicities, sexual orientations, gender identities, and religious or spiritual beliefs to take this survey. We want to understand the mental health needs of the diverse populations within our community.

Please help us by providing your feedback on the current mental health programs and services. This survey takes about 5-10 minutes to complete.

Participation in this survey is voluntary, and responses will remain anonymous. Your input will inform the annual update to our Mental Health Services Act (MHSA) Plan.

What is the Mental Health Services Act (MHSA)?
Proposition 63, passed in November 2004, imposes a 1% tax on personal income over $1 million. The goal of MHSA is to reduce the long-term impact on individuals and families resulting from untreated mental illness. MHSA provides funding to support county mental health programs for families, children, transitional-aged youth, adults, and older adults. This survey is an opportunity for you to provide feedback on the mental health services available in Mariposa County.

1. Which groups in our community do you believe have the greatest unmet mental health needs? Select all that apply *

- [ ] Children 0 - 15 years old
- [ ] Youth 16 - 25 years old
- [ ] Adults 26 - 59 years old
- [ ] Older Adults 60+
- [ ] Parents/Family Members
- [ ] Foster Youth
- [ ] Homeless
- [ ] Veterans
- [ ] 2SLGBTQIA+
- [ ] Criminal Justice Involved
- [ ] Persons with Mental Health Needs (Consumers)

Appendix AW: MHSA Annual Update Stakeholder Survey FY 25-26 (Page 2 of 9)

2. In which communities do you believe there is the greatest need for additional mental health services? Select all that apply. *

- [ ] Mariposa
- [ ] Cathey's Valley
- [ ] Coulterville
- [ ] Greeley Hill
- [ ] Don Pedro
- [ ] Yosemite
- [ ] Homeless
- [ ] El Portal
- [ ] Wawona
- [ ] Fish Camp

3. Please explain why you selected these communities.

Appendix AW: MHSA Annual Update Stakeholder Survey FY 25-26 (Page 3 of 9)

Current Mental Health Services Act Programs

Please rank the following current Mental Health Services Act (MHSA) programs. One star being the least effective and five stars being the most effective.

4. Peer Support Services - An individual that runs the Wellness Center who has lived experience with mental health illness.

☆ ☆ ☆ ☆ ☆

5. Mariposa Wellness Center - Peer led activities that help build meaningful relationships, and focused on mental health wellness.

☆ ☆ ☆ ☆ ☆

6. North County Wellness Center - Peer led activities that help build meaningful relationships, and focused on mental health wellness.

☆ ☆ ☆ ☆ ☆

7. Yosemite National Park Wellness Center - Peer led activities that help build meaningful relationships, and focused on mental health wellness.

☆ ☆ ☆ ☆ ☆

8. Adult System of Care - Intensive mental health services and supports for the adults and older adults in the community with serious mental illness.

☆ ☆ ☆ ☆ ☆

9. Children's Family Services Unit - Intensive mental health services and supports for the children and families in the community with serious emotional disturbances.

☆ ☆ ☆ ☆ ☆

10. Mariposa Minds Matter Task Force - A committee that targets stigma reduction and discrimination related to mental health and wellness activities.

☆ ☆ ☆ ☆ ☆

11. Mental Health First Aid - Training that is provided to the community to increase recognition of early signs of mental illness.

☆ ☆ ☆ ☆ ☆

Appendix AW: MHSA Annual Update Stakeholder Survey FY 25-26 (Page 4 of 9)

12. Suicide Prevention Hotline - A suicide prevention hotline that operates 24hrs per day, seven days a week, and 365 days per year. 1-800-506-5991.

☆ ☆ ☆ ☆ ☆

13. Yosemite National Park Community and Hospitality Prevention Program - This program offers activities such as Yoga and Mindfulness sessions, Expressive Arts workshops, Physical Health activities, Community Building, Psychoeducation /Case Management hours, and linkage to local behavioral health services for individuals living or working in Yosemite National Park.

☆ ☆ ☆ ☆ ☆

14. Yosemite National Park Prevention Services Program - This program offers activities such as Emotional Wellness Series: Mindfulness, Internal Family Systems, and Positive Psychology, First Responders and Law Enforcement Longevity and Mental Health Wellness Training and Mental Health Office Hours for underserved and/or unserved Yosemite National Park Service employees and their family members, First Responders, and Law Enforcement within Yosemite National Park.

☆ ☆ ☆ ☆ ☆

15. The Family Resource Center- offers an early intervention program that promotes recovery and related outcomes for mental illness in its early stages. This program is designed to assist children, families, and caregivers with parent-to-parent support, coaching, mentoring, referrals to services, and emotional peer support. Services provided include case management, parenting support, family activities, and support groups.

☆ ☆ ☆ ☆ ☆

16. Friendly Visitor Program- A prevention program that aims to prevent mental health challenges of isolated elderly adults.

☆ ☆ ☆ ☆ ☆

Appendix AW: MHSA Annual Update Stakeholder Survey FY 25-26 (Page 5 of 9)

17. How would you rate overall satisfaction with the mental health services available in Mariposa County?

- ◯ Satisfied
- ◯ Neutral
- ◯ Dissatisfied

18. How can we improve awareness of available mental health services in the community?

19. Please share any additional comments or insights regarding the mental health needs or gaps in services within our community.

Appendix AW: MHSA Annual Update Stakeholder Survey FY 25-26 (Page 6 of 9)

20. What is your zip code?

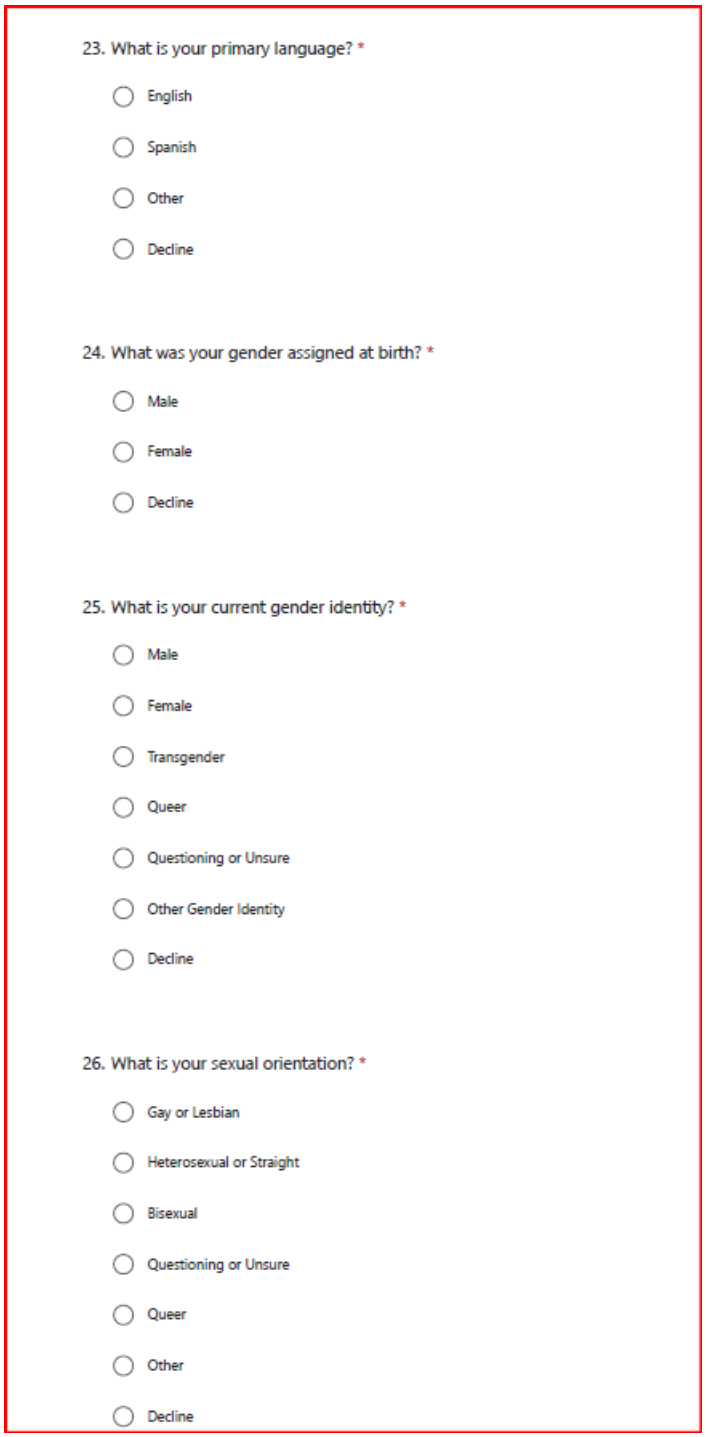
21. Which of the following best describes you? *

- ◯ Consumer or consumer family member
- ◯ Educator or teacher
- ◯ Advocate
- ◯ Human services provider
- ◯ Health provider
- ◯ Law enforcement
- ◯ Student
- ◯ Veteran
- ◯ Homeless
- ◯ Community based organization
- ◯ Faith based organization
- ◯ Other
- ◯ Decline to answer

22. What is your age? *

- ◯ 0 - 15 years old
- ◯ 16 - 25 years old
- ◯ 26 - 59 years old
- ◯ 60+ years old
- ◯ Decline

Appendix AW: MHSA Annual Update Stakeholder Survey FY 25-26 (Page 7 of 9)



23. What is your primary language? *

- ◯ English
- ◯ Spanish
- ◯ Other
- ◯ Decline

24. What was your gender assigned at birth? *

- ◯ Male
- ◯ Female
- ◯ Decline

25. What is your current gender identity? *

- ◯ Male
- ◯ Female
- ◯ Transgender
- ◯ Queer
- ◯ Questioning or Unsure
- ◯ Other Gender Identity
- ◯ Decline

26. What is your sexual orientation? *

- ◯ Gay or Lesbian
- ◯ Heterosexual or Straight
- ◯ Bisexual
- ◯ Questioning or Unsure
- ◯ Queer
- ◯ Other
- ◯ Decline

Appendix AW: MHSA Annual Update Stakeholder Survey FY 25-26 (Page 8 of 9)

27. Are you a veteran? *

- ◯ Yes
- ◯ No
- ◯ Decline

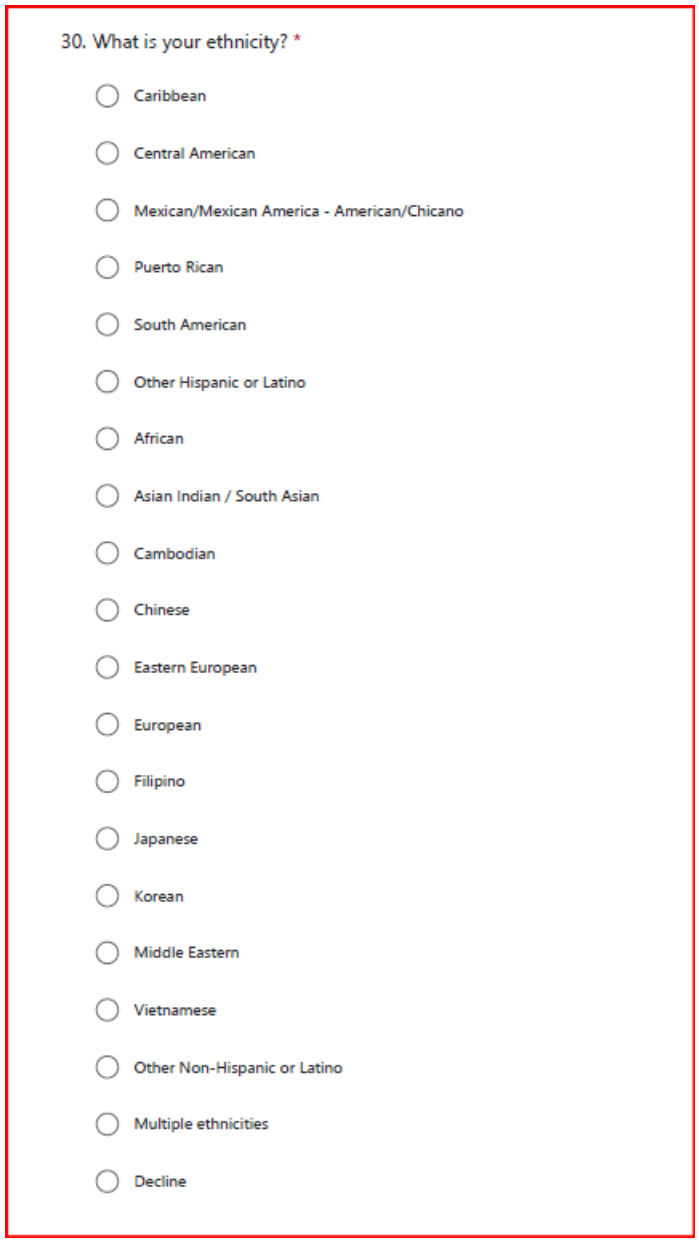
28. Do you have any of the following disabilities? *

- ◯ Difficulty seeing
- ◯ Difficulty hearing
- ◯ Mental illness
- ◯ Physical / mobility issues
- ◯ Chronic health conditions
- ◯ Other
- ◯ None
- ◯ Decline

29. What is your race? *

- ◯ American Indian or Alaska Native
- ◯ Asian
- ◯ Black or African American
- ◯ Native Hawaiian or Other Pacific Islander
- ◯ White
- ◯ Multiple Races
- ◯ Decline

Appendix AW: MHSA Annual Update Stakeholder Survey FY 25-26 (Page 9 of 9)

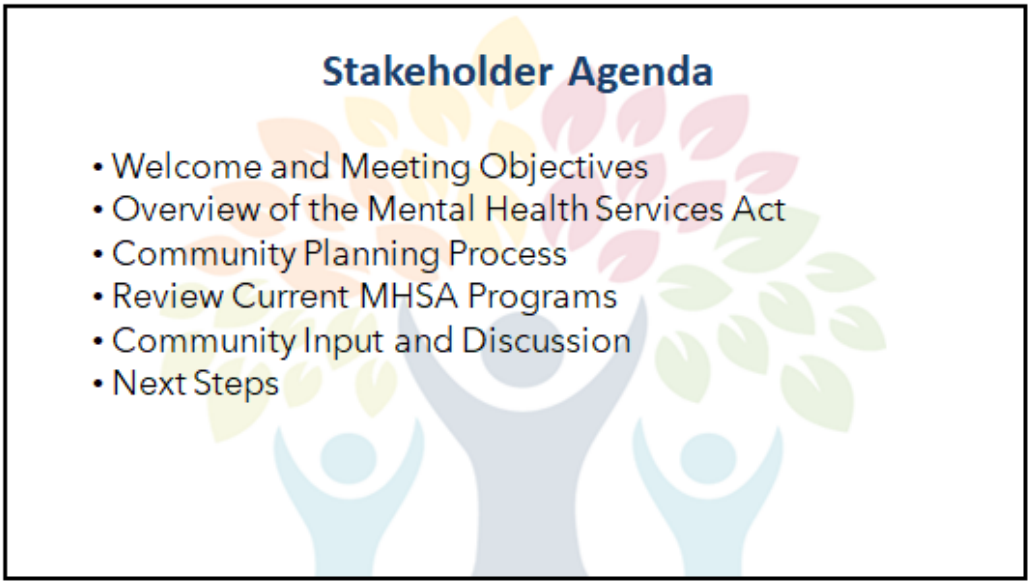


30. What is your ethnicity? *

- ○ Caribbean
- ○ Central American
- ○ Mexican/Mexican America - American/Chicano
- ○ Puerto Rican
- ○ South American
- ○ Other Hispanic or Latino
- ○ African
- ○ Asian Indian / South Asian
- ○ Cambodian
- ○ Chinese
- ○ Eastern European
- ○ European
- ○ Filipino
- ○ Japanese
- ○ Korean
- ○ Middle Eastern
- ○ Vietnamese
- ○ Other Non-Hispanic or Latino
- ○ Multiple ethnicities
- ○ Decline

Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 1 of 14)

1



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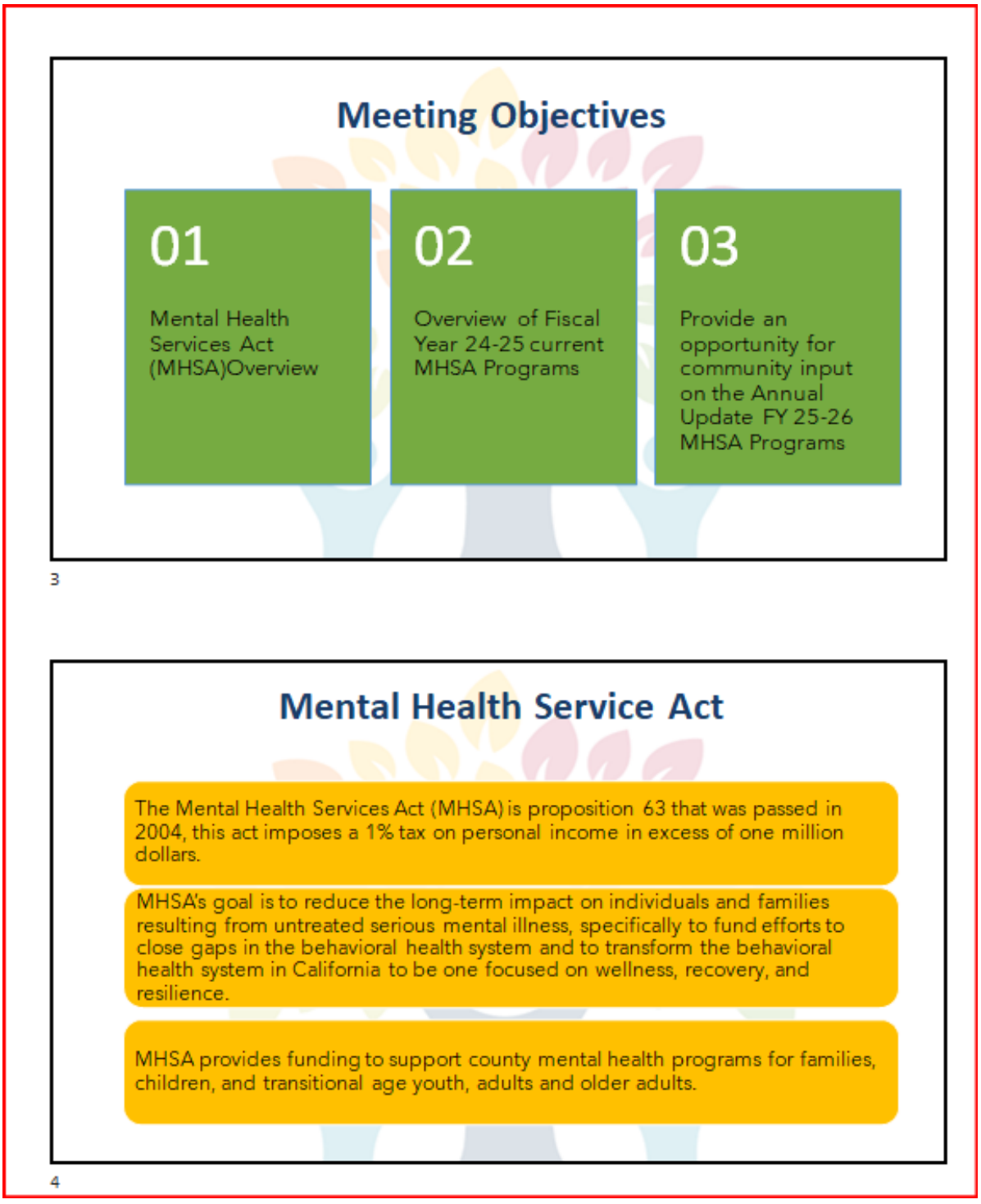
Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 2 of 14)



Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 3 of 14)

MHSA Requirements

The MHSA process must include the following:

- Community Collaboration – Stakeholder involvement in all stages
- Cultural competence
- Client driven
- Family driven
- Wellness, recovery and resilience focused
- Integrated service experiences for clients and their families

5

Stakeholder Process

- What is a stakeholder?
  - An individual or entity with an interest in mental health services.
- MHSA programs must include stakeholder involvement at every stage of the process.
  - Developing
  - Planning
  - Implementing
  - Evaluating
- The stakeholder process must include education, input and feedback.

6

Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 4 of 14)

Community Planning Process

Planning/Development Stage
(September - October)
- Begin developing a robust list of stakeholders
- Develop extensive stakeholder survey
- Begin planning for stakeholder meetings

Stakeholder Input/Feedback
(October - March)
- Conduct stakeholder meeting
- Receive feedback
- Begin gathering data

Draft Annual Update
(March - April)
- Continue to receive stakeholder feedback
- Evaluate all stakeholder feedback
- Plan and execute draft MHSA Annual Update

Public Review
(April)
- Take draft MHSA Annual Update to Behavioral Health Board for review
- Post draft MHSA Annual Update for 30 days
- Continue to receive feedback / input

Public Hearing
(May)
- Behavioral Health Board hosts public hearing
- Stakeholders provide final feedback
- Make edits / additions etc. to draft MHSA Annual Update

Approval
(May- June 1st)
- Submit MHSA Annual Update to Board of Supervisors for approval
- Submit approved MHSA Annual Update to DHCS within 30 days and no later than June 30th
- Submit approved MHSA Annual Update to MHSOAC

7

Roles and Responsibilities

- **Stakeholders** – Present perspectives and experiences to provide input on how to meet the community's needs.
- **Behavioral Health** – Develop the MHSA program updates that is reflective of community needs, priorities, and identified strategies.
- **Behavioral Health Board** - Assure stakeholder involvement, review and advise on the MHSA annual update, and conduct a public hearing.
- **Board of Supervisors** – Review and approve the MHSA plan.

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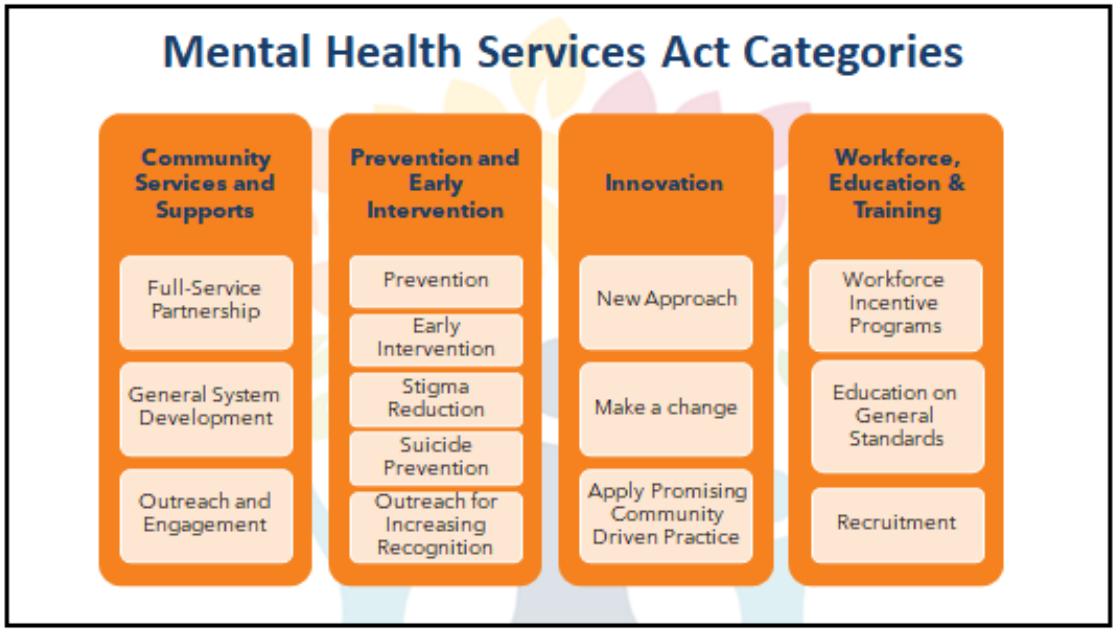
Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 5 of 14)



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Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 6 of 14)

Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 7 of 14)

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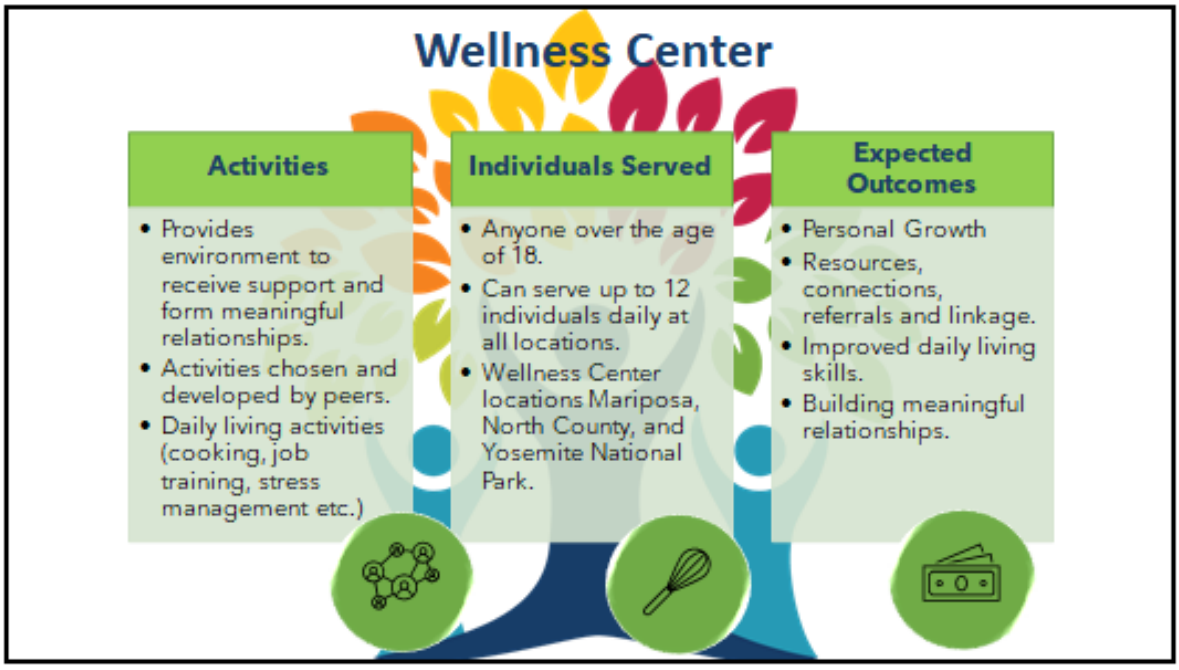

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Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 8 of 14)

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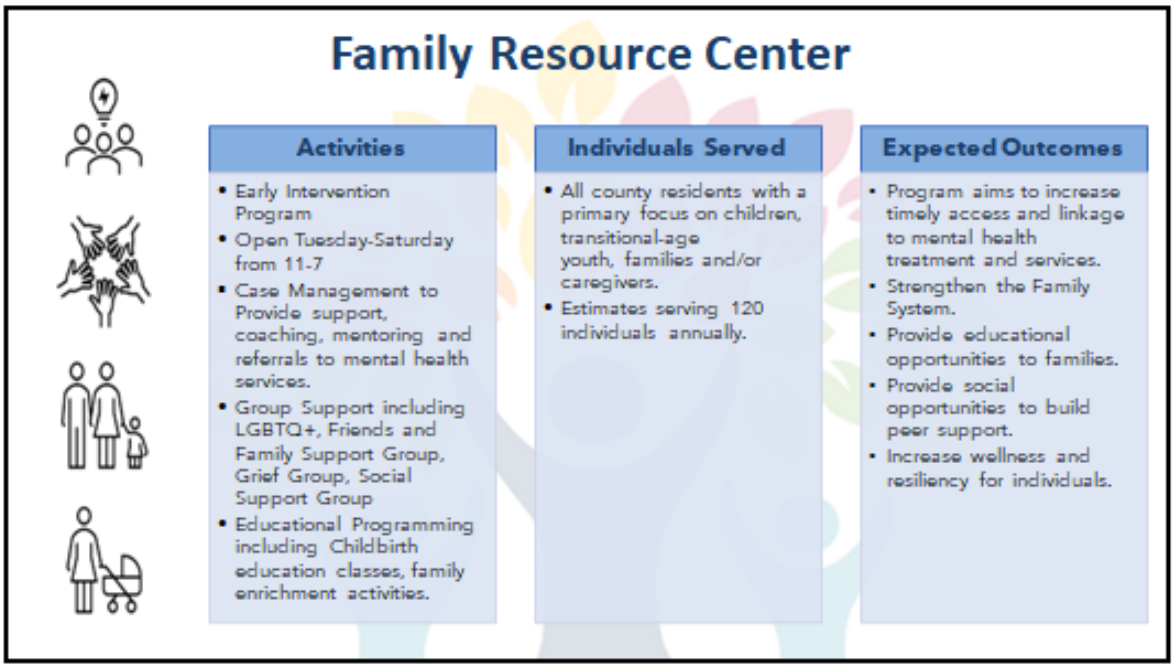

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Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 9 of 14)

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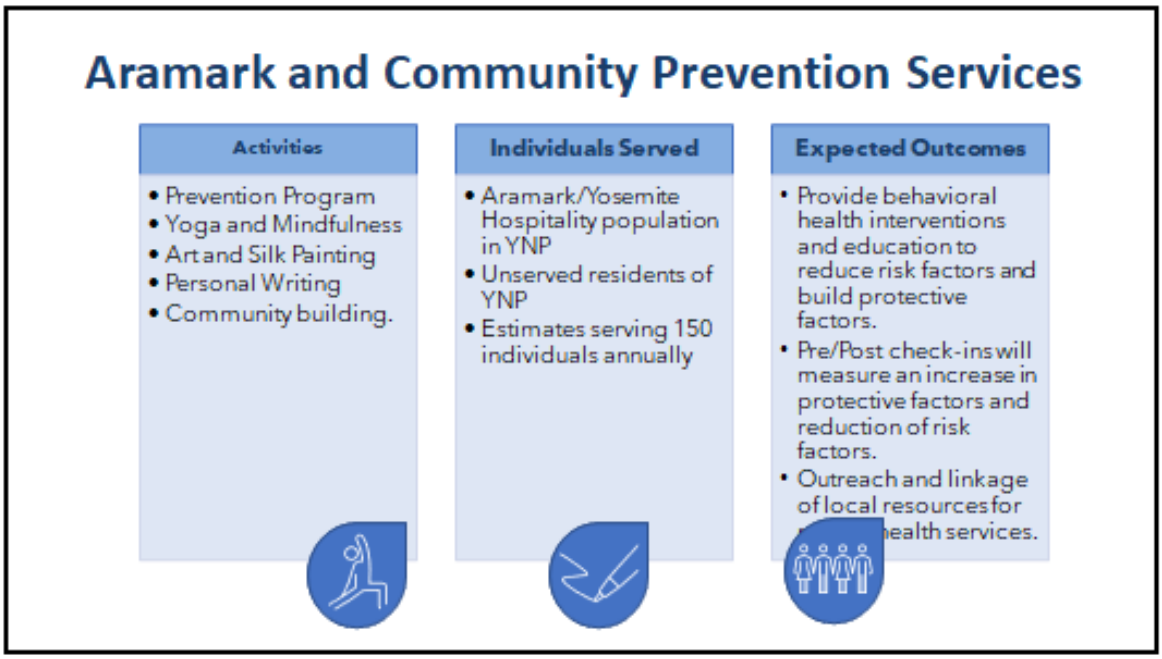

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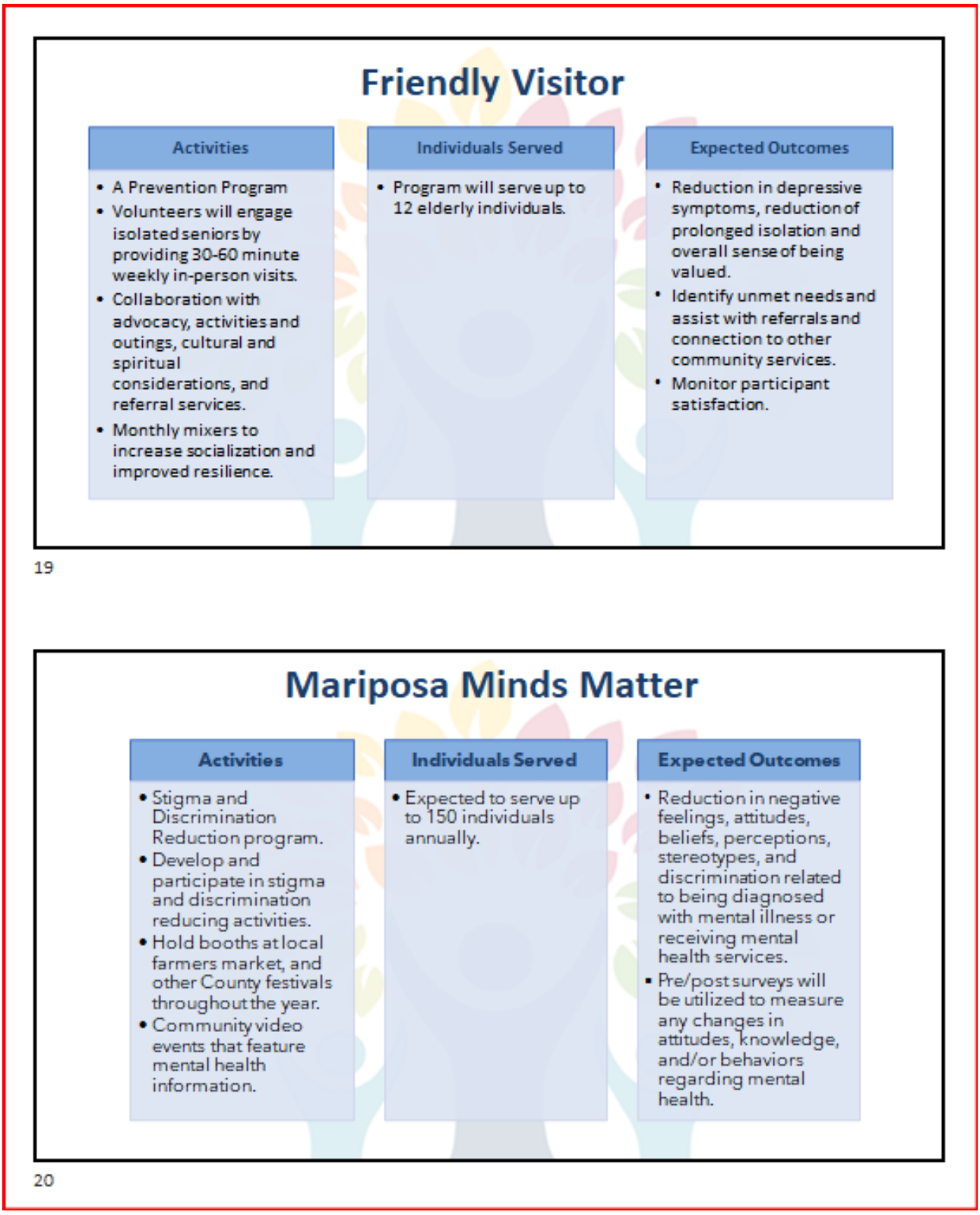
Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 10 of 14)



Friendly Visitor

Activities	Individuals Served	Expected Outcomes
• A Prevention Program • Volunteers will engage isolated seniors by providing 30-60 minute weekly in-person visits. • Collaboration with advocacy, activities and outings, cultural and spiritual considerations, and referral services. • Monthly mixers to increase socialization and improved resilience.	• Program will serve up to 12 elderly individuals.	• Reduction in depressive symptoms, reduction of prolonged isolation and overall sense of being valued. • Identify unmet needs and assist with referrals and connection to other community services. • Monitor participant satisfaction.

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Mariposa Minds Matter

Activities	Individuals Served	Expected Outcomes
• Stigma and Discrimination Reduction program. • Develop and participate in stigma and discrimination reducing activities. • Hold booths at local farmers market, and other County festivals throughout the year. • Community video events that feature mental health information.	• Expected to serve up to 150 individuals annually.	• Reduction in negative feelings, attitudes, beliefs, perceptions, stereotypes, and discrimination related to being diagnosed with mental illness or receiving mental health services. • Pre/post surveys will be utilized to measure any changes in attitudes, knowledge, and/or behaviors regarding mental health.

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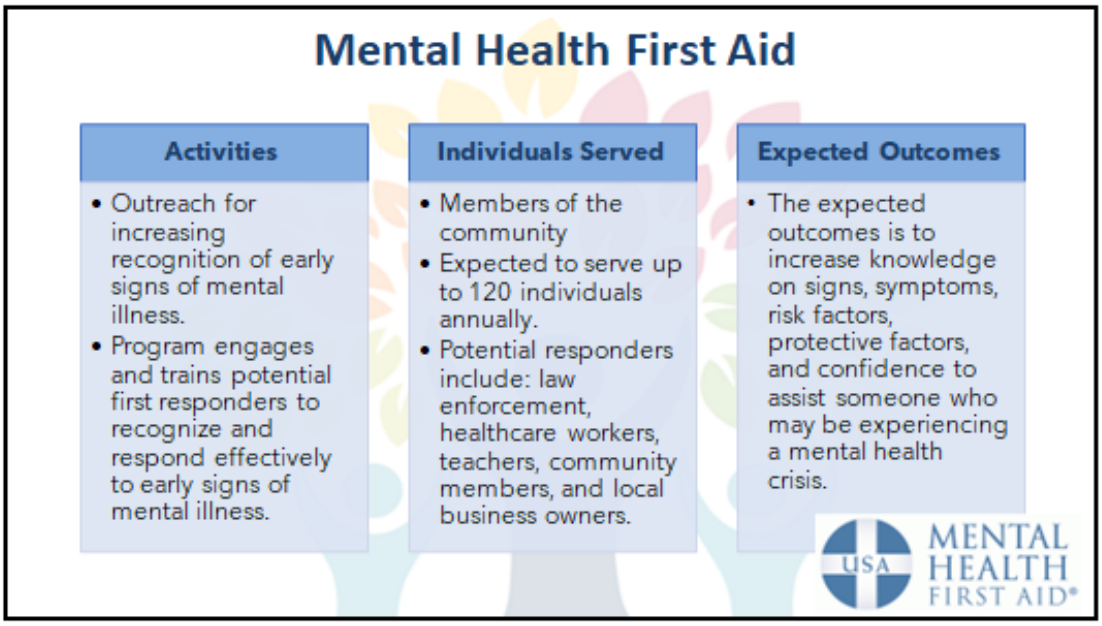
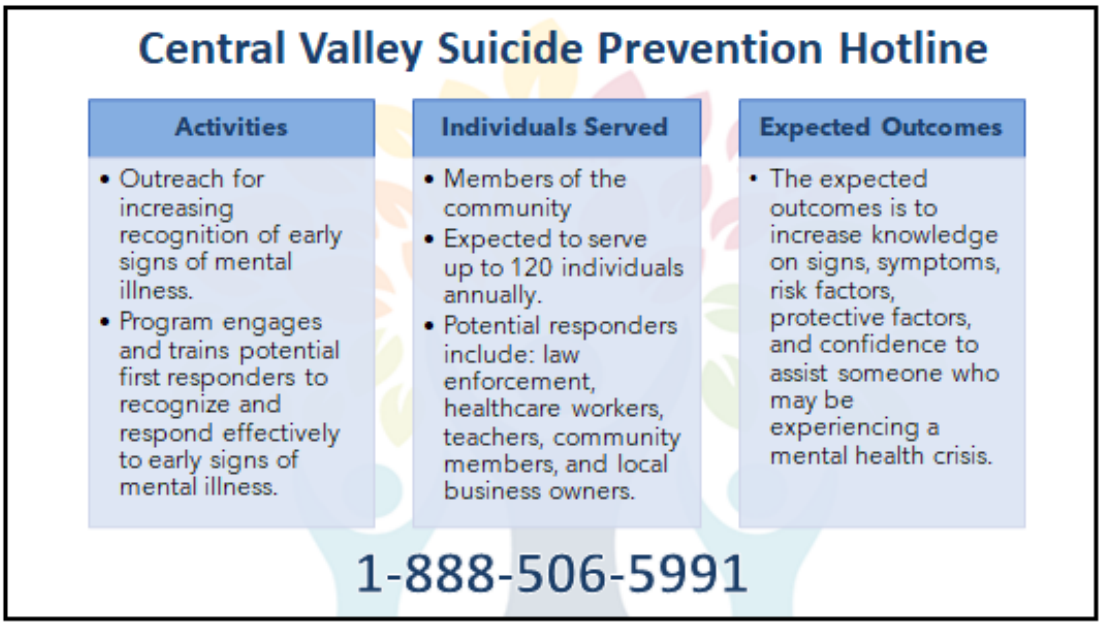
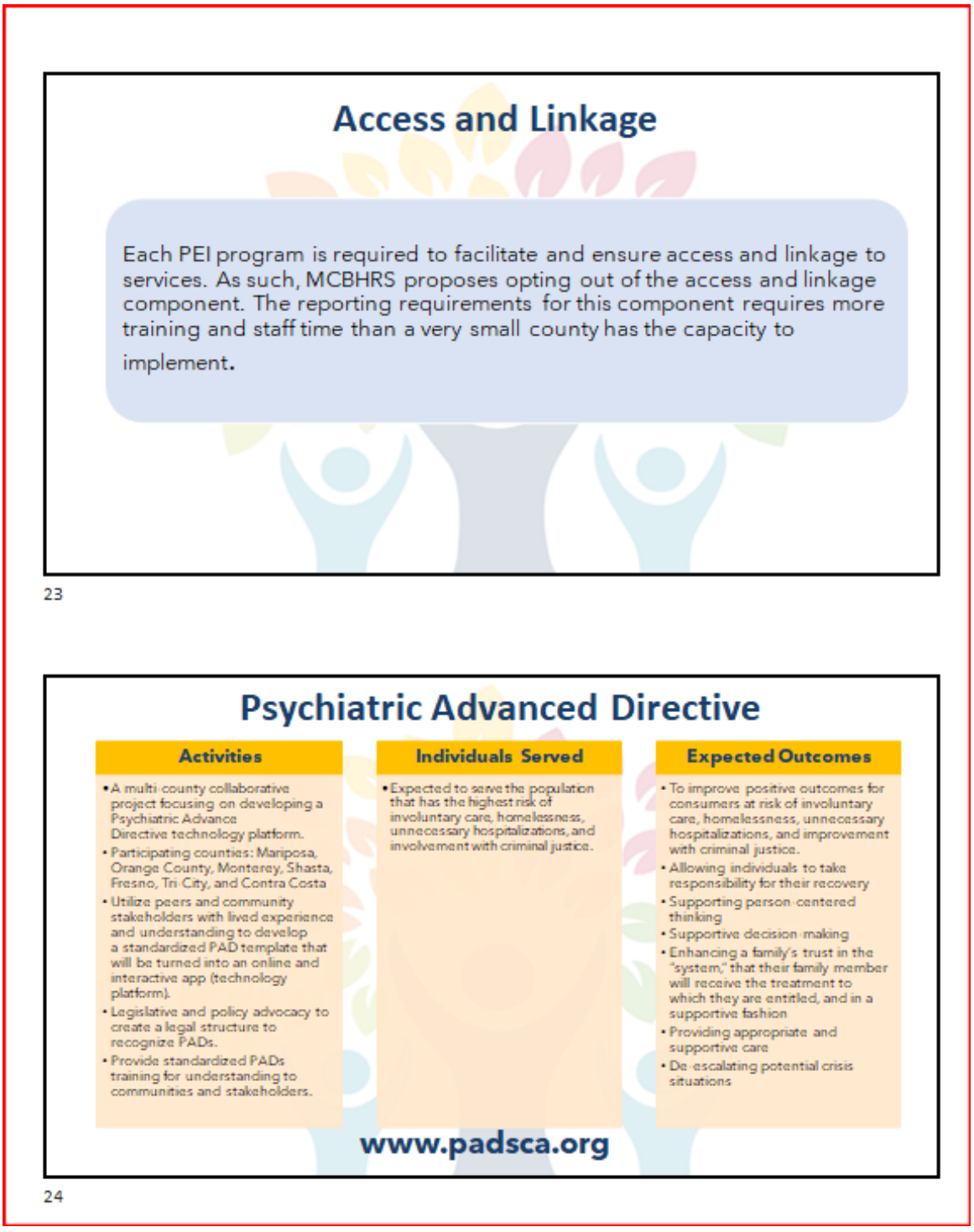
Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 11 of 14)





Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 12 of 14)



Access and Linkage

Each PEI program is required to facilitate and ensure access and linkage to services. As such, MCBHRS proposes opting out of the access and linkage component. The reporting requirements for this component requires more training and staff time than a very small county has the capacity to implement.

23

Psychiatric Advanced Directive

Activities	Individuals Served	Expected Outcomes
• A multi-county collaborative project focusing on developing a Psychiatric Advance Directive technology platform. • Participating counties: Mariposa, Orange County, Monterey, Shasta, Fresno, Tri-City, and Contra Costa • Utilize peers and community stakeholders with lived experience and understanding to develop a standardized PAD template that will be turned into an online and interactive app (technology platform). • Legislative and policy advocacy to create a legal structure to recognize PADs. • Provide standardized PADs training for understanding to communities and stakeholders.	• Expected to serve the population that has the highest risk of involuntary care, homelessness, unnecessary hospitalizations, and involvement with criminal justice.	• To improve positive outcomes for consumers at risk of involuntary care, homelessness, unnecessary hospitalizations, and improvement with criminal justice. • Allowing individuals to take responsibility for their recovery • Supporting person-centered thinking • Supportive decision-making • Enhancing a family's trust in the "system," that their family member will receive the treatment to which they are entitled, and in a supportive fashion • Providing appropriate and supportive care • De-escalating potential crisis situations

www.padsca.org

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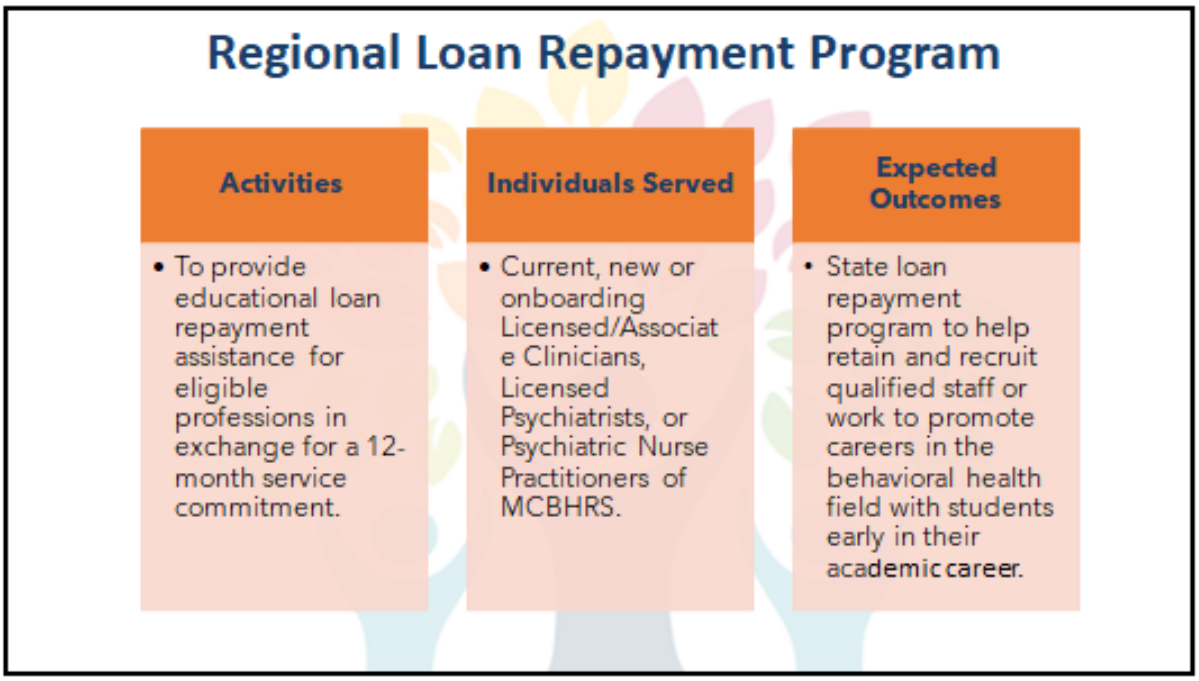
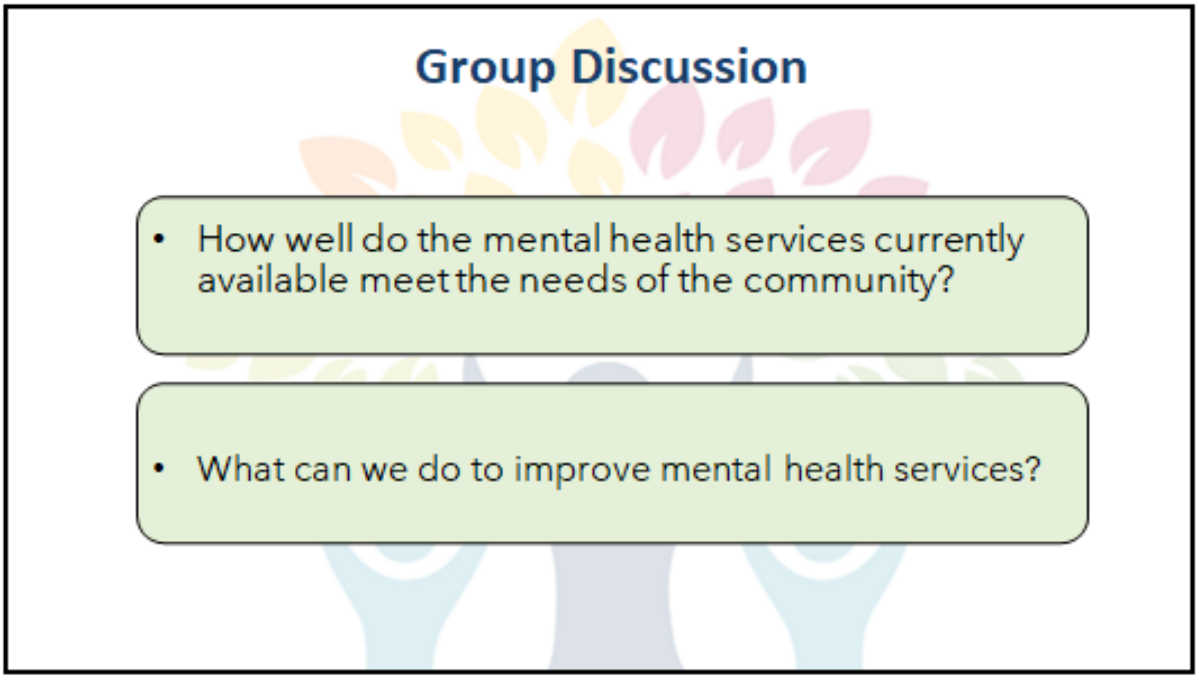
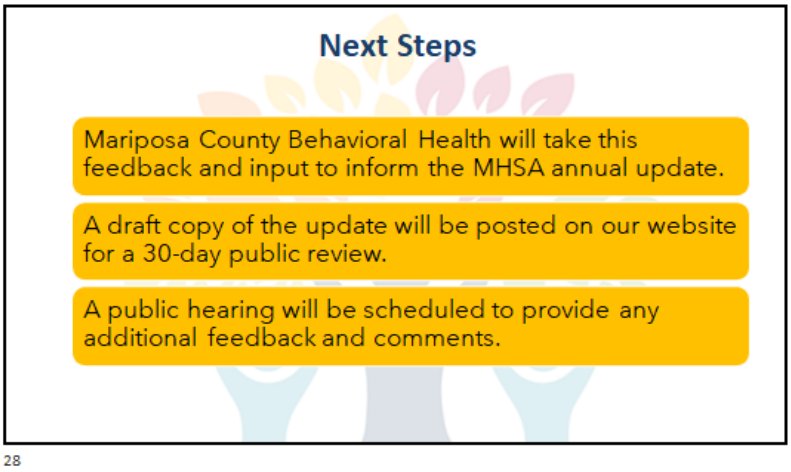
Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 13 of 14)

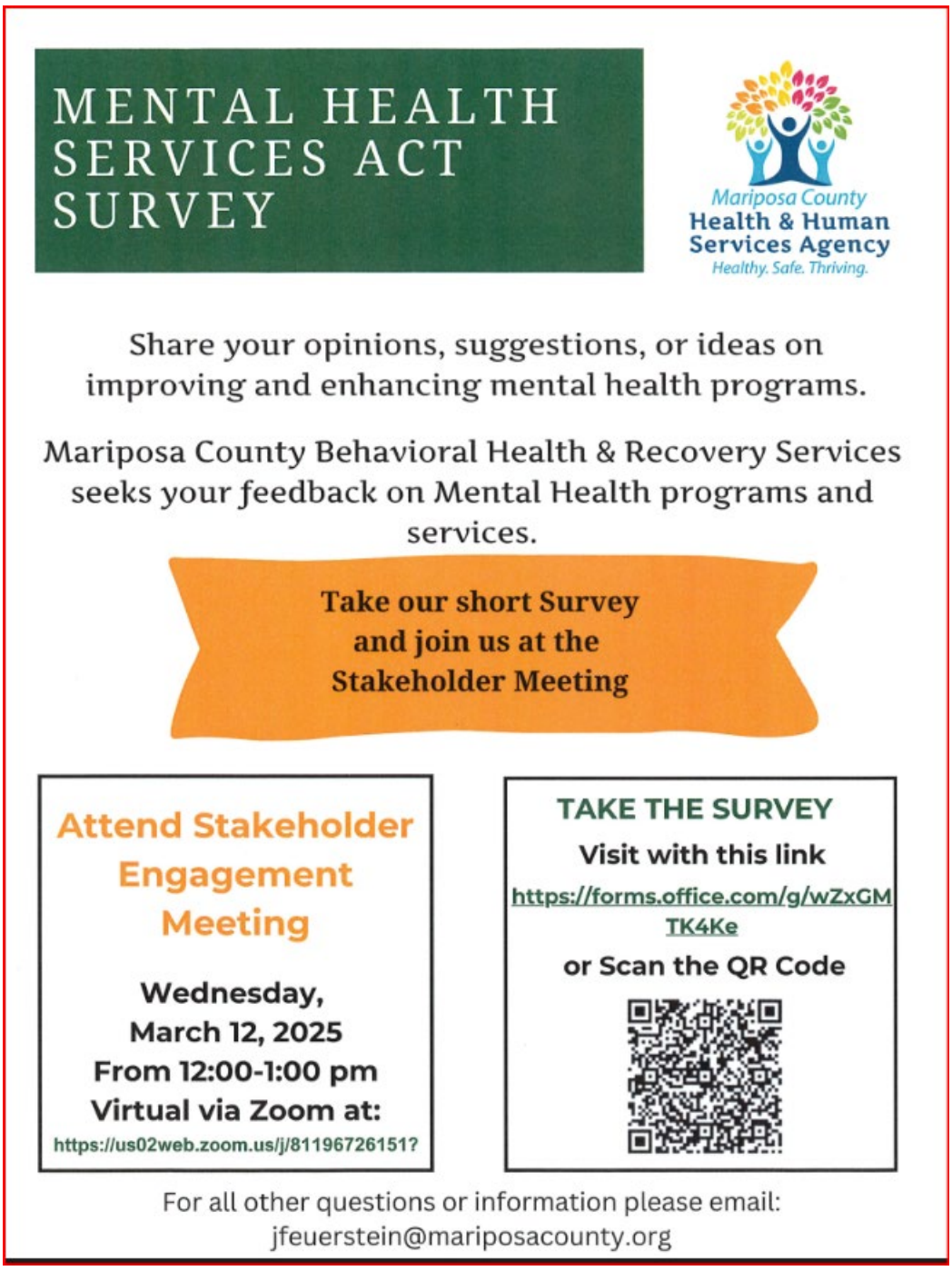




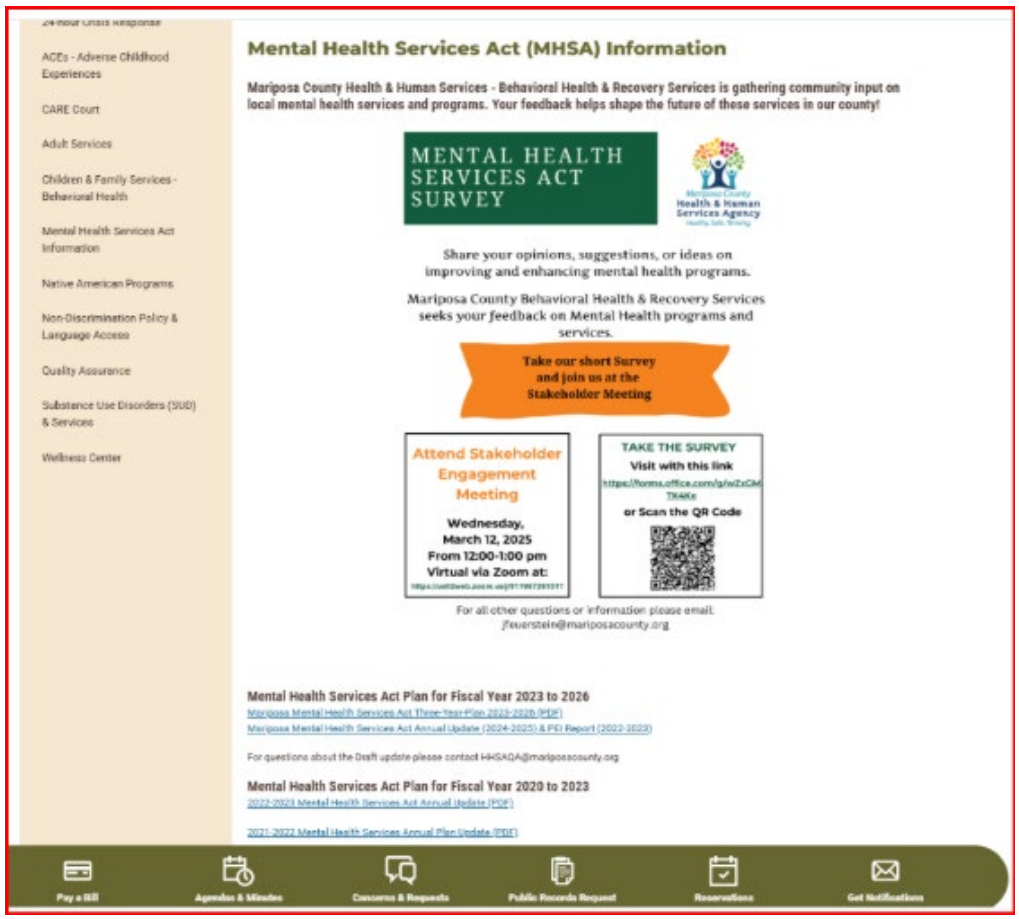
Appendix AX: MHSA Annual Update Stakeholder PowerPoint FY 25-26 (Page 14 of 14)



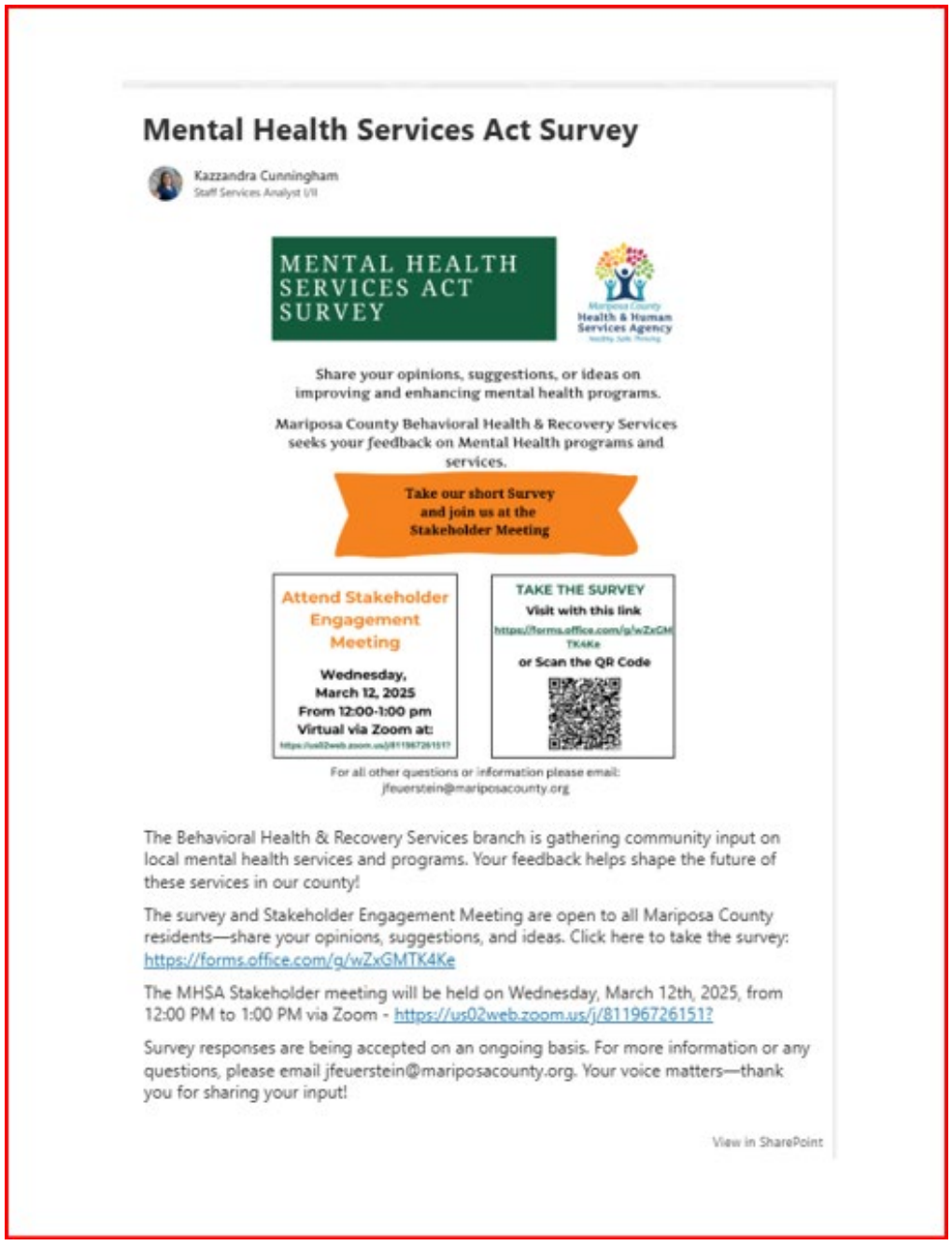
Appendix AY: MHSA Annual Update FY 25-26 Stakeholder Flyer (Page 1 of 1)



Appendix AZ: MHSA Annual Update FY 25-26 Stakeholder Flyer Posted on County Website (Page 1 of 1)



Appendix BA: MHSA Annual Update FY 25-26 Stakeholder Flyer Posted on Social Media & Health and Human Services Agency Intranet. (Page 1 of 1)



Mental Health Services Act Survey

Kazzandra Cunningham
Staff Services Analyst I/II

MENTAL HEALTH SERVICES ACT SURVEY

Mariposa County Health & Human Services Agency

Share your opinions, suggestions, or ideas on improving and enhancing mental health programs.

Mariposa County Behavioral Health & Recovery Services seeks your feedback on Mental Health programs and services.

Take our short Survey and join us at the Stakeholder Meeting

Attend Stakeholder Engagement Meeting

Wednesday, March 12, 2025
From 12:00-1:00 pm
Virtual via Zoom at:
https://us02web.zoom.us/j/81196726151?

TAKE THE SURVEY
Visit with this link
https://forms.office.com/g/wZxGMTK4Ke
or Scan the QR Code

For all other questions or information please email:
jfeuerstein@mariposacounty.org

The Behavioral Health & Recovery Services branch is gathering community input on local mental health services and programs. Your feedback helps shape the future of these services in our county!

The survey and Stakeholder Engagement Meeting are open to all Mariposa County residents—share your opinions, suggestions, and ideas. Click here to take the survey: https://forms.office.com/g/wZxGMTK4Ke

The MHSA Stakeholder meeting will be held on Wednesday, March 12th, 2025, from 12:00 PM to 1:00 PM via Zoom - https://us02web.zoom.us/j/81196726151?

Survey responses are being accepted on an ongoing basis. For more information or any questions, please email jfeuerstein@mariposacounty.org. Your voice matters—thank you for sharing your input!

View in SharePoint

Appendix BB: MHSA Annual Update FY 25-26 Behavioral Health Board Sign in Sheet (Page 1 of 1)

BEHAVIORAL HEALTH BOARD
SIGN-IN SHEET
June 4, 2025

Notice: Signing this attendance sign-in sheet is voluntary.
You are welcome to attend the meeting whether or not you choose to sign the attendance sheet.

PLEASE PRINT

	MEMBERS	GUESTS	STAFF
1	Jesse Salcedo	Paula Lyons	Jacque Feuerstein
2	M. Chapman	Bryan Bear	Stacey Lynch
3	Paul Brickett	Donna Kay	Randy Pedersen
4	Rosemarie Snelcomb	Melina Winchester	Kelley
5	Dawn Hillert	5	5
6	DJ Cox Adams	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15

RECORDING SECRETARY Adrianne Beas

	MEMBERS EXCUSED	MEMBERS ABSENT
1		1
2		2
3		3
4		4
5		5

Appendix BC: MHSA Annual Update FY 25-26 Behavioral Health Board Agenda (Page 1 of 2)

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

BEHAVIORAL HEALTH BOARD MEETING
AGENDA

June 4, 2025
12:30 p.m. – 1:30 p.m.
Mariposa County Health & Human Services
5362 Lemee Lane, Mariposa, California 95338

To attend in-person: Health & Human Services – Mariposa Conference Room
5362 Lemee Lane, Mariposa, California

To attend via telephone: Call 1-669-900-6833, then at the prompts enter the following:
Meeting ID 847 2729 7892, participant ID #, passcode 902090

I. **Call to Order and Roll Call – Confirm Quorum**
II. **Mission Statement:** Our mission is to ensure high quality behavioral health services for all individuals in our community by evaluating the community's behavioral health services and needs, advocating for persons with behavioral health and substance use disorder needs, advising the Board of Supervisors and Behavioral Health Director on related issues and educating the public on the importance of behavioral health as a part of community health.
III. **Public Hearing:** Conduct public hearing to receive public input, review and make recommendations, for submission of the Draft Mariposa County Mental Health Services Act (MHSA) Annual Plan FY 2025-2026 (Attachment)
IV. **Approval of Meeting Minutes:** February 5, 2025 (Attachment) and April 2, 2025 (Attachment)
V. **Public Comments:** Persons wishing to address any agenda item or comment on any item not on the agenda may do so at this time. Any comments will be limited to 5 minutes per person. Please state your name and address (optional). For items not on the agenda, no action will be taken at this time. If it requires action, it will be referred to staff and/or placed on the next agenda.
VI. **Agenda Items**
   A. **Announcements:**
   B. **Old Business:**
   C. **New Business:**

In compliance with the Americans with Disabilities Act, if special assistance is required to participate in this meeting, please contact Recording Secretary at 1-209-966-2000.

Appendix BC: MHSA Annual Update FY 25-26 Behavioral Health Board Agenda (Page 2 of 2)

1. Accept nominations and elect new Chairperson and Vice-Chairperson for the Behavioral Health Board
2. Review and vote on approval of BHB 2024-2025 Annual Report (Attachment). Also included for review is the PowerPoint presentation of the Annual Report prepared by Paul Brickett for the Board of Supervisors (Attachment).
3. Discuss BHB goals and objectives, including quorum issues

D. Staff Reports Pertaining to Behavioral Health (maximum 5 minutes)

1. Director of HHSA
2. Director of Health Services
3. Deputy Director of Behavioral Health
4. Finances
5. Quality Assurance

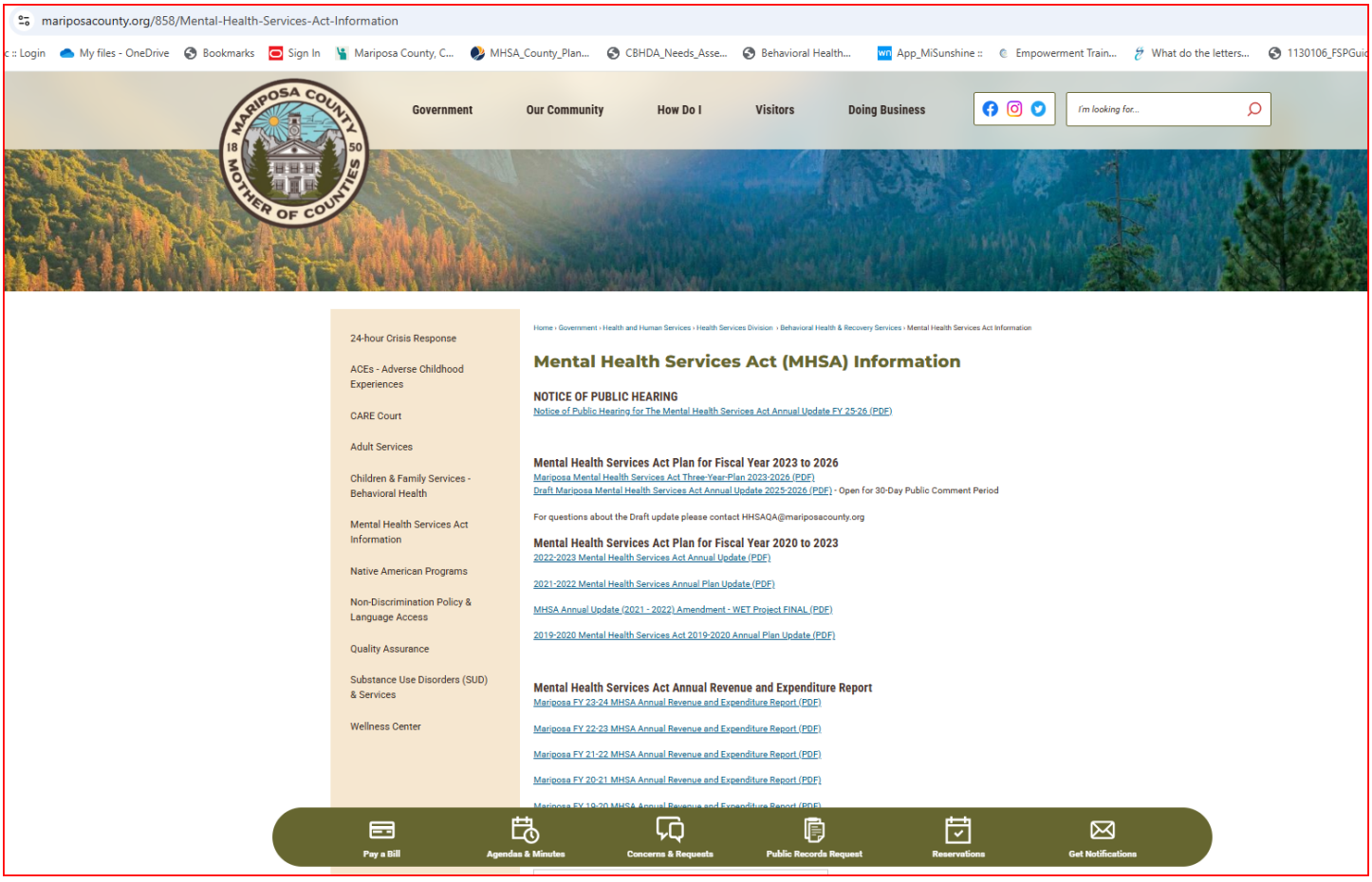
E. Committees and Community Partner Reports Pertaining to Behavioral Health (maximum 5 minutes)

1. Mariposa Heritage House
2. Mariposa Minds Matter
3. Connections
4. Probation
5. Native Solutions
6. Mariposa Safe Families
7. Mariposa Family Resource Center
8. CASA
9. Ethos
10. Mountain Crisis
11. Miwumati Family Healing Center
12. Veteran Representative
13. Discuss Policy/Legislative Issues Relevant to the BHB (Action Plan - Goal A4) From Supervisor Smallcombe

VII. Adjournment

Next Meeting: The next meeting will be held in the Mariposa County Health & Human Services Mariposa Conference Room and via teleconference, **July 2, 2025, at 12:30 p.m. to 1:30 p.m.**

Appendix BD: Posting of Public Hearing Notice on County Website (Page 1 of 1)



Appendix BE: MHSA Annual Update FY 25-26 Public Hearing Presentation (Page 1 of 2)

Mental Health Services Act Annual Update (2025-2026)

Health & Human Services Agency
Mariposa County
Healthy. Safe. Thriving.

Public Hearing – 06/04/2025

Meeting Objectives

01 Mental Health Services Act (MHSA)Overview

02 Overview of Fiscal Year 2025-2026 proposed programs

03 Public Hearing Input on Proposed Programs

Mental Health Services Act

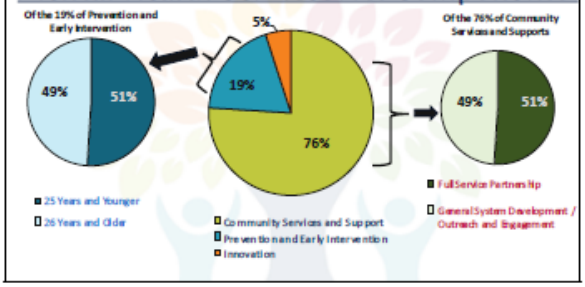
The Mental Health Services Act (MHSA) is proposition 63 that was passed in 2004, this act imposes a 1% tax on personal income in excess of one million dollars.

MHSA's goal is to reduce the long-term impact on individuals and families resulting from untreated serious mental illness, specifically to fund efforts to close gaps in the behavioral health system and to transform the behavioral health system in California to be one focused on wellness, recovery, and resilience.

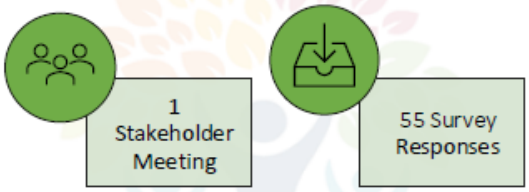
MHSA provides funding to support county mental health programs for families, children, and transitional age youth, adults and older adults.

Mental Health Services Act Categories

Mental Health Services Act Components

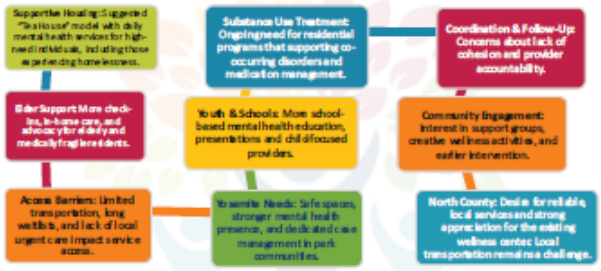


Overview of 2025 Stakeholder Process



Appendix BE: MHSA Annual Update FY 25-26 Public Hearing Presentation (Page 2 of 3)

Stakeholder Feedback



Adult & Children Full-Service Partnership

Activities	Individuals Served	Expected Outcomes	Annual Budget
• Provides a full spectrum of community services to achieve goals. • Supportive Services • Assigned Personal Service Coordinator • Outreach to Homeless.	• Serves a minimum of 25 adults (26-59) and older adults (60+) annually. • Serves a minimum of 20 children (0-15) and transitional aged youth (16-25) annually.	• Promote and improve mental health and recovery. • Individualized treatment plan.	• Adults: $383,263 • Children: $392,455

Whatever It Takes

MHSA Proposed Programs 2025 - 2026

Full-Service Partnership Continued…

Full-Service Partnership is doing "whatever it takes" to help individuals on their path to recovery and wellness.

The ISP program is a collaborative relationship between the County and the client and when appropriate the client's family. The County plans and provides the full spectrum of community services so that the client can achieve their identified goals.

- Eligible for supportive housing, linkage to food, clothing, employment and education (as appropriate).
- Incentive program to encourage and engage ISP clients to attend groups.
- Increased Adult Team Meeting's & Children family Team Meeting's with a system of care approach.
- Assigned a Personal Service Coordinator for 24 hr support through duration of the program.
- Parent Support/Education and family finding to create a wider array of informal support networks.

Overview of MHSA 2025- 2026

Community Services and Supports

- Full-Service Partnership
- Wellness Center
- Peer Support

Prevention and Early Intervention

- Yosemite National Park Service Prevention Program
- Aramark and Community Prevention Services
- Friendly Visitor
- Family Resource Center
- Suicide Prevention Hotline
- Mariposa Minds Matter
- Mental Health First Aid

Workforce, Education, and Training

- Sunset June of 2025

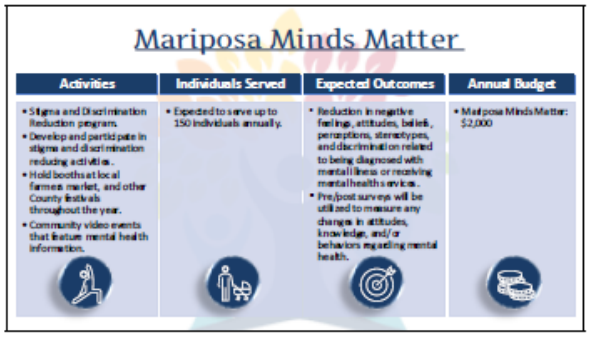
Innovation

- Psychiatric Advanced Directive

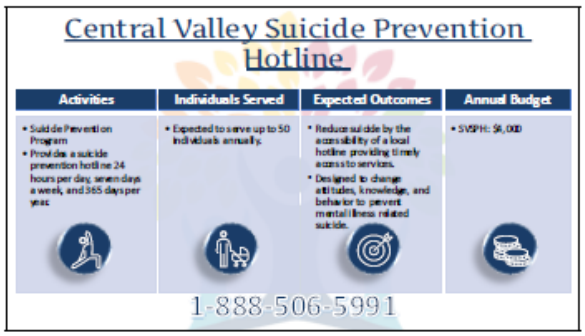
Wellness Center

Activities	Individuals Served	Expected Outcomes	Annual Budget
• Provide environment to receive support and form meaningful relationships. • Activities chosen and developed by peers. • Daily living activities (cooking, job training, stress management etc.)	• Anyone over the age of 18. • Can serve up to 12 individuals daily at all locations. • Held at three locations: Mariposa, North County and Yosemite National Park.	• Personal Growth • Resources, connections, referrals and linkages. • Improved daily living skills. • Building meaningful relationships.	• Wellness Center: $10,000

Appendix BE: MHSA Annual Update FY 25-26 Public Hearing Presentation (Page 3 of 4)



Appendix BE: MHSA Annual Update FY 25-26 Public Hearing Presentation (Page 4 of 4)



MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2025-292

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Kristina Keheley, Health and Human Services Agency Director

RE: Approve the Submittal of an Application to the Administration of Community Living for the Elder Justice Innovation Grant (EJIG) to Prevent Adult Maltreatment and Measurably Improve the Outcomes of Individuals

---

RECOMMENDATION AND JUSTIFICATION

Approve the Submittal of an Application to the Administration of Community Living for the Elder Justice Innovation Grant (EJIG) to Prevent Adult Maltreatment and Measurably Improve the Outcomes of Individuals.

Mariposa County Health & Human Services (MCHHSA) is seeking Board of Supervisors approval to apply for EJIG funding in the amount of $1,050,000 over three years and will require a 25% in-kind match.

These funds would allow for the development of innovative approaches to prevent, provide early intervention and reduce repeat elder abuse and neglect. This grant will seek to prevent adult maltreatment from occurring or prevent further harm by intervening early in a situation of adult maltreatment, and measurably improve the outcomes of individuals experiencing, or at risk of experiencing, adult maltreatment.

BACKGROUND AND HISTORY OF BOARD ACTIONS

This is a new opportunity for grant funding in the Human Services Division.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

Do not approve the application to the EJIG funding and miss the opportunity for MCHHSA to apply for or potentially receive $1,050,000 to support programmatic intervention to older adults at risk or experiencing abuse or neglect.

FINANCIAL IMPACT

None.

ATTACHMENTS

1. **Foa_Content_of_HHS-2025-ACL-AOA-EJIG-0023 (Revised Due Date)**
2. **Elder Justice - Letter of Intent**

VOTE RESULT

RESULT:	**Adopted (UNANIMOUS)**
MOVER:	District II Supervisor Shannon Poe
SECONDER:	District IV Supervisor Jenni Kiser
AYES:	District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District V Supervisor Miles Menetrey, District I Supervisor Rosemarie Smallcombe

Administration for Community Living

Administration on Aging

Elder Justice Innovation Grants FY2025
HHS-2025-ACL-AOA-EJIG-0023
07/30/2025

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ACL Center:
Administration on Aging
Funding Opportunity Title:
Elder Justice Innovation Grants FY2025
Funding Opportunity Number:
HHS-2025-ACL-AOA-EJIG-0023
Primary CFDA Number:
93.747
Due Date for Letter of Intent:
Due Date for Applications:
07/30/2025
Date for Informational Conference Call:
Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with https://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

Executive Summary

Additional Overview Content/Executive Summary

The Elder Justice Innovation Grants program supports the development and advancement of knowledge and approaches in new and emerging issues related to elder justice and adult maltreatment prevention.

This NOFO will support the development, testing and dissemination of projects that will:

1. Reduce the number of adults experiencing or at risk of experiencing maltreatment.
2. Preserve the autonomy of, reduce harm to, and lower the risk of recurrence for individuals experiencing, abuse, neglect and financial exploitation.
3. Restore a healthy living situation for adults who have experienced abuse, neglect, or financial exploitation.
4. Increase the well-being of those experiencing abuse, neglect, or financial exploitation.

Funded projects will contribute to the improvement of the field of adult maltreatment prevention and intervention by undertaking initiatives such as developing programs, materials, or interventions that will implement and test adult maltreatment prevention or Adult Protective Services (APS) intervention. ACL is specifically interested in funding programs or initiatives that:

1. Prevent adult maltreatment from occurring, or prevent further harm by intervening early in a situation of adult maltreatment, AND
2. Measurably improve the outcomes of individuals experiencing, or at risk of experiencing, adult maltreatment.

Through this program announcement, ACL plans to award up to eight (8) cooperative agreements, ranging from $250,000 - $500,000 per award for a 36-month project period.

I. Funding Opportunity Description

Background

The most recent data available on the prevalence of adult maltreatment (this funding opportunity will use the term “adult maltreatment” and should be understood to include physical, sexual, and emotional abuse; financial exploitation; neglect; and self-neglect of older adults and adults with disabilities) suggests that at least 10 percent of older Americans – approximately 5 million persons—experience emotional, physical, or sexual abuse and neglect each year, and many of them experience it in multiple forms.[1] In addition, data from APS agencies show an increasing trend in reports of abuse accepted from 2020 to 2021.[2]

Despite the prevalence of adult maltreatment and the increase in reports, it is widely documented that research about adult maltreatment is still sparse, especially related to effective evidence-based prevention, intervention, and remediation practices. Understanding of the phenomena of adult maltreatment continues to fall behind understanding of either child maltreatment or intimate partner violence, as do the services for victims of adult maltreatment compared to those available to victims of other forms of family violence. While states, communities, and researchers have made progress on studying and implementing such models, there is still work to be done.

Description

To help fill these gaps in knowledge and practices described above, ACL provides competitive grant awards under the "Elder Justice Innovation Grants" program. The Elder Justice Innovation Grants program supports the development and advancement of knowledge and approaches about new and emerging issues related to elder justice. In FY 2025, ACL invites applicants to propose innovative, new, or novel ideas, programs, or approaches that have a high likelihood of resulting in improved, measurable outcomes for individuals experiencing, or are at risk of experiencing, abuse, neglect and exploitation. Specifically, ACL seeks applications for projects that will implement and test adult maltreatment prevention or APS intervention programs or initiatives that:

1. Prevent adult maltreatment from occurring, or prevent further harm by intervening early in a situation of adult maltreatment, AND
2. Measurably improve the outcomes of individuals experiencing, or at risk of experiencing, adult maltreatment. Examples of outcomes include:
    a. Reduction in number of adults experiencing or at risk of experiencing adult maltreatment.
    b. Measurable improvements in preserving the autonomy, reducing or ameliorating harm, and mitigating the risk of recurrence for individuals experiencing, abuse, neglect and financial exploitation.
    c. Efficiently and effectively restore adults who have experienced abuse, neglect, or financial exploitation.
    d. Increasing the health and well-being of those experiencing abuse, neglect, or financial exploitation.

Below are examples of projects that would meet the goal and objectives of this funding opportunity. This list is for illustrative purposes only and is not exhaustive:

- Implement and evaluate individual- or system-level services or responses that address the harmful consequences of adult maltreatment and/or reduce repeat abuse;
- Enhance or improve investigations of, and responses to, adult maltreatment;
- Develop, support, or strengthen interagency collaboration to better serve individuals experiencing, or at risk of experiencing, adult maltreatment;
- Improve the quality of information collected and reported by APS agencies about the incidence and prevalence of adult maltreatment; or
- Improve the state APS program in a manner that improves outcomes for the people served by APS.

Requirements

Section IV.2 outlines the required elements for applications, and applicants are advised to pay close attention to the following.

1. Applications must describe the following in the project narrative section:
    - The specific issues the proposed project will address;
    - What the applicant expects to produce, accomplish, or achieve with this funding;
    - Why the selected approach is likely to produce the most significant knowledge or impact over other, possible approaches; and

- All products or materials to be created as part of the grant.

1. A logic model is required with applications.

A logic model must show what activities the applicant will undertake to accomplish the project's goals and objectives, the anticipated outcomes, and how the applicant will measure the outcomes and success of the overall project. A sample logic model is included in the Appendix. Logic models serve as tools to help organize project planning. As a condition of the award, new grantees will be asked to make any necessary revisions to their logic model of their project within the first 90 days of the project.

1. Grantees must include a project evaluation.

Grantee evaluations of their projects facilitate the government in assessing whether programs are effective in producing positive change. Applications *must include* a description of the method/s that will be employed to successfully measure whether the project has achieved its proposed outcome(s), as well as the overall goal for this funding opportunity. Applicants should describe how the evaluation will provide evidence of the effectiveness and return on investment of the program or approach to addressing adult maltreatment. Applicants should be prepared to include progress and information/data on the project's outcomes and the evaluation in semi-annual reports and at other times as agreed upon by the grantee and ACL.

1. Project Impact Reports

HHS grants recipients are required to submit a final project report (45 CFR 75.342). In addition to the final report, any grantee under the Elder Justice Innovation Grants program must submit to ACL a "Project Impact Report" (i.e., a document or briefing paper) at the end of the project period that is of professional quality for public dissemination that discusses the funded project, its results, and implications and suggestions for furthering the knowledge base on the topic addressed.

Section References:

1. Acierno, R., Hernandez-Tejada, M. A., Anetzberger, G. J., Loew, D., & Muzzy, W. (2017). The National Elder Mistreatment Study: An 8-year longitudinal study of outcomes. Journal of elder abuse & neglect, 29(4), 254–269. Retrieved from *https://doi.org/10.1080/08946566.201*
2. McGee, L. & Urban, K. (2021). Adult Maltreatment Data Report 2020. Submitted to the Administration for Community Living, U.S. Department of Health and Human Services.

Statutory Authority
Sections 411 of the Older Americans Act, as amended, and Title XX of the Social Security Act, Subtitle B, the Elder Justice Act of 2009, Section 2042.

II. Award Information

Funding Instrument Type:
CA (Cooperative Agreement)

Estimated Total Funding:
$3,000,000

Expected Number of Awards:

8

Award Ceiling:
$500,000
Per Budget Period

Award Floor:
$250,000
Per Budget Period

Length of Project Period:
36-month project period with three 12-month budget periods

Additional Information on Project Periods and Explanation of 'Other'

Under this competition, ACL will award approximately eight (8) new, cooperative agreements ranging from $250,000 - $500,000 each. The project period for all awards will be for 36-months (or, 3 years), and the budget periods will be three (3), 12-month periods. Applications for continuation funding beyond the initial year will be reviewed on a non-competitive basis, subject to the availability of funds, contingent on satisfactory progress of the grantee, and a determination by ACL that continued funding will be in the best interest of the government.

The use of subcontractors, subgrantees, or consultants (referred to as "subrecipients" in this funding opportunity announcement) to execute the proposal's programmatic activities may not constitute more than 20% of the total level of effort required to carry out substantive, programmatic activities at any time. If sub-recipients will be used to accomplish substantive, programmatic activities, applications must clearly identify the projects where sub-recipients will be engaged and clearly identify the total percentage of effort sub-recipients are estimated to provide. Please note that the maximum 20% level of effort does not apply per project or task but is a 20% maximum for all programmatic activities in total.

This funding opportunity announcement is for a new cooperative agreement. As provided by the terms of the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224), this Cooperative Agreement provides for the substantial involvement and collaboration of ACL in activities that the recipient organization will carry out in accordance with the provisions of the approved grant award.

By accepting an award under this funding opportunity announcement, the grantee agrees to execute the responsibilities outlined below:

1. Fulfill all the requirements of the grant initiative as outlined in this program announcement, as well as carry out project activities in their application as reviewed, approved, and awarded.
2. Collaborate with the Administration for Community Living (ACL) in the execution of the work plan and collaborate with ACL in understanding the programmatic and budgetary issues of the project. Based on these negotiations and emerging issues in the field, the grantee will revise the project work plan and/or budget as necessary.
3. Evaluate the impact of project activities and provide recommendations to ACL on ways to enhance the program.

4. Meet with the ACL project officer at least once each month, or at such other times as are agreed upon, to improve the effectiveness of the activities carried out under this Agreement.
5. Create products and/or materials under this award that are accurate, objective, unbiased, and of high professional quality, and that do not violate federal, departmental, or agency grant rules. Before publicly disseminating materials developed under this grant, grantee will provide the ACL project officer a copy of the final product for the ACL project officer to have at least 15 business days to ensure the product meets the requirements set forth in the program announcement and cooperative agreement.
6. Submit to the ACL project officer a final, clean copy of all data developed or supported with these grant funds, in the format in which it was developed or produced, as provided for under 45 CFR §75.322 "Intangible property and copyrights." Per § 75.322(b), "[t]he HHS awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so." In addition, § 75.322(d) states HHS has the right to "obtain, reproduce, publish, or otherwise use the data produced under a federal award; and (2) authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes." This means that grantees may not withhold from ACL data or information produced from or by this project, including, but not limited to, outcome and evaluation data and materials produced by the grant.
7. Include the following disclaimer on all products produced using grant funding, including those produced by sub-awards:

"This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with XX percentage funded by ACL/HHS and $XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government."

The ACL project officer will execute the responsibilities outlined below:

1. Perform the day-to-day federal responsibilities of managing a grant initiative and will work with the grantee to ensure that the minimum requirements for the grant are met.
2. Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the grantee project, and, as necessary, negotiate with grantee to achieve a mutually agreed upon solution to any needs identified by the grantee or ACL.
3. Assist the grantee project leadership in understanding the policy concerns and/or priorities of ACL, the Department of Health and Human Services, and the Federal government by conducting periodic briefings and by carrying out ongoing consultations. ACL will also share information with the grantee about other federally sponsored projects and activities relevant to the interests of the grantees and their activities.
4. Provide technical advice to the grantee on activities and tasks related to the fulfillment of the goals and objectives of this grant.
5. Provide technical advice on grantee work products to ensure they are accurate, objective, unbiased, and of high professional quality, and that they do not violate federal, departmental, or agency grant rules. Before publicly disseminating materials developed

under this grant, grantee will provide the ACL project officer a copy of the final product, and within 15 business days, the ACL project officer will provide guidance and feedback on whether the product meets the requirements set forth in the program announcement and this cooperative agreement.

6. Provide consultation to the grantee in identifying emerging issues and modifying work plan priorities as necessary as they relate to the goals and objectives of the grant program.
7. Meet with the grantee project director at least once each month, or at such other times as are agreed upon, to improve the effectiveness of the activities carried out under this Agreement.

Upon execution of this cooperative agreement, requests to modify or amend it or the work plan may be made by ACL or the awardee at any time. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the mutual agreement of both parties, except where ACL is authorized under the Terms and Conditions of award, 45 CFR Part 75, or other applicable regulation or statute to make unilateral amendments. When an award is issued the cooperative agreement terms and conditions from the program announcement are incorporated by reference.

III. Eligibility Information

1. Eligible Applicants

Unrestricted (i.e., open to any type of entity above).

Foreign entities are not eligible to compete for, or receive, awards made under this announcement.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
Yes
For awards that do not require matching or cost sharing by statute, recipients are not expected to provide cost sharing or matching. However, recipients are allowed to voluntarily propose a commitment of non-federal resources. If an applicant decides to voluntarily contribute non-federal resources towards project costs and the costs are accepted by ACL, the non-federal resources will be included in the approved project budget. The applicant will be held accountable for all proposed non-federal resources as shown in the Notice of Award (NOA). **A recipient's failure to meet the voluntary amount of non-federal resources that was accepted by ACL as part of the approved project costs and that was identified in the approved budget in the NOA, may result in the disallowance of federal funds. Recipients will be required to report these funds in the Federal Financial Reports.**

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria
ACL is establishing the following minimum criteria to assess whether applications received by ACL are minimally responsive to the goals and objectives of this funding opportunity. Applications that do not meet the following responsiveness criteria will be administratively eliminated and will not be reviewed. To pass screening for responsiveness, applications must meet the following criteria:

1. Applicant organization has demonstrated expertise in elder justice and/or adult protective services.
2. Applicant provides a project director for this project who will work on this project in a significant capacity (at least 20% of time).
3. Letters of Commitment are included for agencies, organizations, consultants, or entities that are specifically named to carry out any aspect of the project, other than the applicant. The letters of commitment are on the letterhead of the committing entity, detail the specific role and resources/activities that will be provided in support of the applicant's project, and are signed. Letters expressing support for the application do not meet this responsiveness element.
4. CVs/Resumes are included for each person identified as "key personnel".
5. Application includes a budget covering each of the 3 years (36 months) of the project.
6. Application includes a work plan covering each of the 3 years (36 months) of the project.

Application Screening Criteria

All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the screening criteria described below will not be reviewed and will receive no further consideration. For an application to be reviewed, it must meet the following screening requirements:

1. Applications must be submitted electronically via https://www.grants.gov by 11:59 p.m., Eastern Time, by the due date listed in section IV.3 Submission Dates and Times.
2. The Project Narrative section of the Application must be double-spaced, on 8.5" x 11" plain white paper with 1" margins on both sides, and a standard font size of no less than 11 point, preferably Times New Roman or Arial.
3. The Project Narrative must not exceed 20 pages. Project Narratives that exceed 20 pages will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. **NOTE:** The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit.

Any claim of an unsuccessful submission due to system issues **requires** authenticated verification from https://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an https://www.grants.gov submission error notification and/or tracking number to substantiate missing the application deadline.

IV. Application and Submission Information

1. Address to Request Application Package

Application materials can be obtained from https://www.grants.gov or https://www.acl.gov/grants/applying-grants.

Please note, ACL requires applications for all announcements to be submitted electronically through http://www.grants.gov in Workspace. Grants.gov Workspace is the standard way for organizations and individuals to apply for federal grants in Grants.gov. An overview and training on Grants.gov Workspace can be found here at: https://www.grants.gov/web/grants/applicants/workspace-overview.html

The Grants.gov registration process can take several days. If your organization is not currently registered, please begin this process immediately. For assistance with https://www.grants.gov, please contact them at support@grants.gov or 800-518-4726 between 7:00 a.m. and 9:00 p.m. Eastern Time.

- At the https://www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process because of the time involved to complete the registration process.
- All applicants must have a UEI and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at www.sam.gov to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: SAM.GOV Quick Start Guide for Financial Assistance Registrations.

Note: Once your SAM registration is active, allow 24 to 48 hours for the information to be available in Grants.gov before you can submit an application through Grants.gov. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award.

- Note: Failure to submit the correct EIN Suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive subawards directly from the recipients of those grant funds to:

1. Register in SAM prior to submitting an application or plan;
2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
3. Provide its UEI number in each application or plan to submit to the OPDIV.

Additionally, all first-tier subaward recipients must have a UEI number at the time the subaward is made.

- The Federal Government will transition from the DUNS Number to the New Unique Entity Identifier. As of April of 2022, the federal government stopped using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. It is entered on the SF-424. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities.

- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.
- After you electronically submit your application, you will receive an automatic acknowledgment from https://www.grants.gov that contains https://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form from https://www.grants.gov.

U.S. Department of Health and Human Services
Administration for Community Living

2. Content and Form of Application Submission

Letter of Intent

Number of Days from Publication 15

Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity to assist ACL in planning for the application independent review process. The purpose of the letter of intent is to allow our staff to estimate the number of independent reviewers needed and to avoid potential conflicts of interest in the review. Letters of intent should be sent to:

Letters of intent should be sent to:

U.S. Department of Health and Human Services

Administration for Community Living

Office of Elder Justice and Adult Protective Services

E-mail: contactelderjustice@acl.hhs.gov

Subject Line: L.O.I for HHS-ACL-AOA-EJIG-0023

Project Narrative

The Project Narrative must be double-spaced, on 8.5" x 11" paper with 1" margins on both sides, and a standard font size of no less than 11 point, preferably Times New Roman or Arial. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is 20 pages; 20 pages is the maximum length allowed. Project Narratives that exceed 20 pages will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration.

The components of the Project Narrative counted as part of the 20-page limit include:

1. Project Relevance and Current Need
2. Goal(s) and Objective(s)
3. Proposed Approach
4. Stakeholder Involvement
5. Measurable Outcomes & Evaluation
6. Dissemination
7. Organizational Capability and Project Management

The components of the Project Narrative that are REQUIRED but NOT counted as part of the 20-page limit include:

- Project Abstract
- Logic Model
- Project Work Plan
- Budget Narrative/Justification
- Letters of Commitment
- Works Cited

Project Abstract

This section should include a brief (265 words maximum) description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in the "Instructions for Completing the Project Summary/Abstract."

Project Relevance and Current Need

This section should describe, in both quantitative and qualitative terms, the nature and scope of the problem or issue the proposed intervention is designed to address. Specifically for this funding opportunity, this section should detail how the project is intended to impact outcomes of persons experiencing adult maltreatment. It is recommended that applicants focus their problem statement on the specific considerations bearing on the development of prevention and intervention programs as it pertains to their proposed activities. Strong applications will demonstrate that the proposed project is justified in terms of the most recent, relevant, and available information, evidence-based practices, and/or new and cutting-edge research.

Goals and Objectives

Applications should describe their proposed project's goal(s) and major objectives, particularly in relation to the overarching goals and objectives ACL has for the Elder Justice Innovation Grants as described in the Funding Opportunity Description above. Goals include the project's overall purpose; like a mission statement that says what you want to do and where you want to be. Objectives are narrow, specific, and clear steps towards your goals. Applications are free to propose more than one goal and objective. However, application scores will not be based on, nor correspond to, the number of proposed goals or objectives.

Proposed Approach

This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in the "Problem Statement". You should also describe

the rationale for using the intervention, including factors such as: "lessons learned" for similar projects previously tested in your community, or in other areas of the country, or factors in the larger environment that have created the "right conditions" for the intervention. Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. If you are planning for strategic partnerships in the project, be sure to describe the work/activities they will undertake for the project.

Stakeholder Involvement and Letters of Commitment from Key Participating Organizations and Agencies

This section should describe how you plan to involve stakeholders in a meaningful way in the planning and implementation of the proposed project. It should explain why the specific stakeholders are vital or essential for the project's overall success. Stakeholders can include other organizations, supporters, consumer groups, or individuals impacted by the problem you described above or the project you are proposing.

Letters of Commitment are required if an organization or entity that is not the applicant meets either of the following conditions:

1. The entity was specifically named to have a significant role in carrying out the project (either in the narrative, work plan, or budget), or
2. The entity is identified as a key or essential partner for the success of the project.

The letters of commitment must be on the letterhead of the committing agency, must specify the role and resources/activities that will be provided in support of the applicant's project, and must be signed by an individual with authority to commit to the proposed project. The organization's expertise, experience, and access to targeted population(s), if applicable, should also be described in the letter of commitment. Signed letters of commitment should be scanned and included as attachments in your application package, and they will not count towards the narrative page limit.

Please Note: Letters of Commitment are different from "Letters of Support." Letters of Support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future. However, letters of support generally lack the specificity required of Letters of Commitment. Moreover, the author of a Letter of Support may not be identified by the work plan as a core/key partner or collaborator. Letters of Support are not required, and they will not be scored.

Measurable Outcomes

This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. (NOTE: ACL will not fund any project that does not include measurable outcomes). This section should also describe how the project's findings might benefit the field at large, (e.g., how the findings could help other organizations throughout the nation to address the same or similar problems.) List measurable outcomes in the optional work plan grid ("Project Work Plan – Sample Template") under "Measurable Outcomes" in addition to any discussion included in the narrative along with a description of how the project might benefit the field at large. You should keep the focus of this section on describing what outcome(s) will be produced

by the project. You should use the "Evaluation" section below to describe how the outcome(s) will be measured and reported.

A "measurable outcome" is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the functional status, mental well-being, knowledge, skill, attitude, awareness or behavior.) It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated in the ACL network; new knowledge that can contribute to the field of community living; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable "output", such as: the number of clients served; the number of training sessions held; or the number of service units provided.

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project's design.

Evaluation

This section should describe the method(s), techniques, and tools that will be used to: 1) determine whether the proposed interventions achieved anticipated outcomes, and 2) document the "lessons learned" – both positive and negative - from the project. A component of the evaluation plan should include a discussion of how success will be measured. At a minimum, applications must describe the proposed measures of success for the overall initiative.

Dissemination

This section should describe how the applicant expects to disseminate the project's results and findings to parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy making. Applications should discuss the methods they will use to disseminate information and results, how dissemination will be timely and in easily understandable formats, and how it will reach those who would be interested in the findings and/or in replicating the project.

Logic Model

In addition to the discussion in the narrative, applicants are required to submit a logic model that illustrates/shows the activities the applicant proposes to accomplish the project's goals and objectives, and the outcomes and measures of success of the overall project. Developing a logic model clarifies thinking and aids an organization in identifying outcomes and ways to document and measure progress toward defined objectives. Logic models provide a map for what to do, or what is occurring, and why it should contribute to successful progress toward a goal. A sample logic model is included in "Appendix", and more information can be found on ACL's website: https://acl.gov/sites/default/files/programs/2020-10/ACL%20Logic%20Model%20Guidance.pdf.

Your project's Logic Model can be uploaded as an "attachment" and does not count towards the 20-page limit.

Work Plan

Applications must include a Project Work Plan for each potential year of grant funding, for this opportunity it should cover three (3) sequential years. The project work plan should reflect and be consistent with the Project Narrative and the proposed Budget, and include a statement of the project's overall goal(s), anticipated outcome(s), key objectives, and the major tasks/action steps that will be pursued to achieve the goal(s) and outcome(s). For each major tasks/action step, the work plan should identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. A "Project Work Plan - Sample Template" has been included as a reference and resource, if desired. The work plan does not count towards the 20-page limit.

Organizational Capacity and Project Management

In this Section, applicants will describe their overall knowledge, skills, and abilities to carry out the proposed project. Each application should include an organizational capacity statement. The organizational capacity statement should describe how the applicant agency (or the division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. If appropriate, include an organization chart showing the relationship of the project to the current organization.

This section should discuss the qualifications of the organization and project team, current or previous relevant experience/expertise, and the record within adult maltreatment and implementing projects of similar scope and magnitude as this opportunity. Include information about any contractual organization(s) or persons that will have a significant role(s) in implementing the project and achieving project goals.

In describing organizational capacity, applicants should clearly limit subrecipient input such that subrecipients' activities do not constitute more than 30% of the level of effort your organization will expend on substantive, programmatic activities.

Supporting documentation must be included to demonstrate organizational capacity. Short vitae or resumes of only the named, key project staff must be included, and an organizational chart can be included, if desired. Vitae/resumes and org charts should be included as attachments, and they will not count towards the narrative page limit.

This section should include a clear delineation of the roles and responsibilities of project staff, consultants, and partner organizations. It should specify who will have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, (i.e., measure of performance towards the goals stated in the funding opportunity announcement and for your specific intervention/activities) preparation of reports; communications with other partners and ACL. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives.

Throughout the entire grant period, ACL expects the Project Director will be a demonstrated expert in adult maltreatment prevention and intervention and/or APS administration and will have substantial knowledge about and involvement in all aspects of the project.

Works Cited

Applicants must document all their source material. If any text, language and/or materials are from another source, the applicant must make it clear the material is being quoted and where the text comes from. The applicant must also cite any sources when they obtain numbers, ideas, or other material that is not their own. If the applicant fails to comply with this requirement, regardless of the severity or frequency of the plagiarism, the reviewers shall reduce their scores accordingly even to the degree of issuing no points at all. The "Works Cited" can be included as an attachment and will not count towards the 20-page limit.

Budget Narrative/Justification

A combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required. Accordingly, applications must include a budget for each of the three (3) years of this project. Applicants may select their own format or may use the template included in the attached document "Budget Narrative/Justification – Sample Format." Regardless of the format used, applicants are encouraged to pay particular attention to the attached template document, which provides an example of the level of detail sought.

Because the proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, applicants are encouraged to include a narrative budget justification that summarizes the cost estimated per proposed project, activity, or product. This budget discussion is helpful for reviewers in assessing the reasonableness of the type and amount of work that is planned, and what the applicant expects to be produced or achieved for the overall cost. The budget documents (charts, tables, narrative) will not count towards the narrative page limit.

3. Unique Entity Identifier and System for Award Management (SAM)

The Grants.gov registration process can take several days. If your organization is not currently registered, please begin this process immediately. For assistance with https://www.grants.gov, please contact them at support@grants.gov or 800-518-4726 between 7:00 a.m. and 9:00 p.m. Eastern Time.

- At the https://www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process because of the time involved to complete the registration process.
- All applicants must have a UEI number and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at www.sam.gov to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: SAM.GOV Quick Start Guide for Financial Assistance Registrations.

Note: Once your SAM registration is active, allow 24 to 48 hours for the information to be available in Grants.gov before you can submit an application through Grants.gov. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award.

- Note: Failure to submit the correct EIN Suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive subawards directly from the recipients of those grant funds to:

1. Register in SAM prior to submitting an application or plan;
2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
3. Provide its UEI number in each application or plan to submit to the OPDIV.

Additionally, all first-tier subaward recipients must have a UEI number at the time the subaward is made.

- The Federal Government will transition from the DUNS Number to the New Unique Entity Identifier. As of April of 2022, the federal government stopped using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. They will no longer have to go to a third-party website to obtain their identifier. This transition allows the government to streamline the entity identification and validation process, making it easier and less burdensome for entities to do business with the federal government. If your entity is registered in SAM.gov today, your Unique Entity ID (SAM) has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity ID is currently located below the DUNS Number on your entity registration record. Remember, you must be signed in to your SAM.gov account to view entity records. To learn how to view your Unique Entity ID (SAM) go to this help article.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.
- After you electronically submit your application, you will receive an automatic acknowledgment from https://www.grants.gov that contains https://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form from https://www.grants.gov.

4. Submission Dates and Times

07/30/2025

Date for Informational Conference Call:
Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with http://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

In addition, if you are submitting your application via Grants.gov, you must (1) be designated by your organization as an Authorized Organization Representative (AOR) and (2) register yourself with Grants.gov as an AOR. Details on these steps are outlined at the following Grants.gov web page: http://www.grants.gov/web/grants/register.html.

After you electronically submit your application, you will receive from Grants.gov an automatic notification of receipt that contains a Grants.gov tracking number. (This notification indicates receipt by Grants.gov only)

If you are experiencing problems submitting your application through Grants.gov, please contact the Grants.gov Support Desk, toll free, at 1-800-518-4726. You must obtain a Grants.gov Support Desk Case Number and must keep a record of it.

If you are prevented from electronically submitting your application on the application deadline because of technical problems with the Grants.gov system, please contact the person listed under For Further Information Contact in section VII of this notice and provide a written explanation of the technical problem you experienced with Grants.gov, along with the Grants.gov Support Desk Case Number. ACL will contact you after a determination is made on whether your application will be accepted.

Note: We will not consider your application for further review if you failed to fully register to submit your application to Grants.gov before the application deadline or if the technical problem you experienced is unrelated to the Grants.gov system.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, ACL will only accept your last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application

Unsuccessful submissions will require authenticated verification from http://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an http://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the cut off date.

Grants.gov (http://www.grants.gov) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in http://www.grants.gov.

5. Intergovernmental Review

This program is not subject to Executive Order (E.O.) 12372, Intergovernmental Review of Federal Programs.

6. Funding Restrictions

The following activities are not fundable:

- *Construction and/or major rehabilitation of buildings*
- *Basic research (e.g. scientific or medical experiments)*
- *Continuation of existing projects without expansion or new and innovative approaches*

***Note:** A recent Government Accountability Office (GAO) report has raised considerable concerns about grantees and contractors charging the Federal Government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (E.O. 13589) and Delivering Efficient, Effective and Accountable Government (E.O. 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are to be charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:*

- *Meals are generally unallowable except for the following:*
    - *For subjects and patients under study (usually a research program);*
    - *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g. Head Start);*
    - *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement,*
    - *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and*
    - *Under a conference grant, when meals are necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances. (Note: conference grant means the sole purpose of the award is to hold a conference.)*

The following updated sections 2 CFR 200.216 "Prohibition on certain telecommunications and video surveillance services or equipment" became **effective on or after August 13, 2020**.

Recommended Actions for any recipient that has received a loan, grant, or cooperative agreement **on or after August 13, 2020**:

- Develop a compliance plan to implement 2 CFR 200.216 regulation.
- Develop and maintain internal controls to ensure that your organization does not expend federal funds (in whole or in part) on covered equipment, services or systems.
- Determine through reasonable inquiry whether your organization currently uses "covered telecommunication" equipment, services, or systems and take necessary actions to comply with the regulation as quickly as is feasibly possible.

7. Other Submission Requirements

V. Application Review Information

1. Criteria

Applications are scored by assigning a maximum of 100 points across five criteria. These scoring categories track with the organization of the Project Narrative described in Section IV.2 above.

1. Project Relevance & Current Need (10 points)
2. Goals, Objectives, and Proposed Approach (40 points)
3. Measurable Outcomes, Evaluation, and Impact (20 points)
4. Organizational Capacity and Project Management (10 points)
5. Budget (20 points)

Project Relevance & Current NeedMaximum Points: 10

The proposal is relevant to the intent, goals, and objectives of this funding announcement as described in Section I. The proposed project clearly and adequately identifies the current issues the proposal intends to address. The proposed project is justified in terms of the most recent, relevant, and available information and knowledge about adult maltreatment prevention and intervention, evidence- based practices, and/or new and cutting-edge research?

Goals, Objectives, and Proposed ApproachMaximum Points: 40

Goals and Objectives:

All identified goals and objectives are clearly identified, and are consistent with the purpose, goals, and objectives of this funding opportunity.

Proposed Approach:

The activities or interventions are clearly defined and justified, and the proposal reflects a coherent and feasible approach for successfully addressing the identified problem and achieving the identified outcomes, goals, and objectives. In addition to "what" will be done, the application clearly described how the proposed activities will be carried out. The applicant identifies potential barriers and opportunities that exist in the larger environment that may impact the project's success and describes how they will avert or minimize those risks.

Stakeholder Involvement:

The proposed approach identifies and involves in a meaningful way stakeholder groups that are critical for the success and sustainability of the project. If other, community-based organizations will be involved, the application demonstrates that the organization/s will be involved in a meaningful way in the planning and implementation of the proposed project. For the entities/partners identified by name as having a key role, the included Letters of Commitment express a clear commitment to the applicant's project and details the areas of responsibility or the work the named entity will assume for the project. The description of the committing partner's role in the Letters of Commitment is consistent with the applicant's description of their intended roles and contributions and the work plan.

Work Plan:

The project work plan is clear and comprehensive and covers each of the three (3) years of the project. The work plan includes specific objectives and tasks that link to measurable outcomes and presents sensible and feasible timeframes for the accomplishment of tasks presented. The

roles and responsibilities of project staff, consultants, and partners are clearly defined and linked to specific objectives and tasks and are consistent with the level of effort described in the approach.

Measurable Outcomes, Evaluation, and ImpactMaximum Points: 20

Outcomes:

The application presents expected project outcomes that are clear, realistic, and consistent with the objectives and purpose of the project and this funding opportunity. The proposed outcomes are quantifiable and measurable and are likely to be achieved.

Evaluation:

The project evaluation reflects a thoughtful and well-designed approach that will be able to measure whether the project has achieved its proposed outcome. The description of the evaluation plan includes the qualitative and/or quantitative methods that will be employed to reliably measure outcomes. The evaluation design will be able to capture "lessons learned" from the overall effort that might be of use to the field, especially those who might be interested in replicating the project.

Impact:

The proposed project will significantly benefit or contribute to the overall understanding of effective prevention of, or intervention in, adult maltreatment. The applicant clearly states what information, tools, or individual- or system-level changes the project will achieve.

Dissemination:

The dissemination plan will distribute the project's results and findings in a timely manner and in easily understandable formats to parties who might be interested in using the results of the project. The applicant reflects knowledge of current best practices in using technology, social media platforms, and various communication tools to distribute information quickly and broadly.

Organizational Capacity and Project ManagementMaximum Points: 10

The applicant organization clearly identifies their capacity for carrying out the proposed project and evaluation. The applicant demonstrates a successful history of projects similar in scope and magnitude. It is clear how the applicant agency is organized, the nature and scope of its work, and the capabilities it possesses, and these demonstrate the ability for the applicant to successfully complete the project. The applicant agency is significantly and meaningfully involved in carrying out the project. If sub-award recipients are identified, subrecipients' activities do not constitute more than 30% of the level of effort the applicant organization will expend on substantive, programmatic activities.

The proposed project director(s), key staff, and consultants have the background, experience, and other qualifications required to carry out their designated roles, as demonstrated by submitted vitae or resumes. The project team demonstrates expertise in adult maltreatment or APS issues, and has a record of success with testing prevention, intervention, and/or response to adult maltreatment projects, interventions, or programs. key staff, and consultants are dedicating an appropriate amount of time to fulfill their obligations to the project.

There is a clear delineation of the roles and responsibilities of project staff, consultants, and partner organizations. The proposal includes a clear and coherent management plan that

specifies who will have day-to-day responsibility for key tasks (such as leadership of project; monitoring the project's on-going progress; preparation of reports; communications with other partners and ACL). The approach to monitor and track progress on the project's tasks and objectives reasonable and feasible. The proposed project director(s) is dedicating an appropriate amount of time to manage the project, identify potential risks to the project, and fulfill their obligations to the project.

BudgetMaximum Points: 20

The budget narrative/justification is comprehensive, justified, and reasonable in terms of the type and amount of work that is planned, and what the applicant expects to be produced or achieved for the cost each individual year and overall, for the three (3) years of the project period. The budget line items are clearly delineated and there is a clear and strong relationship between the stated objectives, project activities, the work expected to be performed, and what it will cost. The time commitment of the proposed director and other key project personnel that is reflected in the budget is consistent with the work plan delineation of tasks, and it is sufficient to assure proper direction, management, and timely completion of the project.

2. Review and Selection Process

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local governments, and federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by the Administrator, ACL. In making these decisions, the Administrator will take into consideration: recommendations of the review panel; a review for past programmatic and grants management compliance of the applicant; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

3. Anticipated Announcement Award Date

Award notices to successful applicants will be sent out prior to the project start date.

The anticipated project period start date for this announcement is: 09/30/2025

VI. Award Administration Information

1. Award Notices

Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration for Community Living authorizing official, Office of Grants Management. Acceptance of this award is signified by the drawdown of funds from the Payment Management System. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and will be destroyed.

2. Administrative and National Policy Requirements

The award is subject to HHS Administrative Requirements, which can be found in 45 CFR Part 75 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement.

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires the grantees inform their employee in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Applicants may follow their own procurement policies and procedures when contracting with Project Funds, but You must comply with the requirements of 2 C.F.R. §§ 200.317-200.326. Additionally, when using Project Funds to procure supplies and/or equipment, applicants are encouraged to purchase American-manufactured goods to the maximum extent practicable. American-manufactured goods are those products for which the cost of their component parts that were mined, produced, or manufactured in the United States exceeds 50 percent of the total cost of all their components. For further guidance regarding what constitutes an American manufactured good (also known as a domestic end product), see 48 C.F.R. Part 25.

As of October 1, 2024, 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards updated to a new version. The eCFR is currently updating its site with the newly adopted content. Until that time, the links below to 2 CFR 200 will not include the changes. If you need to see specific changes while they complete that work, see 78 FR 78608.

Also as of October 1, 2024, HHS adopted several provisions in the new 2 CFR 200 that affect your application. These new provisions supersede those previously used in 45 CFR 75. The changes include:

Indirect costs

De minimis rate

If you use the de minimis rate to calculate indirect costs:

- When you calculate this rate, you will now use 15% of modified total direct costs (MTDC) rather than 10%. See 2 CFR 200.414(f).
- Additionally, when you calculate MTDC, you can now use up to $50,000 of subawards and subcontracts rather than $25,000. See 2 CFR 200.1.

Training awards

If your application is for a training award, your indirect cost rate remains capped at 8% of MTDC. However, when calculating MTDC , you can now use up to $50,000 of subawards and subcontracts rather than $25,000. See 2 CFR 200.1.

Budget

When planning your budget, HHS now uses the definitions for equipment and supplies in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

All changes

HHS adopted all the following superseding provisions on October 1, 2024:

- 2 CFR 200.1, Definitions, Modified Total Direct Cost.
- 2 CFR 200.1, Definitions, Equipment.
- 2 CFR 200.1, Definitions, Supplies.
- 2 CFR 200.313(e), Equipment, Disposition.
- 2 CFR 200.314(a), Supplies.
- 2 CFR 200.320, Methods of procurement to be followed.
- 2 CFR 200.333, Fixed amount subawards.
- 2 CFR 200.344, Closeout.
- 2 CFR 200.414(f), Indirect (F&A) costs.
- 2 CFR 200.501, Audit requirements.

3. Reporting

Reporting frequency for performance and financial reports, as well as any required form or formatting and the means of submission will be noted within the terms and conditions on the Notice of Award.

4. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (http://www.FSRS.gov) for all sub-awards and sub-contracts issued for $30,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance please follow this link to access ACL's Terms and Conditions: https://www.acl.gov/grants/managing-grant#

VII. Agency Contacts

Project Officer

First Name:
Kari

Last Name:
Benson

Phone:
(202) 401-4634

Office:
Administration for Community Living

Grants Management Specialist

First Name:
Rasheed

Last Name:
Williams

Phone:
(202) 401-4634

Office:
Administration for Community Living

VIII. Other Information

The Paperwork Reduction Act of 1995 (P.L. 104-13)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

Appendix

Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://minorityhealth.hhs.gov/.
- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html; https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html; and https://www.eeoc.gov/sexual-harassment.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see https://www.hhs.gov/conscience/your-protections-against-discrimination-based-on-conscience-and-religion/index.html
- Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at https://www.hhs.gov/ocr/about-us/contact-us/index.html or call 1-800-368-1019 or TDD 1-800-537-7697.

If you receive an award, HHS may terminate it if any of the conditions in 2 CFR 200.340(a)(1)-(4) are met. No other termination conditions apply.

Instructions for Completing Required Forms

This section provides step-by-step instructions for completing the four (4) standard Federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of Federal grant programs, and Federal agencies have the discretion to require some or all of the information on these forms. ACL does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

a. Standard Form 424

1. **Type of Submission:** (REQUIRED): Select one type of submission in accordance with agency instructions.
   - Preapplication
   - Application
   - Changed/Corrected Application – If ACL requests, check if this submission is to change or correct a previously submitted application.

2. **Type of Application**: (REQUIRED) Select one type of application in accordance with agency instructions.
   - New
   - Continuation
   - Revision

3. **Date Received:** Leave this field blank.

4. **Applicant Identifier**: Leave this field blank

5a **Federal Entity Identifier**: Leave this field blank

5b. **Federal Award Identifier**: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award (grant) number.

6. **Date Received by State:** Leave this field blank.

7. **State Application Identifier:** Leave this field blank.

8. **Applicant Information**: Enter the following in accordance with agency instructions:
a. Legal Name: (REQUIRED): Enter the name that the organization has registered with the System for Award Management (SAM), formally the Central Contractor Registry. Information on registering with SAM may be obtained by visiting the Grants.gov website (https://www.grants.gov) or by going directly to the SAM website (www.sam.gov).
b. Employer/Taxpayer Number (EIN/TIN): (REQUIRED): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. In addition, we encourage the organization to include the correct suffix used to identify your organization in order to properly align access to the Payment Management System.
c. Organizational UEI (REQUIRED): If your entity is registered in SAM.gov today, your Unique Entity ID (SAM) has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity ID is currently located below the DUNS Number on your entity registration record. Remember, you must be signed in to your SAM.gov account to view entity records.
d. Address: (REQUIRED) Enter the complete address including the county.
e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable**)** that will undertake the project.
f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.
9. **Type of Applicant:** (REQUIRED) Select the applicant organization "type" from the following drop down list.
A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)
10. **Name of Federal Agency**: (REQUIRED) Enter U.S. Administration for Community Living
11. **Catalog of Federal Domestic Assistance Number/Title:** The CFDA number can be found on page one of the Program Announcement.
12. **Funding Opportunity Number/Title:** (REQUIRED) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.
13. **Competition Identification Number/Title:** Leave this field blank.
14. **Areas Affected by Project:** List the largest political entity affected (cities, counties, state etc.)

15. **Descriptive Title of Applicant's Project:** (REQUIRED) Enter a brief descriptive title of the project (This is not a narrative description).
16. **Congressional Districts Of**: (REQUIRED) 16a. Enter the applicant's Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. See the below website to find your congressional district:
https://www.house.gov/
17. **Proposed Project Start and End Dates**: (REQUIRED) Enter the proposed start date and final end date of the project**. If you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.** In general, all start dates on the SF424 should be the 1st of the month and the end date of the last day of the month of the final year, for example 7/01/2014 to 6/30/2017. The Grants Officer can alter the start and end date at their discretion.
18. **Estimated Funding:** (REQUIRED) If requesting multi-year funding, enter the full amount requested from the Federal Government in line item 18.a., as a multi-year total. For example and illustrative purposes only, if year one is $100,000, year two is $100,000, and year three is $100,000, then the full amount of federal funds requested would be reflected as $300,000. The amount of matching funds is denoted by lines b. through f. with a combined federal and non-federal total entered on line g. Lines b. through f. represents contributions to the project by the applicant and by your partners during the total project period, broken down by each type of contributor. The value of in-kind contributions should be included on appropriate lines, as applicable.
NOTE: Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 75 before completing Item 18 and the Budget Information Sections A, B and C noted below.
All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the federal funds being requested. Sub-items 18b-18e is considered matching funds. For ACL programs that have a cost-matching requirement (list here), the dollar amounts entered in sub-items 18b-18f must total at least 1/3 of the amount of federal funds being requested (the amount in 18a). For a full explanation of ACL's match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.
There are two types of match: 1) non-federal cash and 2) non-federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered **matching funds**. Examples of **non-federal cash match** includes budgetary funds provided from the applicant agency's budget for costs associated with the project. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-federal in-kind matching funds. Volunteered time and use of third party facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

NOTE: **Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with HHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement or cost allocation plan must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, a copy of the latest approved indirect cost agreements must also be included with the application, or reference to an approved cost allocation plan.**

19. **Is Application Subject to Review by State Under Executive Order 12372 Process?** Please refer to IV. Application and Submission Information, 4. Intergovernmental Review to determine if the ACL program is subject to E.O. 12372 and respond accordingly.

20. **Is the Applicant Delinquent on any Federal Debt?** (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

21. **Authorized Representative**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)

Standard Form 424A

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this ACL program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a multi-year budget.

Section A - Budget Summary

Line 5: Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total non federal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

Section B - Budget Categories

Column 1: Enter the breakdown of how you plan to use the Federal funds being requested by object class category.

Column 2: Enter the breakdown of how you plan to use the non-Federal share by object class category.

Column 5: Enter the total funds required for the project (sum of Columns 1 and 2) by object class category.

Section C - Non-Federal Resources

Column A: Enter the federal grant program.

Column B: Enter in any non-federal resources that the applicant will contribute to the project.

Column C: Enter in any non-federal resources that the state will contribute to the project.

Column D: Enter in any non-federal resources that other sources will contribute to the project.

Column E: Enter the total non-federal resources for each program listed in column A.

Section D - Forecasted Cash Needs

Line 13: Enter Federal forecasted cash needs broken down by quarter for the first year only.

Line 14: Enter Non-Federal forecasted cash needs broken down by quarter for the first year.

Line 15: Enter total forecasted cash needs broken down by quarter for the first year.

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial startup costs in the first quarter of your award reflect that in quarter one or you do not expect to have contracts awarded and funded until quarter three, reflect those costs in that quarter.

Section E – Budget Estimates of Federal Funds Needed for Balance of the Project (i.e. subsequent years 2, 3, 4 or 5 as applicable).

Column A: Enter the federal grant program

Column B (first): Enter the requested year two funding.

Column C (second): Enter the requested year three funding.

Column D (third): Enter the requested year four funding, if applicable.

Column E (forth): Enter the requested year five funding, if applicable.

Section F – Other Budget Information

Line 21: Enter the total Indirect Charges

Line 22: Enter the total Direct charges (calculation of indirect rate and direct charges).

Line 23: Enter any pertinent remarks related to the budget.

Separate Budget Narrative/Justification Requirement

Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: Federal; non-Federal cash; and non-Federal in-kind. Cost breakdowns, or justifications, are required for any cost of $1,000 or for the thresholds as established in the examples. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-Federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

Line 6a: **Personnel**: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants, which should be included under 6h Other.

In the Justification: Identify the project director, if known. Specify the key staff, their titles, and time commitments in the budget justification.

Line 6b: **Fringe Benefits**: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.

In the Justification: If the total fringe benefit rate exceeds 35% of Personnel costs, provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a breakdown but you must show the percentage charged for each full/part time employee.

Line 6c: **Travel**: Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.

In the Justification: Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).

Line 6d: **Equipment**: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is nonexpendable tangible personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. If the item does not meet the $5,000 threshold, include it in your budget under Supplies, line 6e.

In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. Further, the purchase of specific items of equipment should not be included in the submitted budget if those items of equipment, or a reasonable facsimile, are otherwise available to the applicant or its subrecipient.

Line 6e: **Supplies**: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.

In the Justification: For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed break down of the supply items (e.g., 6% of $100,000 = $6,000 – breakdown of supplies needed). If the 5% is applied against $1 million total direct costs (5% x $1,000,000 = $50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of $10,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x $200,000 = $10,000 – no breakdown needed).

Line 6f: **Contractual**: Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR's) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards. Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised: A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a sub-contract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as a subaward or subcontract.

In the Justification: Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated

dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The Federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at $100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR Part 75 for states, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

Line 6g: **Construction**: Leave blank since construction is not an allowable costs for this program.

Line 6h: **Other**: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits), non-contractual fees and travel paid directly to individual consultants, postage, space and equipment rentals/lease, printing and publication, computer use, training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs.

Note: A recent Government Accountability Office (GAO) report number 11-43, has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. If meals are to be charged towards the grant they must meet the following criteria outlined in the Grants Policy Statement:

Meals are generally unallowable except for the following:

For subjects and patients under study(usually a research program);

Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g., Headstart);

When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;

As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and

Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances (Note: the sole purpose of the grant award is to hold a conference).

In the Justification: Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to activities in the work plan or indicate where it is described in the work plan. Describe the types of activities for staff development costs.

Line 6i: **Total Direct Charges**: Show the totals of Lines 6a through 6h.

Line 6j: **Indirect Charges**: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. **State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.** An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the Federal share of your direct costs. Any unused portion of the grantee's eligible Indirect Cost amount that are not claimed on the Federal share of

direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

Line 6k: **Total**: Enter the total amounts of Lines 6i and 6j.

Line 7: **Program Income**: As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424). **Note:** Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-Federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

c. Standard Form 424B – Assurances (required)

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration for Community Living. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

d. Certification Regarding Lobbying (required)

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

Proof of Nonprofit Status (as applicable)

Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency. This is optional for applicants that have not included indirect costs in their budgets.

Budget Narrative/Justification- Sample Format

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	**Federal Funds**	**Non-Federal Cash**	**Non-Federal In-Kind**	**TOTAL**	**Justification**
Personnel	$47,700	$23,554	$0	$71,254	**Federal**

					Project Director (name) = .5 FTE @ $95,401/yr = $47,700 **Non-Fed Cash** Officer Manager (name) = .5FTE @ $47,108/yr = $23,554 **Total** 71,254
Fringe Benefits	$17,482	$8,632	$0	$26,114	**Federal** Fringe on Project Director at 36.65% = $17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) **Non-Fed Cash** Fringe on Office Manager at 36.65% = $8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)
Travel	$4,707	$2,940	$0	$7,647	**Federal** Local travel: 6 TA site visits for 1 person Mileage: 6RT @ .585 x 700 miles $2,457 Lodging: 15 days @ $110/day $1,650 Per Diem: 15 days @ $40/day $600 Total $4,707 **Non-Fed Cash** Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ $500 $1,500 Lodging: 3 days x 3 staff @ $120/day $1,080 Per Diem: 3 days x 3 staff @ $40/day $360 Total $2,940
Equipment	$10,000	$0	$0	$10,000	No Equipment requested OR:

					Call Center Equipment Installation = $5,000 Phones = $5,000 Total $10,000
Supplies	$3,700	$5,670	$0	$9,460	**Federal** 2 desks @ $1,500 $3,000 2 chairs @ $300 $600 2 cabinets @ $200 $400 **Non-Fed Cash** 2 Laptop computers $3,000 Printer cartridges @ $50/month $300 Consumable supplies (pens, paper, clips etc…) @ $180/month $2,160 Total $9,460
Contractual	$30,171	$0	$0	$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 11 care givers @ $1,682 = $18,502 Volunteer Coordinator = $11,669 Total $30,171 *If contract details are unknown due to contract yet to be made provide same information listed above and:* A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	$5,600	$0	$5,880	$11,480	**Federal** 2 consultants @ $100/hr for 24.5 hours each = $4,900 Printing 10,000 Brochures @ $.05 = $500

					Local conference registration fee (name conference) = $200 Total $5,600 **In-Kind** **Volunteers** 15 volunteers @ $8/hr for 49 hours = $5,880
Indirect Charges	$20,934	$0	$0	$20,934	21.5% of salaries and fringe = $20,934 IDC rate is attached.
TOTAL	$140,294	$40,866	$5,880	$187,060	

Budget Narrative/Justification - Sample Template

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	**Federal Funds**	**Non-Federal Cash**	**Non-Federal In-Kind**	**TOTAL**	**Justification**
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					
Other					
Indirect Charges					
TOTAL					

Project Work Plan - Sample Template

NOTE : Applicants requesting funding for a multi-year grant program are REQUIRED to provide a Project Work Plan for EACH potential year of grant funding requested.

Goal:

Measurable Outcome(s):

* Time Frame (Start/End Dates by Month in Project Cycle)

Major Objectives	Key Tasks	Lead Person	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*
1.														
2.														

3.														
4.														
5.														
6.														

NOTE: Please do note infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

Instructions for Completing the Project Summary/ Abstract

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, limit the length to 265 words or less, on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

Goal(s) - broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be.

Objective(s) - narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the "how") to attain the goal(s).

Outcomes - measurable results of a project. Positive benefits or negative changes, or measurable characteristics among those served through this funding (e.g., clients, consumers, systems, organizations, communities) that occur as a result of an organization's or program's activities. These should tie directly back to the stated goals of the funding as outlined in the funding opportunity announcement. (Outcomes are the end-point)

Products - materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

Instructions for Completing the "Supplemental Information for the SF-424" Form

1. Project Director.

Name, address, telephone and fax numbers, and e-mail address of the person to be contacted on matters involving this application. Items marked with an asterisk (*) are mandatory.

2. Novice Applicant. Select "Not Applicable To This Program."

Sample Logic Model

Inputs & Resources	**Activities**	**Outputs**	**Short & Intermediate Outcomes**	**Impact**
What are the investments and resources available to the project to accomplish the activities, such as staff, funding, materials, expertise from partners, resources from community partners, etc.?	Describe/summarize the events or actions the project will do with the resources to address the problem.	What is being produced or delivered that directly contributes to the outcomes? For example, number of people served, number of hours of counseling services provided, documents/materials produced.	What are the specific, measurable changes that occur because of the intervention? Changes can be in participants' behavior, knowledge, or skills. Further, changes may be divided into Short-term and	Impacts are the ultimate goals of a project and are organizational-, community-, or system-level changes. What is the ultimate change occurring because of project

			Intermediate outcomes.	activities over multiple years?
Context:				
What are the conditions in the community, characteristics of target population(s), and/or other factors that could have a positive or negative effect on the success of the intervention? These contextual factors might be outside the project's control but need to be considered when planning the project.				

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Mariposa County
Health & Human Services Agency
Healthy. Safe. Thriving.

July 9, 2025

U.S. Department of Health and Human Services
Administration for Community Living
Office of Elder Justice and Adult Protective Services
Washington, D.C.

Re: HHS-ACL-AOA-EJIG-0023

Dear Administration for Community Living,

On behalf of the Mariposa County Health & Human Services Agency (MCHHSA), I am writing to formally express the intent to apply for funding funder the Elder Justice Innovation Grant (HHS-ACL-AOA-EJIG-0023) administered by the Administration for Community Living.

MCHHSA is committed to promoting the safety, dignity, and well-being of older adults throughout our rural county. With a population of approximately 17,000 residents, nearly 31% of whom are older adults, Mariposa County faces distinct challenges in preventing and responding to elder abuse and neglect, particularly in remote and underserved communities. This funding opportunity represents a vital step forward in expanding our prevention, intervention, and system-level innovation to support older adults.

The proposed project will align with the goals and priorities outlined in the funding opportunity and will build on our agency's existing System of Care infrastructure and collaborative relationships with key partners, including local law enforcement, adult protective services, healthcare providers, and advocacy organizations.

We appreciate the opportunity to participate in this important initiative and thank ACL for its leadership in advancing innovative solutions to protect vulnerable elders. If you require any additional documentation or information related to our intent, please do not hesitate to contact MCHHSA.

Sincerely,

DocuSigned by:
Kristina Keheley
EF2F2BFCD1BA4C6...

Kristina Keheley, PhD
Director

Mariposa County Health & Human Services Agency

5362 Lemee Lane, PO Box 99, Mariposa, CA 95338 • 209.966.2000 • hhsa.info@mariposacounty.org

MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2025-293

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Kristina Keheley, Health and Human Services Agency Director

RE: Approve Year-End Budget Action Decreasing the Miscellaneous Expense Category and Increasing the Salary/Benefit Category in the Health and Human Services Agency (HHSA) Workforce Development (WFD) Grant Budget to Allow for Fiscal Year (FY) 24/25 Personnel Expenses ($71,798)

RECOMMENDATION AND JUSTIFICATION

Approve Year-End Budget Action Decreasing the Miscellaneous Expense Category and Increasing the Salary/Benefit Category in the Health and Human Services Agency (HHSA) Workforce Development (WFD) Grant Budget to Allow for Fiscal Year (FY) 24/25 Personnel Expenses ($71,798).

BACKGROUND AND HISTORY OF BOARD ACTIONS

In the normal course of business, the Agency must request Budget Actions to balance various Health and Human Services Agency (HHSA) Funds to pay actual expenses through the end of the fiscal year.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

If this Budget Action is not approved, the Agency will be unable to pay personnel expenses from this grant and balance the budget in fund #3496-401.

FINANCIAL IMPACT

None

ATTACHMENTS

1. FY 2425 WFD EOY Budget Action (1)

VOTE RESULT

RESULT:	**Adopted (UNANIMOUS)**
MOVER:	District II Supervisor Shannon Poe
SECONDER:	District IV Supervisor Jenni Kiser
AYES:	District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District V Supervisor Miles Menetrey, District I Supervisor Rosemarie Smallcombe

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BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
3496	401	60201	WFD/Misc Expense			71,798
3496	401	51111	Salaries		43,079	
3496	401	52101	Retirement		7,291	
3496	401	52201	Medical		11,534	
3496	401	52202	Dental		4,005	
3496	401	52203	Vision		698	
3496	401	52205	Life Insurance		596	
3496	401	52301	Social Security		3,298	
3496	401	52302	Medicare Total		839	
3496	401	52303	SDI Total		458	
				TOTALS	71,798	71,798

TRANSFER BETWEEN FUNDS					DEBIT	CREDIT
				TOTALS	0	0

ACTION REQUESTED: (Check all that apply)

( ) Budget appropriation is less than $50,000 and involves shifting funds between categories in the same account and fund. Board of Supervisors reviews all budget actions of this nature on a monthly basis.

( ) Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending revenues and expenses or transferring funds between funds or accounts within the General Fund or transferring appropriation from contingency.

FISCAL YEAR: FY 24/25

DEPARTMENT HEAD SIGNATURE DocuSigned by: kristina kelley EF2F2BFCD1BA4C6... DATE 7/11/2025 | 9:35 AM PDT

AUDITOR SIGNATURE DATE

COUNTY ADMINISTRATIVE OFFICER SIGNATURE DATE

APPROVED BY RES NO. CLERK DATE

DEPARTMENT

AUDITOR'S USE ONLY
BA #

Budget Action Form Revised 07/01/2024

MARIPOSA COUNTY

Board of Supervisors

Agenda Item – No Resolution Requested

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Steve Engfer, Planning Director

RE: Accept the Resignation and Recognize the Service of Kim Brisack; and Re-Appoint Ava Burns, Jeanetta Phillips, and Gail Dreifus with Terms Expiring February 29, 2028, to the Creative Placemaking Strategy Advisory Committee

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RECOMMENDATION AND JUSTIFICATION

Accept the Resignation and Recognize the Service of Kim Brisack; and Re-Appoint Ava Burns, Jeanetta Phillips, and Gail Dreifus with Terms Expiring February 29, 2028, to the Creative Placemaking Strategy Advisory Committee.

Burns, Phillips, and Dreifus have expressed interest in continuing to serve on this committee.

Brisack can no longer serve on this committee due to other commitments.

With this action, there are three vacancies; one vacancy is to fill the Practicing Artist Category and one vacancy is to fill the Resource Conservation Expert Category with unexpired terms. One vacancy is to fill the Mariposa County Economic Development Corporation Category with a term expiring February 28, 2026. Appointments, term expiration and vacancies have been advertised according to the Maddy Act.

BACKGROUND AND HISTORY OF BOARD ACTIONS

It is customary for the Board of Supervisors to Re-appoint and Recognize the Service of committee members.

Burns was appointed on March 13, 2018.
Philips was appointed on March 13, 2018.
Dreifus was appointed on April 11, 2023.
Brisack was appointed on March 13, 2018.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

If members are not re-appointed, this would result in vacancies which could cause a lack of quorums for the committee until the vacancies are advertised and filled.

If members are not recognized for their service, the Board of Supervisors would miss an opportunity to recognize the service of a committee member.

FINANCIAL IMPACT

None

ATTACHMENTS

1. **250727 Ava Burns Redact App**
2. **250206 Jeanetta Phillips Redact App**
3. **250205 Gail Dreifus Redact App**
4. **250627 Kim Brisack Resigning Email**
5. **250627 CPSAC Vacancy 3**

RECEIVED

JAN 27 2025

BOARD OF SUPERVISORS

County of Mariposa

5100 Bullion Street
P.O. Box 784
Mariposa, CA 95338

(209) 966-3222

Application for Appointment to Mariposa County

BOARDS, COMMISSIONS AND COMMITTEES

http://www.mariposacounty.org/index.aspx?NID=119

Name of Board, Commission or Committee for which you are applying: Creative Placemaking Strategy Advisory Committee

Supervisorial District in which you Reside: District 4

Length of Residency in the County: 20 years

INSTRUCTIONS

Completely fill out this form, sign and return to:

Clerk of the Board
5100 Bullion Street
P.O. Box 784
Mariposa, CA 95338

First Name: Ava

Last Name: Burns

Mailing Address:

Email Address:

Are you Over 18 Years of Age: Yes

Employment Status: Full Time Employed

Employer's Name: Mariposa County Arts Council

Employer's Address:

Day Telephone Number:

Cell Phone Number:

Please explain why you wish to serve on this Board/Commission/Committee:
I believe that my work as a local artist, director and educator has given me a lot of experience that is valuable to this committee

Please list prior/current appointments to other Boards/Commissions/Committees:
Chair - Creative Placemaking Strategy Advisory Committee

NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

List any information regarding experience, training and/or education that you feel qualifies you for this position:

- In my work at the arts council, I oversee a variety of education, public art and community programs
- As an educator, I work closely with the Mariposa County School District and am very aware of the needs of our school population
- As a local artist, I have a lot of experience using art to build community.

Do you, or any member of your immediate family, work for the County of Mariposa or hold a position that might conflict with your duties for this Board/Commission?

No If Yes, please explain:

Resumé Attached:	**Time(s) you have available to attend meetings (days, evenings, etc.):**	**Do you have transportation?**
✓	Work days and evenings	Yes

PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.

I certify that the above information is true and correct, and I authorize the verification of the information in this application in the event I am a finalist for the appointment.

Dated: 1/24/2025 Signature: [signature]

NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

Ava Burns, Ph.D.

Musician / Educator

Inspiring community organizer with a history of building partnerships and amplifying underrepresented voices with creative placemaking. Visionary educator with over 20 years experience in alternative and traditional school settings.

Work Experience

Programs and Projects Director / Lead Teaching Artist

Mariposa County Arts Council — *November 2022 - Present*

- Oversee the design and implementation of a variety of arts education, creative placemaking and community programs.
- Manage staff, budgets and grant reporting
- Design and implement standards-aligned, experiential arts curriculum for TK - 12th grade students

Director / Educator

The Beat Harvest — *September 2010 - October 2022*

- Developed rigorous, standards-based music curriculum for 40 weekly students.
- Taught guitar, bass, drums and ukulele to over 250 students since 2010.
- Produced 25 student performance events including live concerts and online streams.
- Transcribed over 1800 musical scores from various genres for educational purposes.
- Produced 60 instructional and performance videos.
- Established the Beat Harvest scholarship program, which has raised over $23,000 to promote representation, equity and inclusion by providing affordable music lessons.
- Built strong relationships with local schools and youth development organizations.

Musician & Songwriter

April 2005 - Present

- Written and recorded 8 albums of original music with a variety of ensembles.
- Performed at diverse venues and music festivals around California.
- Provided instrumental guitar performances for events and ceremonies.
- Experienced live sound and recording engineer.

Work Experience Continued

Field Science Project Manager *June 2008 – September 2010*
NatureBridge Yosemite

Mentor Teacher *September 2006 – June 2008.*
NatureBridge Yosemite

Field Educator *April 2004 – June 2006*
NatureBridge Yosemite

Outdoor Education Volunteer *January 2003 - April 2004*
Staffordshire Wildlife Trust, UK

Independent Travel *September 2002 - December 2002*
Southern Africa

Research Coordinator *February 2001 - September 2002*
Greenforce Zambia

Education

Ph.D. - Stable isotope analysis of food web structure in Trout Beck, an upland river in Northern England.
Lancaster University, England *October 1997 – February 2001.*

B.Sc. (Honors) - Biology
University of Leeds, England *October 1994 – July 1997*

Technical Skills

Advanced digital audio & video production

Classically-trained Guitarist

Data analysis and presentation

Web design and digital communication

Soft Skills

Clear and kind communication

Conflict resolution & relationship building

Professionalism and confidentiality

Empathy and inclusivity

RECEIVED
FEB 06 2025
BOARD OF SUPERVISORS

Request Type: Committee Application
Request ID Number: 1242
Date Submitted: 2/6/2025
Date Closed: (open)
Date Printed: 2/6/2025 2:26:06 PM

Request Location:

Submitter Information:

Priority: Normal
Assigned To: Unassigned

Phone: (none specified)
Email:

Date/Person	Comments
2/6/2025 2:25:10 PM (anonymous)	Your Request ID Number is 1242.

Name of Board, Commission or Committee for which you are applying Creative Placemaking Strategy Advisory Committee (CPSAC)
First Name Jeanetta
Last Name Phillips
Supervisorial District in which you Reside 3
Length of your Residency in the county 35 years
Mailing Address
Email Address:
Preferred Contact Method Home Phone
Are you Over 18 Years of Age Yes
Employment Status Retired
Employer's Name
Employer's Address
Day Telephone Number
Cell Phone Number
Please explain why you wish to serve on this Board/Commission/Committee I wish to be reappointed. I have served on this committee since the beginning, I feel I have contributed to this committee. I believe in the purpose and goals for Mariposa County I feel once completed it will add to the economy of our county. I also serve on the Historic Sites and Records Preservation Commission which is involved in parts of this project. I am an artist and small business owner. My wish is for this project to be a success.
Please list prior/current appointments to other Boards/Commissions/Committees Historic Sites and Record preservation Commission/ Creative Placemaking Strategy/ Mariposa Advisory Task Force/CMCAA
List any information regarding experience, training and/or education that you feel qualifies you for this position I have studied similar projects across the country which I believe has given me a perspective on our projects. my experience on many different committees over the years has perhaps given me the tools needed to assist this committee. I believe my experience as a historian may be of assistance in these projects. I am an artist and a small business owner. My history of serving on this committee may be of value.
Do you, or any member of your immediate family, work for the County of Mariposa or hold a position that might conflict with your duties for this Board/Commission? No
If Yes, please explain
Please attach your Resume No file was uploaded

Please attach Supplemental questions, if any. No file was uploaded
Time(s) you have available to attend meetings (days, evening, etc.) flexible
Do you have transportation? Yes

PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.

By checking the "I agree" box below, you agree and acknowledge that:
1) your application will not be signed in the sense of a traditional paper document,
2) by signing in the alternate manner below, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and
3) you may still be required to provide a traditional signature at a later date.

(If you would prefer to fill out a paper form, please contact the Clerk of the Board's Office at (209) 966-3222.)
I agree

RECEIVED

FEB 05 2025

BOARD OF SUPERVISORS

County of Mariposa

5100 Bullion Street
P.O. Box 784
Mariposa, CA 95338

(209) 966-3222

Application for Appointment to Mariposa County

BOARDS, COMMISSIONS AND COMMITTEES

http://www.mariposacounty.org/index.aspx?NID=119

Name of Board, Commission or Committee for which you are applying: Creative Placemaking Committee

Supervisorial District in which you Reside: District 4

Length of Residency in the County: 39 years

INSTRUCTIONS

Completely fill out this form, sign and return to:

Clerk of the Board
5100 Bullion Street
P.O. Box 784
Mariposa, CA 95338

First Name: Gail

Last Name: Dreifus

Mailing Address:

Email Address:

Are you Over 18 Years of Age: Yes

Employment Status: retired, freelance

Employer's Name:

Employer's Address:

Day Telephone Number:

Cell Phone Number:

Please explain why you wish to serve on this Board/Commission/Committee:
I find this work important and interesting.

Please list prior/current appointments to other Boards/Commissions/Committees:
I was on this board and I am up for renewal

NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

List any information regarding experience, training and/or education that you feel qualifies you for this position:

I was an art and music teacher for 18 years. My college degree is a BFA in Education from Hartford Art School, Hartford, CT.

Do you, or any member of your immediate family, work for the County of Mariposa or hold a position that might conflict with your duties for this Board/Commission?

If Yes, please explain: No.

Resumé Attached:	**Time(s) you have available to attend meetings (days, evenings, etc.):**	**Do you have transportation?**
	I am available most days and evenings	yes

PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.

I certify that the above information is true and correct, and I authorize the verification of the information in this application in the event I am a finalist for the appointment.

Dated: 2/5/25 Signature: Lynne Dorf

NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

From: Kim Brisack
Sent: Thursday, June 26, 2025 11:19 PM
To: Hannah Harrison
Subject: Re: CPSAC June Meeting

Hi Hannah,

I'm sorry for not replying earlier. Although I very much support the CPSAC and enjoy being a part of the team, I think that I'm not able to continue due to other commitments.

So yes, I am resigning from the committee.

Thank you.

Mariposa County
Planning Department

STEVE ENGFER
Planning Director

5100 Bullion Street
PO Box 2039
Mariposa, CA 95338
209-966-5151 FAX 209-742-5024
sengfer@mariposacounty.org
www.mariposacounty.org

NOTICE OF THREE (3) VACANCIES ON THE CREATIVE PLACEMAKING STRATEGY ADVISORY COMMITTEE (CPSAC)

Qualified candidates should represent one or more of the following groups:

- Mariposa County Arts Council
- Mariposa Chamber of Commerce
- Yosemite-Mariposa County Tourism Bureau
- Mariposa County Economic Development Corporation
- American Indian Council of Mariposa County
- Yosemite National Park
- Sierra Foothills Conservancy
- Transportation Center Citizens Advisory Committee
- Local business owners
- Practicing artists and creators

The purpose and functions of the CPSAC shall be to:

a. Help design and implement activities like workshops and open houses to involve the community in establishing Mariposa County's Creative Placemaking Strategy.
b. Provide insight into the kinds of placemaking projects, programs, and policies that can help achieve the General Plan's vision.
c. Coordinate with staff and consultants to inventory existing local placemaking resources, identify areas of opportunity, and provide other content to make the Creative Placemaking Strategy effective.
d. Provide periodic feedback to the Board of Supervisors regarding the success of the Creative Placemaking Strategy.

Membership terms are for 3 years, expiring on the last day of February. One vacancy is to fill the Practicing Artist category, and one vacancy is to the Resource Conservation Expert category with unexpired terms. One vacancy is to fill the Mariposa County Economic Development Corporation category with a term expiring February 28, 2026.

Meetings of this committee are generally held on the 2nd Monday of the month at noon at the Mariposa County Government Center located at 5100 Bullion Street, Mariposa CA.

Persons interested in serving on the committee must complete an application which can be obtained at either the Mariposa County Planning Department or the Clerk of the Board's Office or can be found on-line at:
http://www.mariposacounty.org/DocumentCenter/View/39675/Committees-Application---blank-fillable?bidId= .
Completed applications need to be sent to the Clerk of the Board, by mail at P. O. Box 784, Mariposa, CA 95338,
For more Information visit the County Website or contact: Mikey Goralnik, Senior Community Design and Development Planner, Mariposa County Planning Department Telephone: (209) 742-2222; email: mgoralnik@mariposacounty.org

Posting Locations:

Mariposa County Clerk's Office
Mariposa County Courthouse
Mariposa County Planning Department
Bootjack Store
Catheys Valley Post Office
Coulterville Post Office
El Portal Post Office
Fish Camp Post Office
Mariposa County Library
Greeley Hill Community Club
Hornitos Post Office
Lake Don Pedro Market
Midpines Post Office
Wawona Post Office
Woodland Gas, Food, & Liquor
Yosemite Valley Post Office
Yosemite West Community Board
www.mariposacounty.org/planning

Reposting Posting Date: 6/27/25 Deadline for Submission: Until Filled

MARIPOSA COUNTY

Board of Supervisors

Agenda Item – No Resolution Requested

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Steve Engfer, Planning Director

RE: Accept the Resignation and Recognize the Service of Casey Archer; and Re-Appoint Karen Herman and Richard Westfall with Terms Expiring February 28, 2027, to the Catheys Valley Community Planning Advisory Committee

---

RECOMMENDATION AND JUSTIFICATION

Accept the Resignation and Recognize the Service of Casey Archer; and Re-Appoint Karen Herman and Richard Westfall with Terms Expiring February 28, 2027, to the Catheys Valley Community Planning Advisory Committee.

Herman and Westfall have expressed interest in continuing to serve on this committee.

Archer's term expired February 28, 2025, and he has expressed that he will not be re-applying to serve on this committee.

With this action, there will be three vacancies with unexpired terms. Appointments, term expiration and vacancies have been advertised according to the Maddy Act.

BACKGROUND AND HISTORY OF BOARD ACTIONS

It is customary for the Board of Supervisors to Re-appoint and Recognize the Service of committee members.

Herman was appointed on April 18, 2023.
Westfall was appointed on May 2, 2023.
Archer was appointed on October 15, 2019.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

If members are not re-appointed, this would result in vacancies which could cause a lack of quorum for the committee.

If members are not recognized for their service, the Board of Supervisors would miss an opportunity to recognize the service of a committee member.

FINANCIAL IMPACT

None

ATTACHMENTS

1. **250129 K. Herman Redact App**
2. **250128 R.Westfall Redact App**
3. **250626 Casey Archer Email**
4. **250701 Vacancies (3)**

RECEIVED

JAN 29 2025 MP

BOARD OF SUPERVISORS

County of Mariposa

5100 Bullion Street
P.O. Box 784
Mariposa, CA 95338

(209) 966-3222

Application for Appointment to Mariposa County

BOARDS, COMMISSIONS AND COMMITTEES

http://www.mariposacounty.org/index.aspx?NID=119

Name of Board, Commission or Committee for which you are applying:
Catheys Valley Community PAC

Supervisorial District in which you Reside: 3

Length of Residency in the County: 27 years

INSTRUCTIONS

Completely fill out this form, sign and return to:

Clerk of the Board
5100 Bullion Street
P.O. Box 784
Mariposa, CA 95338

First Name:
Karen

Last Name:
Herman

Mailing Address:

Email Address:

Are you Over 18 Years of Age:
Yes

Employment Status: Retired

Employer's Name:
N/A

Employer's Address:
N/A

Day Telephone Number:

Cell Phone Number:

Please explain why you wish to serve on this Board/Commission/Committee:
I own property owner in Catheys Valley and would like to participate in my community.

Please list prior/current appointments to other Boards/Commissions/Committees:
I have been a member of the Catheys Valley Community Planning Advisoty Committee from 2023 to February 2025. I would like to be re-appointed for this next term.

NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

List any information regarding experience, training and/or education that you feel qualifies you for this position:

I am a graduate of the University of Calfornia, Santa Barbara with two majors and earned a Bachelors of Science Degree in Sociology and a Bachelors of Science Degree in Anthropology. I also earned a California Lifetime Teaching Credential for Grades K-9 from San Jose State University.
While living in Catheys Valley, I have attended Board of Supervisors Meetings and CVCPAC meetings to contribute to issues involving our community. I feel it is very important for our community members to be advised of issues affecting Catheys Valley. I feel this committee can provide the local citizens with information about County issues that affect District 3, and that as a group we can give feedback to the Board of Supervisors of positions, questions, concerns that our District 3 constituents want to have addressed.
I retired from the Mari[posa County Clerk's Office and enjoy working with the public.
I feel that I ca be an asseet to this PAC.
Thank you for your consideration.

Do you, or any member of your immediate family, work for the County of Mariposa or hold a position that might conflict with your duties for this Board/Commission?

If Yes, please explain:

My husband, Mick Herman, serves as thePlanniong Commissioner representing District 3. I do not feel there is any reason this would conflict with my duties.

Resumé Attached:	**Time(s) you have available to attend meetings (days, evenings, etc.):** Any	**Do you have transportation?** Yes

PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.

I certify that the above information is true and correct, and I authorize the verification of the information in this application in the event I am a finalist for the appointment.

Dated: January 28, 2025 Signature: Karen M. Herman

NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

Request Type: Committee Application
Request ID Number: 1233
Date Submitted: 1/27/2025
Date Closed: (open)
Date Printed: 1/28/2025 8:51:57 AM

Request Location:

Submitter Information:

RECEIVED
JAN 28 2025 MP
BOARD OF SUPERVISORS

Priority: Normal
Assigned To: Unassigned

Phone: (none specified)
Email: v

Date/Person	Comments
1/27/2025 6:35:59 PM (anonymous)	Your Request ID Number is 1233.

Name of Board, Commission or Committee for which you are applying Catheys Valley Community Planning Advisory Committee
First Name Richard
Last Name Westfall
Supervisorial District in which you Reside 3
Length of your Residency in the county 50 years
Mailing Address
Email Address:
Preferred Contact Method Cell Phone
Are you Over 18 Years of Age Yes
Employment Status Retired
Employer's Name
Employer's Address
Day Telephone Number
Cell Phone Number
Please explain why you wish to serve on this Board/Commission/Committee I would like to help Cathey';s Valley maintain it';s rural way of life by having controlled growth. Agriculture is an important part of life in Cathey';s Valley We need to protect it while making homes available.
Please list prior/current appointments to other Boards/Commissions/Committees Historic Sites and Records Preservation Commission
Mariposa Town Cemetery
List any information regarding experience, training and/or education that you feel qualifies you for this position I am descended from Andrew Cathey and live on land he originally purchased. The community is important to me, Many of my family and friends live here. I hope future generations do as well.
I am very involved with many civic organizations and know the community. I am also familiar with the structure of the county.
Do you, or any member of your immediate family, work for the County of Mariposa or hold a position that might conflict with your duties for this Board/Commission? No
If Yes, please explain
Please attach your Resume No file was uploaded
Please attach Supplemental questions, if any. No file was uploaded
Time(s) you have available to attend meetings (days, evening, etc.) Open except. Third Tuesday, first and third Thursdays of each month
Do you have transportation? Yes

PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.

By checking the "I agree" box below, you agree and acknowledge that:
1) your application will not be signed in the sense of a traditional paper document,
2) by signing in the alternate manner below, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and
3) you may still be required to provide a traditional signature at a later date.

(If you would prefer to fill out a paper form, please contact the Clerk of the Board's Office at (209) 966-3222.)
I agree

From: Casey Archer
Sent: Thursday, June 26, 2025 4:14 PM
To: Sophea Craighead
Subject: RE: Catheys Valley Community PAC - Expired Terms

Hi Sophea,

I will not be applying.

Thank you,

Casey

Mariposa County
Planning Department

STEVE ENGFER
Planning Director

5100 Bullion Street
PO Box 2039
Mariposa, CA 95338
209-966-5151 FAX 209-742-5024
www.mariposacounty.org
sengfer@mariposacounty.org

NOTICE OF VACANCIES ON THE

CATHEYS VALLEY COMMUNITY PLANNING ADVISORY COMMITTEE

Three (3) vacancies currently exist on the Catheys Valley Community Planning Advisory Committee. The purpose of the committee is to address issues that are important to the area and recommend policies for the Community.

The Committee is an advisory group to the Mariposa County Planning Commission and the Board of Supervisors.

Vacancies are for two-year terms and expire on the last day of February. Members must be employed, reside, or own property within the geographic boundaries of the Catheys Valley Planning Area.

Persons interested in serving on the Wawona Town Planning Advisory (WTPAC) must submit an application to: **Danielle Bondshu, Clerk of the Board, PO Box 784, Mariposa, CA 95338. Applications mya be obtained at the following locations: Planning Department Offices Government Center 5100 Bullion Street**; Mariposa, CA 95338 and online at: http://www.mariposacounty.org/DocumentCenter/View/39657

For more information visit the County Website or contact the Mariposa County Planning Department Telephone: (209) 966-5151.

Posting Locations for this notice:

Catheys Valley Post Office
Mariposa County Planning
Mariposa County Library
Mariposa County Clerk
Mariposa County Courthouse
www.mariposacounty.org/planning

Notice Date: 7/1/25 Deadline for Submission: Until Filled

MARIPOSA COUNTY

Board of Supervisors

Agenda Item – No Resolution Requested

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Steve Engfer, Planning Director

RE: Re-Appoint Kathleen Leavitt, Jacob Hawley, and Jeanetta Phillips to the Historic Sites and Records Preservation Commission with Terms Expiring February 29, 2028

RECOMMENDATION AND JUSTIFICATION

Re-Appoint Kathleen Leavitt, Jacob Hawley, and Jeanetta Phillips to the Historic Sites and Records Preservation Commission with Terms Expiring February 29, 2028.

Leavitt, Hawley and Phillips have expressed interest in continuing to serve on this commission.

With this action, there would be no vacancy on this commission.

BACKGROUND AND HISTORY OF BOARD ACTIONS

It is customary for the Board of Supervisors to re-appoint committee members.

Leavitt was appointed on March 15, 2005.
Hawley was appointed on September 13, 2022.
Phillips was appointed on May 8, 2007.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

If members are not re-appointed, this would result in vacancies which could cause a lack of quorum for the committee.

FINANCIAL IMPACT

None

ATTACHMENTS

1. **250117 K. Leavitt Redact App**
2. **250113 J. Hawley Redact App**
3. **250115 J. Phillips Redact App**

Request Type:	Committee Application
Request ID Number:	1226
Date Submitted:	1/17/2025
Date Closed:	(open)
Date Printed:	1/17/2025 2:06:50 PM

Request Location: RECEIVED
JAN 17 [illegible]
BOARD OF SUPERVISORS

Submitter Information:

Priority:	Normal
Assigned To:	Unassigned

Phone: (none specified)
Email:

Date/Person	Comments
1/17/2025 12:33:54 PM (anonymous)	Your Request ID Number is 1226.

Name of Board, Commission or Committee for which you are applying Historic Sites and Records Preservation Commission
First Name Kathleen
Last Name Leavitt
Supervisorial District in which you Reside 4
Length of your Residency in the county 22 years
Mailing Address
Email Address:
Preferred Contact Method Cell Phone
Are you Over 18 Years of Age Yes
Employment Status Employed
Employer's Name Mariposa Shipping Company Inc
Employer's Address
Day Telephone Number
Cell Phone Number
Please explain why you wish to serve on this Board/Commission/Committee To help preserve Mariposa';s history, to help us remain interesting as a destination, and to prevent the "Oakhurstization" of Mariposa.
Please list prior/current appointments to other Boards/Commissions/Committees I have served on the Historic Sites and Records Preservation Commission since 2006.
List any information regarding experience, training and/or education that you feel qualifies you for this position I have owned and properly restored historic residences in Los Gatos, CA and Santa Cruz, CA, and currently own and maintain a historic residence in Mariposa.
Do you, or any member of your immediate family, work for the County of Mariposa or hold a position that might conflict with your duties for this Board/Commission? No
If Yes, please explain
Please attach your Resume Kathleen Leavitt resume 2025.pdf
Please attach Supplemental questions, if any.
Time(s) you have available to attend meetings (days, evening, etc.) 10 AM
Do you have transportation? Yes

PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.

By checking the "I agree" box below, you agree and acknowledge that:
1) your application will not be signed in the sense of a traditional paper document,
2) by signing in the alternate manner below, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and
3) you may still be required to provide a traditional signature at a later date.

(If you would prefer to fill out a paper form, please contact the Clerk of the Board's Office at (209) 966-3222.)
I agree

RECEIVED

JAN 13 2025

BOARD OF SUPERVISORS

County of Mariposa

5100 Bullion Street
P.O. Box 784
Mariposa, CA 95338

(209) 966-3222

Application for Appointment to Mariposa County

BOARDS, COMMISSIONS AND COMMITTEES

http://www.mariposacounty.org/index.aspx?NID=119

Name of Board, Commission or Committee for which you are applying: HSRPC

Supervisorial District in which you Reside: 4

Length of Residency in the County: 40 years

INSTRUCTIONS

Completely fill out this form, sign and return to:

Clerk of the Board
5100 Bullion Street
P.O. Box 784
Mariposa, CA 95338

First Name: Jacob

Last Name: Hawley

Mailing Address:

Email Address:

Are you Over 18 Years of Age: Yes

Employment Status: Ed Chamber of Commerce

Employer's Name: Mariposa Chamber of Commerce

Employer's Address:

Day Telephone Number:

Cell Phone Number:

Please explain why you wish to serve on this Board/Commission/Committee:
I am already an active Commissioner on this Committee and would like to keep helping as much as I can.

Please list prior/current appointments to other Boards/Commissions/Committees:
N/A

NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

List any information regarding experience, training and/or education that you feel qualifies you for this position:

Do you, or any member of your immediate family, work for the County of Mariposa or hold a position that might conflict with your duties for this Board/Commission?

No If Yes, please explain:

Resumé Attached:	**Time(s) you have available to attend meetings (days, evenings, etc.):**	**Do you have transportation?**
No	open	Yes

PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.

I certify that the above information is true and correct, and I authorize the verification of the information in this application in the event I am a finalist for the appointment.

Dated: 1/13/2025 Signature:

NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

RECEIVED
JAN 15 2025
BOARD OF SUPERVISORS

County of Mariposa

5100 Bullion Street
P.O. Box 784
Mariposa, CA 95338

(209) 966-3222

Application for Appointment to Mariposa County

BOARDS, COMMISSIONS AND COMMITTEES

http://www.mariposacounty.org/index.aspx?NID=119

Name of Board, Commission or Committee for which you are applying:
Historic Sites and Records Preservation Commission

Supervisorial District in which you Reside: 3

Length of Residency in the County: 30 years

INSTRUCTIONS

Completely fill out this form, sign and return to:

Clerk of the Board
5100 Bullion Street
P.O. Box 784
Mariposa, CA 95338

First Name:
Jeanetta

Last Name:
Phillips

Mailing Address:

Email Address:

Are you Over 18 Years of Age:
Yes

Employment Status: Retired

Employer's Name:

Employer's Address:

Day Telephone Number:

Cell Phone Number:

Please explain why you wish to serve on this Board/Commission/Committee:
I wish to be reappointed to this commission as I have served several years on it and there is still much work to be completed. We are presently making great strides in protecting many of our historical resources. I wish to help preserve and protect our historical and cultural resources.

Please list prior/current appointments to other Boards/Commissions/Committees:
Historic Sites and Records Preservation Commission, Creative Placemaking, Mariposa Advisory Task Force. CMCAA, CAC

NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

List any information regarding experience, training and/or education that you feel qualifies you for this position:

I have served on the Historic Sites and Records Preservation Commission for a number of years, and it has given me a perspective on what needs to be done and how to work with others to achieve these goals. I have attended seminars, training classes and conferences for preservation of historical sites and records. I studied History in in college. I have a great love and keen interest in preserving the history and culture on our county.

Do you, or any member of your immediate family, work for the County of Mariposa or hold a position that might conflict with your duties for this Board/Commission?

If Yes, please explain:

no

Resumé Attached:

Time(s) you have available to attend meetings (days, evenings, etc.):

open to times and day

Do you have transportation?

yes

PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.

I certify that the above information is true and correct, and I authorize the verification of the information in this application in the event I am a finalist for the appointment.

Dated: 1-15-25 Signature: Jeanette Phillips

NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

MARIPOSA COUNTY

Board of Supervisors

Agenda Item – No Resolution Requested

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Steve Engfer, Planning Director

RE: Re-Appoint Magnum Godfrey to the Coulterville Planning Advisory Committee with a Term Expiring February 28, 2027

RECOMMENDATION AND JUSTIFICATION

Re-Appoint Magnum Godfrey to the Coulterville Planning Advisory Committee with a Term Expiring February 28, 2027.

Godfrey has expressed interest in continuing to serve on this committee.

With this action, there is one vacancy with an unexpired term. Appointments, term expiration and vacancies have been advertised according to the Maddy Act.

BACKGROUND AND HISTORY OF BOARD ACTIONS

It is customary for the Board of Supervisors to re-appoint committee members.

Godfrey was originally appointed on June 6, 2023.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

If members are not re-appointed, this would result in vacancies which could cause a lack of quorum for the committee.

FINANCIAL IMPACT

None

ATTACHMENTS

1. **250116 Godfrey Redact App**
2. **250701 Coulterville Vacancy 1**

Request Type: Committee Application
Request ID Number: 1225
Date Submitted: 1/15/2025
Date Closed: (open)
Date Printed: 1/16/2025 11:47:21 AM

Request Location:

RECEIVED
JAN 16 2025
BOARD OF SUPERVISORS

Submitter Information: Box 408

Priority: Normal
Assigned To: Unassigned

Phone: (none specified)
Email:

Date/Person	Comments
1/15/2025 4:30:02 PM (anonymous)	Your Request ID Number is 1225.

Name of Board, Commission or Committee for which you are applying
~~Agricultural Advisory Committee~~ coulterville planning Advisory Committee - sc
First Name magnum
Last Name godfrey
Supervisorial District in which you Reside 1
Length of your Residency in the county 45 yrs
Mailing Address
Email Address:
Preferred Contact Method Cell Phone
Are you Over 18 Years of Age Yes
Employment Status Yes
Employer's Name
Employer's Address
Day Telephone Number
Cell Phone Number
Please explain why you wish to serve on this Board/Commission/Committee
Give my help to my fellow neighbors
Please list prior/current appointments to other Boards/Commissions/Committees Coulterville planning
List any information regarding experience, training and/or education that you feel qualifies you for this position Homeowner, 45 yr resident
Do you, or any member of your immediate family, work for the County of Mariposa or hold a position that might conflict with your duties for this Board/Commission? No
If Yes, please explain
Please attach your Resume No file was uploaded
Please attach Supplemental questions, if any. No file was uploaded
Time(s) you have available to attend meetings (days, evening, etc.) Yes
Do you have transportation? Yes

PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.

By checking the "I agree" box below, you agree and acknowledge that:
1) your application will not be signed in the sense of a traditional paper document,
2) by signing in the alternate manner below, you authorize your electronic

signature to be valid and binding upon you to the same force and effect as a handwritten signature, and
3) you may still be required to provide a traditional signature at a later date.

(If you would prefer to fill out a paper form, please contact the Clerk of the Board's Office at (209) 966-3222.)
I agree

Mariposa County

Steve Engfer
Planning Director

5100 Bullion Street
P.O. Box 2039
Mariposa, CA 95338
209-966-5151 FAX 209-742-5024
sengfer@mariposacounty.org
www.mariposacounty.org

NOTICE OF VACANCY ON THE COULTERVILLE PLANNING ADVISORY COMMITTEE

One Vacancy exists on the Coulterville Planning Advisory Committee.

The Committee is an advisory group to the Mariposa County Planning Commission and the Board of Supervisors. They address issues that are important to the area and recommend policies for the Community.

The terms of these appointments are for two (2) years and expire on the last day of February.

Members must be employed, reside, or own property within the geographic boundaries of Coulterville.

Persons interested in serving on the Coulterville Planning Advisory Committee must submit an application to: **Danielle Bondshu, Clerk of the Board, PO Box 784, Mariposa, CA 95338. Applications mya be obtained at the following locations: Planning Department Offices Government Center 5100 Bullion Street**; Mariposa, CA 95338 and online at: http://www.mariposacounty.org/DocumentCenter/View/39657

For more information visit the County Website or contact the Mariposa County Planning Department Telephone: (209) 966-5151.

Posting Locations:
Mariposa County Planning Department
Mariposa Courthouse
Mariposa County Clerk
Mariposa County Library
Coulterville Post Office
www.mariposacounty.org/planning

RE-Posting Date: 7/1/25 Deadline for Submission: **Open Until Filled**

MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2025-294

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Jeremy Briese, Sheriff

RE: Approve Second Amendment with Guardian RFID Increasing the Amount by $26,672, for a New Amount Not to Exceed $60,000, for an Inmate Management, Monitoring and Tracking System; and Authorize the Board of Supervisors Chair to Sign the Amendment

---

RECOMMENDATION AND JUSTIFICATION

Approve Second Amendment with Guardian RFID Increasing the Amount by $26,672, for a New Amount Not to Exceed $60,000, for an Inmate Management, Monitoring and Tracking System; and Authorize the Board of Supervisors Chair to Sign the Amendment.

BACKGROUND AND HISTORY OF BOARD ACTIONS

The original agreement was approved May 24th, 2022, Resolution number 2022-315.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

If the agreement is not approved, the Sheriff's Office will be forced to find another vendor to provide this service, which could cause disruptions to the current inmate management, monitoring and tracking.

FINANCIAL IMPACT

None, these funds have been requested in the FY25 and FY26 budget.

ATTACHMENTS

1. 2nd Amendment Guardian 22-25

VOTE RESULT

RESULT:	**Adopted (UNANIMOUS)**
MOVER:	District II Supervisor Shannon Poe
SECONDER:	District IV Supervisor Jenni Kiser
AYES:	District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District V Supervisor Miles Menetrey, District I Supervisor Rosemarie Smallcombe

SECOND AMENDMENT TO AGREEMENT FOR INMATE MANAGEMENT, MONITORING AND TRACKING SYSTEM.

THIS SECOND AMENDMENT TO AGREEMENT FOR INMATE MANAGEMENT, MONITORING AND TRACKING SYSTEM is made and entered into this _____ day of _____2025, by and between the County of Mariposa, a political subdivision of the State of California, hereinafter referred to as "County," and Guardian RFID, hereinafter referred to as "Contractor."

WHEREAS, County and Contractor have heretofore entered into an Agreement dated July 13th, 2022, wherein Contractor agreed to provide inmate management, monitoring and tracking system; and

WHEREAS, County and Contractor desire to amend said Agreement to change the compensation to be provided to Contractor;

NOW THEREFORE, the parties hereto in consideration of the mutual covenants herein recited, hereby agree as follows:

1. Paragraph 1, "COMPENSATION," are hereby amended to provide that an additional $26,672.00 will be added to the original amount of $33,328.00, making the total compensation paid to Contractor the not to exceed amount of $60,000.00.

Except as herein amended, the Agreement dated July 13th, 2022, shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed on the date first above written.

COUNTY OF MARIPOSA

_____
Joe Lynch
County Administrative Officer

CONTRACTOR

_____
Mark Cowley, Director of Jail Ops

APPROVED AS TO FORM:

_____
Walter W. Wall
County Counsel

Form Revision Date: 02-26-24

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MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2025-187

MEETING:	May 20, 2025
TO:	The Board of Supervisors
FROM:	Jeremy Briese, Sheriff
RE:	Approve First Amendment with Guardian Radio Frequency Identification (RFID) Increasing the Amount by $2,692 for a New Amount Not to Exceed $33,328 for an Inmate Management, Monitoring and Tracking System; and Authorize the Board of Supervisors Chair to Sign the Amendment

RECOMMENDATION AND JUSTIFICATION

Approve First Amendment with Guardian Radio Frequency Identification (RFID) Increasing the Amount by $2,692 for a New Amount Not to Exceed $33,328 for an Inmate Management, Monitoring and Tracking System; and Authorize the Board of Supervisors Chair to Sign the Amendment.

BACKGROUND AND HISTORY OF BOARD ACTIONS

The original agreement was approved May 24, 2022, Resolution number 2022-315.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

If the agreement is not approved, the Sheriff's Office will be forced to find another vendor to provide this service which could cause issues with current inmate management, monitoring and tracking.

FINANCIAL IMPACT

None, these funds have been requested in the FY25 and FY26 budget.

ATTACHMENTS

1. **Amended GUARDIAN RFID 22-25**

VOTE RESULT

RESULT:	**Adopted (UNANIMOUS)**
MOVER:	District II Supervisor Shannon Poe
SECONDER:	District III Supervisor Danette Toso
AYES:	District I Supervisor Smallcombe, District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District V Supervisor Miles Menetrey

Initial SN

GUARDIAN RFID SYSTEM AGREEMENT ADDENDUM B AMENDMENT

THIS GUARDIAN RFID SYSTEM AGREEMENT ADDENDUM B AMENDMENT (the "Amendment") is entered into as of 07/13/2022 ("Effective Date") by and between Codex Corporation d/b/a GUARDIAN RFID, a Minnesota corporation ("GUARDIAN RFID"), having its principal place of business at 6900 Wedgwood Rd. N, Suite 325, Maple Grove, MN 55311 and the County of Mariposa, a body corporate and politic under the laws of the state of California ("Customer"), having its principal place of business at 5379 CA-49, Mariposa, California, 95338.

WHEREAS, GUARDIAN RFID provides a system comprised of software, hardware, support services, and a web-based software as a service platform to deliver a wide range of inmate management, monitoring, and tracking solutions (the "GUARDIAN RFID System").

WHEREAS, GUARDIAN RFID and the Customer previously entered into an agreement governing the implementation and use of the GUARDIAN RFID System (the "Agreement").

WHEREAS, the Customer desires to continue using the GUARDIAN RFID System along with replacing addendum B pursuant to this Amendment.

NOW THEREFORE, the parties agree as follows:

Addendum B is amended to reflect additional purchases and is to be replaced with the following terms on the following Addendum B:

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ADDENDUM B

FEE PAYMENT SCHEDULE

Fee Type*	Event Occurrence	Amount
Initial Term Fee **Date (07/01/2023)**	Go Live Anniversary	**$8,575.00**
Initial Term Year Two Date (07/01/2024)	First-year anniversary of the Go-Live Date (Unless the Agreement is terminated prior to renewal as set forth in the Agreement)	**$8,575.00**
Initial Term Year Three Date (07/01/2025)	Second-year anniversary of the Go-Live Date (Unless the Agreement is terminated prior to renewal as set forth in the Agreement)	**$8,575.00**
Modification Fee	[No such modification contemplated as of the Effective Date.]	**[N/A]**

* These amounts do not include any taxes.
** In accordance with Section 17b(ii), termination for convenience by the Customer before either of the Go-Live
Date or the first-year anniversary of the Go-Live Date will cause any remaining portions of the Initial Term Fee for Year One that have not already been paid by Customer to be accelerated and become immediately due and payable by Customer to GUARDIAN RFID, regardless of whether the events specified in this Addendum B have occurred.
*** The Renewal Fee represents the costs for renewing licenses to use the GUARDIAN RFID System for the Extended Term and will be increased if the Customer chooses to make additional purchases from GUARDIAN RFID of additional Hardware or licenses for GUARDIAN RFID Software, access and use of the GUARDIAN RFID OnDemand platform, or Third-Party Software. In such case, GUARDIAN RFID will provide the Customer with an updated Addendum B at the time of such additional purchases, which will automatically amend and replace this Addendum B.

Invoices will be sent from GUARDIAN RFID to the Customer based on the occurrence of certain events, as follows:

The remainder of the Agreement remains in full force and effect.

By signing below, GUARDIAN RFID and the Customer each agrees to the terms and conditions of this Amendment and acknowledges the existence of consideration.

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GUARDIAN RFID

By: _____

(signature of authorized representative)

Name: Daniel Quam
Title: Director of Jail Ops
Date: 07/13/2022

RECEIVING PARTY

By: DocuSigned by: Rosemarie Smallcombe EEE9F94B552140C...

(signature of authorized representative)

Name: Rosemarie Smallcombe
Title: Chair, Board of Supervisors
Date: _____

Approved as to form:

Signed by: Kevin Briggs 9882618ED675494...

Kevin Briggs, on behalf of Walter W. Wall
County Counsel

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GUARDIAN RFID
6900 Wedgwood RD N, STE 325
Maple Grove, MN 55311
320-333-3839
kathy.nichols@guardianrfid.com
https://guardianrfid.com

Invoice 11013

GUARDIAN RFID
WARRIOR TECHNOLOGY

BILL TO
Mariposa County Sheriffs Office (CA)
5379 CA-49
Mariposa, California 95338
United States

SHIP TO
Mariposa County Sheriffs Office (CA)
5379 CA-49
Mariposa, California 95338
United States

DATE	PLEASE PAY	DUE DATE
07/13/2024	$8,575.00	08/12/2024

ACTIVITY	QTY	RATE	AMOUNT
GUARDIAN System Renewal Fee GUARDIAN Yearly System Renewal Fee Go Live Date 7/13/2022 Covers fees from 7/13 of this year to 7/12 of next year	1	8,575.00	8,575.00

Thank you so much for your business. We greatly appreciate it.

TOTAL DUE $8,575.00

THANK YOU.

Accounts not paid within 30 days of the date of the invoice are subject to a 3% monthly finance charge.
Please remit payments within the 30 days.

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MARIPOSA COUNTY

Sheriff's Office · 209 966-3615

RESOLUTION - ACTION REQUESTED 2022-315

MEETING: May 24, 2022

TO: The Board of Supervisors

FROM: Jeremy Briese, Sheriff

RE: Agreement with Guardian RFID

RECOMMENDATION AND JUSTIFICATION:
Approve a Three Year Agreement with Guardian RFID for an Inmate Management, Monitoring and Tracking System; and Authorize the Board of Supervisors Chair to Sign the Agreement.

This agreements total is $30,636 broken up over a three year period. The first initial payment will be in an amount of $16,178. The cost for years two and three is $7,229 each.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board has approved agreements similar to this in the past.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
If the agreement is not approved, the Sheriff's Office will be forced to find another vendor to provide this service which could cause issues with current inmate management, monitoring and tracking.

FINANCIAL IMPACT:
Funding for this agreement has previsouly been requested in FY22

ATTACHMENTS:
GUARDIAN RFID System Agreement -(DOCX)

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Wayne Forsythe, District IV Supervisor
SECONDER: Marshall Long, District III Supervisor
AYES: Smallcombe, Sweeney, Long, Forsythe, Menetrey

REF ID# 12989

Docusign Envelope ID: D01A0911-D191-4FB0-BA67-480C428D460F

GUARDIAN RFID SYSTEM AGREEMENT – LEASED DEVICES

THIS GUARDIAN RFID SYSTEM AGREEMENT (the "Agreement") is entered into this 31st day of May, 2022,("Effective Date") by and between Codex Corporation d/b/a GUARDIAN RFID, a Minnesota corporation ("GUARDIAN RFID"), having its principal place of business at 6900 Wedgwood Rd. N, Suite 325, Maple Grove, MN 55311 and the County of Mariposa, a body corporate and politic under the laws of the state of California ("Customer"), having its principal place of business at 5379 CA-49, Mariposa, California, 95338.

WHEREAS, GUARDIAN RFID provides a system comprised of software, hardware, support services, and a web-based software as a service platform to deliver a wide range of inmate management, monitoring, and tracking solutions (the "GUARDIAN RFID System"), and the Customer desires to implement the GUARDIAN RFID System by licensing the software, leasing GUARDIAN RFID Mobile Devices and GUARDIAN RFID Mobile Device Accessories included within the definition of Hardware, purchasing the remaining portion of the Hardware, purchasing support services, and obtaining rights to use the web-based software as a service platform.

NOW THEREFORE, the parties agree as follows:

1. DEFINITIONS

(a)"Acceptance Criteria" has the meaning provided in Section 9(c)(i).

(b)"Additional Modules" means modules that offer additional features to the GUARDIAN RFID and which may be purchased by the Customer either at the time of the original implementation of the GUARDIAN RFID System or during the Term of the Agreement. The list of Additional Modules available as of the Effective Date is included in Addendum A; however, new Additional Modules may become available during the Term of the Agreement as GUARDIAN RFID develops new products.

(c)"Agreement" has the meaning provided in the recitals.

(d)"Authorized Customer Personnel" means any Customer Personnel who need to use the GUARDIAN RFID System in the performance of their duties or collaboration with the Customer, who have agreed to abide by the terms of this Agreement and who have agreed in writing to be bound by the terms of the Confidentiality provisions of this Agreement in Section 15, either by means of an agreement directly with GUARDIAN RFID or pursuant to an agreement with the Customer which restricts the use of the Confidential or Proprietary Information received as an employee, partner, member, owner, or affiliate of the Customer. In no case will the term "Authorized Customer Personnel" include any competitor of GUARDIAN RFID.

(e)"Authorized GUARDIAN RFID Personnel" means GUARDIAN RFID Personnel who provide services to the Customer under the terms of this Agreement.

(f)"Complete End User Training" has the meaning provided in Section 7(b)(i).

(g)"Confidential or Proprietary Information" means any information or data disclosed by either GUARDIAN RFID or the Customer to the other party, including, but not limited to, the terms of this Agreement, negotiations and discussions relating to this Agreement, and any of the following which relate directly or indirectly to the Disclosing Party's products, services, or business:

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(i) technology, ideas, concepts, drawings, designs, inventions, discoveries, improvements, patents, patent applications, specifications, trade secrets, prototypes, processes, notes, memoranda, and reports; or

(ii) visual representations concerning the Disclosing Party's past, present or future research, technology, know-how, and concepts; or

(iii) computer programs, software code, written documentation, products, information concerning vendors, members, customers, prospective customers, employees and prospective employees, market research, sales and marketing plans, distribution arrangements, financial statements, financial information, financing strategies and opportunities, and business plans.

In addition, the term "Confidential or Proprietary Information" shall include any information disclosed pursuant to any confidentiality or nondisclosure agreement entered by the parties in contemplation of entering the business relationship evidenced by this Agreement.

(h)"Correction Notice" has the meaning provided in Section 9(c)(ii).

(i)"Correction Testing Period" has the meaning provided in Section 9(c)(iii).

(j)"Customer" has the meaning provided in the recitals.

(k)"Customer Indemnified Claim" has the meaning provided in Section 17(a).

(l)"Customer Indemnified Parties" has the meaning provided in Section 17(a).

(m)"Customer Information" means all Confidential or Proprietary Information disclosed by the Customer to GUARDIAN RFID in connection with, in contemplation of entering, or under this Agreement.

(n)"Customer Personnel" means any officers, employees, partners, members, owners, agents, or affiliates of the Customer (including any third party to whom the Customer has outsourced all or part of its operations).

(o)"Customer Project Manager" means the person authorized by the Customer to serve as the primary point of contact for project management with GUARDIAN RFID as specified in Section 14(b).

(p)"Customer's Third-Party Hardware" means any hardware, equipment, and other tangible items used by the Customer that is not specified to be provided by GUARDIAN RFID under the terms of this Agreement, including, but not limited to, networking equipment (including Wi-Fi), workstations, servers for third-party systems, mobile workstations, and laptops.

(q)"Customer's Third-Party Software" means any software that is not specified to be provided by GUARDIAN RFID under the terms of this Agreement, including, but not limited to, operating systems, Internet browsers, plug-ins, content-viewing applications, software frameworks for downloaded content, productivity software, and enterprise software (including, but not limited to, jail, records, offender, medication, prescription, and case management systems).

(r)"Defended by GUARDIAN RFID™ Seal" has the meaning provided in Section 14(o).

(s)"Disclosing Party" means a party to this Agreement that discloses its Confidential or Proprietary Information to the other party to this Agreement.

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(t)"Documentation" means all documentation and other materials (including manuals, instructions, training materials, specifications, advertising brochures, promotional materials, flow charts, logic diagrams, and other support materials) relating to the operation and functionality of the GUARDIAN RFID Software and GUARDIAN RFID OnDemand.

(u)"Effective Date" has the meaning provided in the recitals.

(v)"Extended Term" has the meaning provided in Section 18(a).

(w)"Extended Term Replacement Period" has the meaning provided in Section 8(e)(ii).

(x)"Force Majeure Event" means an occurrence beyond the reasonable control of the party affected, including acts of governmental authorities, acts of God, material shortages, wars, riots, rebellions, sabotage, fire, explosions, accidents, floods, strikes or lockouts of third parties, widespread illness or pandemics, or electrical, internet, or telecommunication outage that is not caused by the obligated party.

(y)"Go-Live" or "Goes-Live" means the use of the GUARDIAN RFID System as a live, non-test-bed system, which can be exhibited by events such as the completion of the first real-world log entry (e.g., cell check, offender movement, etc.) or a similar event or inmate activity dealing with real-world use.

(z)"Go-Live Date" means the latest to occur of (i) the date of the Installation Notice, or (ii) if any, the date of the last Subsequent Installation Notice. For clarity, the official Go-Live Date will be identified in the first invoice sent by GUARDIAN RFID to the Customer after the GUARDIAN RFID System Goes-Live.

(aa)"Go-Live Support" has the meaning provided in Section 7(b)(ii).

(bb)"GUARDIAN RFID" has the meaning provided in the recitals.

(cc)"GUARDIAN RFID Indemnified Claim" has the meaning provided in Section 17(b).

(dd)"GUARDIAN RFID Indemnified Parties" has the meaning provided in Section 17(b).

(ee)"GUARDIAN RFID Information" means Confidential or Proprietary Information disclosed by GUARDIAN RFID to the Customer in connection with, in contemplation of entering, or under this Agreement, including, but not limited to, all Documentation.

(ff)"GUARDIAN RFID Mobile Device" has the meaning in the quote provided in Addendum A.

(gg)"GUARDIAN RFID Mobile Device Accessories" means the batteries, hand straps and pins, protective bumpers, battery covers, and other similar peripherals for the GUARDIAN RFID Mobile Device, except that the term expressly excludes the GUARDIAN RFID Mobile Device Charging Station.

(hh)"GUARDIAN RFID Mobile Device Charging Station" means the charging cradle and cradle power adapter for the GUARDIAN RFID Mobile Device.

(ii)"GUARDIAN RFID OnDemand" means the web-based software as a service platform provided by GUARDIAN RFID to the Customer that is used by the Customer to access the server database that hosts the information collected by the GUARDIAN RFID System, and is identified as "Platform" under the "Product Family" column of the quote provided in Addendum A.

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(jj)"GUARDIAN RFID Personnel" means any officers, employees, partners, members, owners, agents, or affiliates of GUARDIAN RFID.

(kk)"GUARDIAN RFID Project Manager" means the person authorized by GUARDIAN RFID to serve as the primary point of contact for project management with the Customer as specified in Section 6(a).

(ll)"GUARDIAN RFID Software" means the computer programs in object code form and any Updates, enhancements, modifications, revisions, additions, replacements, or conversions thereof owned by GUARDIAN RFID, and either identified as "Software" under the "Product Family" column of the quote provided in Addendum A, installed to enable use of GUARDIAN RFID OnDemand, or subsequently licensed to the Customer. GUARDIAN RFID Software specifically excludes any Third-Party Software and the Customer's Third-Party Software.

(mm)"GUARDIAN RFID Software Materials" means the GUARDIAN RFID Software, the media containing the GUARDIAN RFID Software and the Documentation.

(nn)"GUARDIAN RFID System" has the meaning provided in the recitals, and includes the GUARDIAN RFID Software licensed, the GUARDIAN RFID OnDemand platform licensed for access and use, Hardware sold or leased, Third-Party Software used, and services provided by GUARDIAN RFID to the Customer under this Agreement.

(oo)"GUARDIAN RFID Trainers" has the meaning provided in Section 7(b).

(pp)"Hardware" means all hardware, equipment, and other tangible items supplied to the Customer by GUARDIAN RFID under this Agreement and identified as "Hardware" under the "Product Family" column of the quote provided in Addendum A. Hardware specifically excludes the Customers' Third-Party Hardware.

(qq)"Initial Term" has the meaning provided in Section 18(a).

(rr)"Initial Term Fee" means the sum of the Initial Term Fee for Year One and the fee amounts listed in Addendum B for (i) Initial Term Fee for Year Two and (ii) Initial Term Fee for Year Three.

(ss)"Initial Term Fee for Year One" means the sum of the fee amounts listed in Addendum B for (i) Contract Execution, (ii) Access to GUARDIAN RFID OnDemand prior to the Go-Live Date, (iii) Delivery of Hardware, and (iv) Go-Live Date.

(tt)"Initial Term Replacement Period" has the meaning provided in Section 8(e)(ii).

(uu)"Initial Training" has the meaning provided in Section 7(b).

(vv)"Inmate Data" has the meaning provided in Section 11(d).

(ww)"Installation Notice" has the meaning provided in Section 9(c)(i).

(xx)"Kick-Off Meeting" has the meaning provided in Section 6(b).

(yy)"Leased Hardware" means all Hardware leased to the Customer by GUARDIAN RFID under this Agreement, and is identified as "Leased Hardware" in Addendum A, except that such term will not include any GUARDIAN RFID Mobile Device Accessories.

(zz)"Notice of Non-Conformity" has the meaning provided in Section 13(a)(ii).

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(aaa)"Pre-Training Meeting" has the meaning provided in Section 7(a).

(bbb)"Receiving Party" means the party to this Agreement that receives Confidential or Proprietary Information from the other party to this Agreement.

(ccc)"Receiving Party Personnel" means any employees, partners, members, owners, or affiliates of the Receiving Party.

(ddd)"Refresher Training" has the meaning provided in Section 7(c).

(eee)"Renewal Fee" means the sum of the fee amounts listed in Addendum B for (i) Renewal Fee for Extended Term Year One, (ii) Renewal Fee for Extended Term Year Two, and (iii) Renewal Fee for Extended Term Year Three.

(fff)"Service Level Agreement" means the agreement set forth in Addendum C.

(ggg)"Statement of Work" means the expectations, if any, provided in Addendum D.

(hhh)"Subsequent Installation Notice" has the meaning provided in Section 9(c)(iii).

(iii)"System Administrator" means any person authorized by the Customer to serve as the primary point of contact for systems administration between the Customer and GUARDIAN RFID as specified in Section 14(c).

(jjj)"Term" means the period beginning on the Effective Date and ending on the earliest to occur of (i) the expiration of the Initial Term plus the Extended Term pursuant to Sections 18(a) and 18(b), or (ii) a termination of this Agreement pursuant to Sections 18(b), 18(c), or 18(d).

(kkk)"Testing Period" has the meaning provided in Section 9(c)(i).

(lll)"Third-Party Software" means any software to be supplied by GUARDIAN RFID under this Agreement that is purchased or licensed from any source external to GUARDIAN RFID for use with or integration into the GUARDIAN RFID System. Third-Party Software specifically does not include the Customer's Third-Party Software.

(mmm)"Update" means any revision, enhancement, update, correction, security device, limiting device, or other modification of the GUARDIAN RFID Software (other than an Upgrade) that GUARDIAN RFID releases or provides after the Effective Date. Such term specifically excludes Upgrades.

(nnn)"Upgrade" means any commercially released version of the GUARDIAN RFID Software that GUARDIAN RFID releases after the Effective Date which adds new or changed functionalities or features to the GUARDIAN RFID Software or allows the GUARDIAN RFID Software to be compatible with another operating system, and new or enhanced products, modules, components, or applications offered by GUARDIAN RFID subsequent to the Effective Date that have a functionality similar to the GUARDIAN RFID Software.

2. LICENSE OF GUARDIAN RFID SOFTWARE MATERIALS

(a)License Grant. GUARDIAN RFID hereby grants to the Customer a limited, non-exclusive, terminable, non-transferable license to the GUARDIAN RFID Software Materials, including any Additional Modules selected as indicated in Addendum A and any Updates provided pursuant to Section 8(a), allowing the Customer and its Authorized Customer Personnel to use solely for the

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Customer's own business purposes as part of the GUARDIAN RFID System during the Term of this Agreement, in the license amounts set forth in the "Quantity" column of the quote provided in Addendum A. The type of license granted—agency or per device—is described in the "Product" column of the quote provided in Addendum A. Agency licenses grant access to an unlimited number of Authorized Customer Personnel. Per device licenses grant one license per corresponding device purchased. The license granted does not grant the Customer the right to use the GUARDIAN RFID Software Materials except as set forth in this Agreement and does not grant to the Customer any ownership, title, or interest in the GUARDIAN RFID Software Materials, other than as specifically set forth in this Agreement.

(b)Copies. The Customer may reproduce as many copies of the Documentation as the Customer reasonably deems appropriate to support its use of the GUARDIAN RFID System. The Customer must reproduce all confidentiality, proprietary, copyright, and similar notices and disclaimers on any copies made pursuant to this Section.

(c)Restrictions on Usage. The Customer will not decompile, or create by reverse engineering or otherwise, the source codes from the object code for the GUARDIAN RFID Software provided under this Agreement, adapt the GUARDIAN RFID Software in any way, or use it to create a derivative work. GUARDIAN RFID will not be responsible in any way for performance of the GUARDIAN RFID Software if the GUARDIAN RFID has been modified, except as modified by GUARDIAN RFID.

3. SALE AND LEASE OF HARDWARE

(a)Sale of Hardware. Subject to the terms of this Agreement, GUARDIAN RFID will sell, assign, convey, transfer, and deliver to the Customer, and the Customer will purchase, receive, and accept from GUARDIAN RFID, all right, title, and interest in and to the Hardware (other than Leased Hardware).

(b)Lease of Hardware. Subject to the terms of this Agreement, during the Term GUARDIAN RFID will lease to the Customer, and the Customer will lease from GUARDIAN RFID, the Leased Hardware. If this Agreement is extended for the Extended Term pursuant to Section 18(a), then at the beginning of the Extended Term GUARDIAN RFID will replace the Leased Hardware that was leased at the beginning of the Term with new Leased Hardware.

4. USE OF THIRD-PARTY SOFTWARE

(a)Third-Party Software. Subject to the terms of this Agreement, GUARDIAN RFID will install or otherwise allow the Customer to use the Third-Party Software as part of the GUARDIAN RFID System. The Customer's use of the Third-Party Software is subject to any terms and conditions set forth by the owner of the Third-Party Software.

(b)Restrictions on Usage. The Customer will not decompile, or create by reverse engineering or otherwise, the source codes from the object code for any Third-Party Software provided under this Agreement, adapt the Third-Party Software in any way, or use it to create a derivative work.

5. GUARDIAN RFID ONDEMAND

(a)Grant of Access. GUARDIAN RFID hereby grants to the Customer a limited, non-exclusive, terminable, non-transferable license to access and use GUARDIAN RFID OnDemand, including in connection with any Additional Modules selected as indicated in Addendum A, solely for the Customer's own business purposes as part of the GUARDIAN RFID System during the Term of this Agreement. The license granted does not grant the Customer the right to use GUARDIAN RFID OnDemand except as set forth in this Agreement and does not grant to the Customer any

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ownership, title, or interest in GUARDIAN RFID OnDemand, other than as specifically set forth in this Agreement. GUARDIAN RFID OnDemand will interact with the Customer's existing jail management system to automatically share inmate demographic and housing assignment data. The Customer is being granted access to GUARDIAN RFID OnDemand for an unlimited number of Authorized Customer Personnel. The System Administrator will be responsible for providing and removing access to GUARDIAN RFID OnDemand for Authorized Customer Personnel.

(b) Restrictions on Usage.

(i) GUARDIAN RFID reserves the right, in its sole discretion, to limit the Customer's and any Authorized Customer Personnel's use of GUARDIAN RFID OnDemand if GUARDIAN RFID determines that the Customer's or any Authorized Customer Personnel's use is inconsistent with this Agreement.

(ii) The Customer and any Authorized Customer Personnel may not use GUARDIAN RFID OnDemand for any purpose that is unlawful or that is prohibited by the terms of this Agreement. The Customer and any Authorized Customer Personnel may not attempt to gain unauthorized access to any part of GUARDIAN RFID OnDemand, other accounts, computer systems, or networks connected to any part of GUARDIAN RFID OnDemand through hacking, password mining, or any other means, or obtain or attempt to obtain any materials or information through any means not intentionally made available through GUARDIAN RFID OnDemand.

(iii) The Customer will not (A) copy, reproduce, alter, modify, transmit, perform, create derivative works of, publish, sub-license, distribute, or circulate GUARDIAN RFID OnDemand; (B) disassemble, decompile, or reverse engineer the software used to provide GUARDIAN RFID OnDemand, or copy or catalog any materials or information made available through GUARDIAN RFID OnDemand other than as permitted under this Agreement; or (C) take any actions, whether intentional or unintentional, that may circumvent, disable, damage, or impair GUARDIAN RFID OnDemand's control or security systems, or allow or assist a third party to do so.

(iv) The Customer will not, and will not allow any party other than GUARDIAN RFID to, perform "write" operations directly to or on the GUARDIAN RFID OnDemand server or database, such as by using an open database connectivity driver, without the prior written consent of GUARDIAN RFID.

6. PROJECT MANAGEMENT

(a) GUARDIAN RFID Project Manager. The GUARDIAN RFID project manager is Courtney Ganley ("GUARDIAN RFID Project Manager"). The GUARDIAN RFID Project Manager works with the Customer as the single point of contact for implementation of the GUARDIAN RFID System.

(b) GUARDIAN RFID System Configuration. After the Effective Date, the Authorized GUARDIAN RFID Personnel, under the direction of the GUARDIAN RFID Project Manager, will meet with Authorized Customer Personnel chosen by the Customer via online meeting in order to understand the Customer's operational needs and business rules (the "Kick-Off Meeting"). The Authorized Customer Personnel will inform the Authorized GUARDIAN RFID Personnel about the Customer's daily operations. The Authorized GUARDIAN RFID Personnel will use that information to identify how the GUARDIAN RFID System would best be configured to match and enhance the Customer's workflows. The Authorized GUARDIAN RFID Personnel will inform each System Administrator on configuration options, including user-definable tools, establishing and removing users, and setting user privileges. If the Customer desires that the Kick-Off Meeting be

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conducted at the Customer's premises, the parties will negotiate in good faith to mutually agree upon a price.

(c) Implementation and Status Meetings. The GUARDIAN RFID Project Manager will develop and manage the implementation schedule and coordinate with the Customer Project Manager to keep the implementation of the GUARDIAN RFID System on track and on schedule. The GUARDIAN RFID Project Manager will conduct status meetings, as needed or as requested by the Customer, to provide the Customer with status reports.

7. TRAINING

(a) Pre-Training Meeting. A pre-training meeting will be completed prior to the Complete End-User Training and Go-Live Support (the "Pre-Training Meeting"). The Pre-Training Meeting attendees should include the Customer Project Manager, each Systems Administrator, any Authorized Customer Personnel chosen by the Customer, the GUARDIAN RFID Project Manager, and Authorized GUARDIAN RFID Personnel chosen by GUARDIAN RFID. Attendees of the Pre-Training Meeting will review the Customer's use of the GUARDIAN RFID System and discuss all policy and procedure considerations. Additionally, Authorized GUARDIAN RFID Personnel will review frequently asked questions about the GUARDIAN RFID System. Information gathered during the Pre-Training Meeting will be used to customize the Complete End-User Training. The Authorized GUARDIAN RFID Personnel will include certified training instructors who will be available to answer questions asked by the Customer relating to the GUARDIAN RFID System.

(b) Initial Training. Over the course of no more than 2 consecutive days, Authorized GUARDIAN RFID Personnel who are certified training instructors (the "GUARDIAN RFID Trainers") will conduct Complete End-User Training and Go-Live Support (the "Initial Training") as follows:

(i) Complete End-User Training. The GUARDIAN RFID Trainers will provide training to Authorized Customer Personnel that is focused on building proficiency and confidence using the GUARDIAN RFID System (the "Complete End-User Training"), including using the GUARDIAN RFID Software and GUARDIAN RFID OnDemand, logging a wide range of inmate activities, and assembling RFID wristbands. The Complete End-User Training will be conducted over up to 1 of the Initial Training days, with a maximum of two (2) classes per day (for a total of up to 2 classes). Each class will have a duration of approximately four (4) hours.

(ii) Go-Live Support. For 1 of the Initial Training days, which includes a maximum of eight (8) hours per day, the GUARDIAN RFID Trainers will be on the Customer's premises to provide support to the Authorized Customer Personnel by answering on-the-job questions that arise and reinforcing skills covered during the Complete End-User Training (the "Go-Live Support").

(c) Refresher Training. After the Go-Live Date, live online classes to introduce additional Authorized Customer Personnel to the GUARDIAN RFID System or refresh existing Authorized Customer Personnel on best practices in using the GUARDIAN RFID System (the "Refresher Training") are available at no additional charge. If the Customer wants Refresher Training to be conducted at the Customer's premises, the Customer may purchase on-premises Refresher Training at the then-current list pricing.

8. MAINTENANCE, SUPPORT, AND SERVICE LEVELS

(a) GUARDIAN RFID Software Updates. GUARDIAN RFID will make available to the Customer all Updates. Those Updates will be provided at no additional charge to the Customer, remain the property of GUARDIAN RFID, and will be licensed to the Customer as part of the GUARDIAN RFID Software under this Agreement. Updates will be provided on an as-available basis and,

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subject to Section 14(i), will be installed remotely by GUARDIAN RFID at a time chosen by GUARDIAN RFID, provided that GUARDIAN RFID has communicated that time via email or telephone call to an appropriate Customer contact at least twenty-four (24) hours prior to such Update installation date. The obligation of GUARDIAN RFID to provide Updates pursuant to this Section shall not extend to Upgrades, which the Customer may purchase by executing an amendment to this Agreement pursuant to Section 22(b).

(b) GUARDIAN RFID OnDemand Hosting and Maintenance. GUARDIAN RFID will maintain the servers necessary to host GUARDIAN RFID OnDemand, allow the GUARDIAN RFID Software to interact with GUARDIAN RFID OnDemand, and store data under this Agreement.

(c) Telephone and Email Support. GUARDIAN RFID will provide telephone and email support, available Monday-Friday during the hours of 8 a.m. to 5 p.m. Central time, excluding federal holidays, for the GUARDIAN RFID Software licensed under this Agreement and GUARDIAN RFID OnDemand and will maintain a support center database to track any reported issues. For weekends and federal holidays, GUARDIAN RFID will provide a contact number in the event of an emergency. Provided that Updates to the GUARDIAN RFID Software have been made available to the Customer, no support will be provided for any earlier version of GUARDIAN RFID Software if more than thirty (30) days have elapsed since GUARDIAN RFID provided the Customer with an end of life notice for that earlier version of the GUARDIAN RFID Software. In addition, the technical support for GUARDIAN RFID OnDemand does not include support for the Customer's jail management system unrelated to GUARDIAN RFID OnDemand, such as any of the Customer's Third-Party Software. The telephone and email support provided under this Section does not include custom programming services or training.

(d) Service Levels. The expectations for GUARDIAN RFID OnDemand availability, recovery services, and incident response are as set forth in the Service Level Agreement in Addendum C.

(e) Maintenance, Repair, and Replacement of Leased Hardware.

(i) Maintenance, Repair, and Replacement. GUARDIAN RFID will provide required maintenance and, if necessary, repair or replace any Leased Hardware at no additional charge to the Customer. GUARDIAN RFID will be solely responsible for processing and managing all requests for maintenance, repair, or replacement of Leased Hardware during the Term of this Agreement. The Customer will contact GUARDIAN RFID in accordance with Section 8(c) for all issues related to the Leased Hardware. After receiving a request related to Leased Hardware, GUARDIAN RFID will provide instructions to the Customer to follow for facilitating maintenance or, if necessary, a repair or replacement. Maintenance, repairs, and replacements of Leased Hardware may take up to twenty (20) business days from the date of the request is received by GUARDIAN RFID until the product is returned to the Customer.

(ii) Maximum Number of Replacements. During the Initial Term, each Leased Hardware item is subject to a maximum number of replacements (the "Initial Term Replacement Period"). If the Agreement renews for an Extended Term, the maximum number of replacements for any new Leased Hardware items provided in connection with such Extended Term will apply during the three-year period starting on the first day after the end of the Initial Term (the "Extended Term Replacement Period"). The maximum number of replacements for each Leased Hardware item during its respective warranty period will be as set forth in the quote provided in Addendum A.

(iii) Exclusions. GUARDIAN RFID's maintenance, repair and replacement obligations do not apply to, and the Customer will be responsible for any expenses for, repair, replacement or maintenance of Leased Hardware that are necessitated by any one or a combination of the following:

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(A) damage resulting from misuse, abuse, fire, liquid contact, or alterations by the Customer or any Customer Personnel; or

(B) corrective work necessitated by repairs made by anyone other than a GUARDIAN RFID authorized service technician or without GUARDIAN RFID's prior written consent.

(iv) Costs and Shipping and Handling. All costs associated with maintaining, repairing, or replacing the Leased Devices will be assumed by GUARDIAN RFID, except that shipping and handling fees will be paid by the Customer.

(f)Duration. GUARDIAN RFID will provide the support, repair, and replacements described in this Section 8 until this Agreement expires or is terminated.

9. DELIVERY AND ACCEPTANCE

(a)Delivery of Software to the Customer. GUARDIAN RFID will deliver the GUARDIAN RFID Software Materials to the Customer, either physically or electronically, and install them for the Customer at a mutually agreeable time in the project timeline. In addition, GUARDIAN RFID will install any Third-Party Software on the Hardware for use as part of the GUARDIAN RFID System at a mutually agreeable time in the project timeline.

(b)Delivery of Hardware to the Customer. GUARDIAN RFID will ship the Hardware to the Customer's facility at a mutually agreeable time in the project timeline. Any Hardware shipped will be via commercial carrier chosen by GUARDIAN RFID FOB destination, with the price included in the "Total Price" column of the quote provided in Addendum A.

(c)GUARDIAN RFID System Acceptance.

(i) After GUARDIAN RFID provides notice to the Customer that the GUARDIAN RFID System has been successfully installed, which may be conveyed via email (the "Installation Notice"), the Customer will have thirty (30) days to test the GUARDIAN RFID System (the "Testing Period") to determine whether the GUARDIAN RFID Software operates in accordance with the Documentation (including the expectations, if any, set forth in the Statement of Work provided in Addendum D), that GUARDIAN RFID OnDemand is accessible and that all Hardware has been delivered (the "Acceptance Criteria").

(ii) If, in the Customer's reasonable determination, the GUARDIAN RFID System does not satisfy the Acceptance Criteria, the Customer will give notice to GUARDIAN RFID, which may be conveyed via email, prior to the end of the Testing Period specifying with reasonable particularity the reason the GUARDIAN RFID System does not satisfy the Acceptance Criteria (a "Correction Notice").

(iii) GUARDIAN RFID will use reasonable efforts to correct any items specified in a Correction Notice and will provide notice to the Customer, which may be conveyed via email, when the Correction Notice has been addressed in a way that satisfies the Acceptance Criteria (a "Subsequent Installation Notice"). The Customer will have ten (10) days to test the GUARDIAN RFID System to determine whether it meets the Acceptance Criteria (a "Correction Testing Period"). If, in the Customer's reasonable determination, the GUARDIAN RFID System still does not satisfy the Acceptance Criteria, the Customer will provide another Correction Notice to GUARDIAN RFID, which may be conveyed via email, prior to the end of the Correction Testing Period. GUARDIAN RFID will continue to use reasonable efforts to correct any items specified in any Correction Notice and send Subsequent Installation Notices to the Customer, which may be conveyed via email, until the GUARDIAN RFID System meets the Acceptance Criteria, which will be deemed to occur when a Correction

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Testing Period expires without receipt of a Correction Notice from the Customer. If, in the Customer's reasonable determination, the GUARDIAN RFID System does not satisfy the Acceptance Criteria within sixty (60) days of the first Correction Notice, then the Customer may, with notice to GUARDIAN RFID, deem the first Correction Notice to be a Notice of Non-Conformity which cannot be corrected for purposes of Section 13(a)(ii).

10. FEES AND PAYMENT TERMS

(a)Fees. The Customer will pay GUARDIAN RFID the fees in the amounts specified in Addendum B.

(b)Payment Terms. GUARDIAN RFID will invoice the Customer for amounts due under this Agreement after the occurrence of the applicable events specified in Addendum B and after the occurrence of any other events specified in this Agreement which require a payment from Customer to GUARDIAN RFID. The Customer will pay any invoice received from GUARDIAN RFID within thirty (30) days after the date of that invoice. If the Customer fails to pay an amount due within thirty (30) days after the applicable invoice date, the Customer will pay late charges of one and one half percent (1.5%) or the highest amount allowed by law, whichever is lower, per month on such balance, together with all of GUARDIAN RFID's expenses, collection costs, and reasonable attorneys' fees incurred in collecting amounts due under this Agreement.

(c)Taxes. Unless the Customer and/or the transaction is exempt from the following taxes as a governmental entity, the Customer will pay or reimburse GUARDIAN RFID for sales and use taxes, where applicable, and any other governmental charges levied, imposed, or assessed on the use of the GUARDIAN RFID System or on this Agreement, excluding, however, ordinary personal property taxes assessed against or payable by GUARDIAN RFID, taxes based upon GUARDIAN RFID's net income, and GUARDIAN RFID's corporate franchise taxes. GUARDIAN RFID will furnish to the Customer invoices showing separately itemized amounts due under this Section.

(d)Additional Purchases. From time to time, additional Hardware (e.g., wristbands, RFID wall readers, GUARDIAN RFID Mobile Devices, GUARDIAN RFID Mobile Device Accessories, etc.) may need to be purchased or leased by the Customer in order to continue using the GUARDIAN RFID System. In addition, the Customer may choose to purchase Additional Modules. The purchases of some Hardware (e.g., GUARDIAN RFID Mobile Devices, etc.) and Additional Modules and the lease of additional Leased Hardware may require the purchase of additional licenses for GUARDIAN RFID Software and Third-Party Software. In the event of additional purchases of Hardware, Additional Modules, and any corresponding licenses and additional leases of Leased Hardware, the Customer shall acquire such additional Hardware, Additional Modules, Leased Hardware, and licenses directly from GUARDIAN RFID, and GUARDIAN RFID will invoice the Customer for amounts due for such additional Hardware, Additional Modules, Leased Hardware, and corresponding licenses. The Customer will be responsible for paying amounts related to the purchases of additional Hardware, Additional Modules and corresponding licenses, and additional leases of Leased Hardware, in accordance with the provisions of Section 10 of this Agreement. The additional purchases and leases will be governed by the provisions of this Agreement and may also cause an increase in the Renewal Fee provided in Addendum B. In such case, GUARDIAN RFID will provide the Customer with an updated Addendum B at the time of such additional purchases and leases, which will automatically amend and replace Addendum B.

(e)Change in Configuration of the Customer's Third-Party Software or the Customer's Third-Party Hardware. In the event that the Customer chooses to change the configuration of any of the Customer's Third-Party Software or the Customer's Third-Party Hardware as such configuration existed as of the Effective Date (including, but not limited to, adding, removing, or modifying any Customer's Third-Party Software or Customer's Third-Party Hardware), and such changed configuration requires modifications to the GUARDIAN RFID System for the GUARDIAN RFID

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System to function with the changed configuration, the Customer will pay GUARDIAN RFID to perform the work needed to enable the GUARDIAN RFID System to function with the changed configuration. The amount paid by the Customer to GUARDIAN RFID will be as reasonably agreed to by the parties in writing prior to the Customer changing the configuration of any of the Customer's Third-Party Software or the Customer's Third-Party Hardware.

11. INTELLECTUAL PROPERTY RIGHTS

(a) GUARDIAN RFID Intellectual Property.

(i) Except for the rights expressly granted to the Customer under this Agreement, GUARDIAN RFID will retain all right, title, and interest in and to the GUARDIAN RFID Software Materials and GUARDIAN RFID OnDemand, including all worldwide technology and intellectual property and proprietary rights.

(ii) With the exception of the Hardware purchased pursuant to this Agreement, GUARDIAN RFID retains title to any other deliverables under this Agreement, including, but not limited to, all copies and audiovisual aspects of the deliverables and all rights to patents, copyrights, trademarks, trade secrets, and other intellectual property rights in the deliverables.

(iii) Any and all trademarks and trade names which GUARDIAN RFID uses in connection with this Agreement are and shall remain the exclusive property of GUARDIAN RFID. Nothing in this Agreement will be deemed to give the Customer any right, title, or interest in any trademark or trade name of GUARDIAN RFID.

(iv) All right, title, and interest in all derivative works, enhancements, and other improvements to the GUARDIAN RFID Software Materials, GUARDIAN RFID OnDemand, and other GUARDIAN RFID intellectual property and all processes relating thereto, whether or not patentable, and any patent applications or patents based thereon, made or conceived during, and a result of, this Agreement shall be owned solely by GUARDIAN RFID. For the avoidance of doubt, GUARDIAN RFID will have all right, title, and interest in any modifications made to the GUARDIAN RFID Software Materials, GUARDIAN RFID OnDemand, and other GUARDIAN RFID intellectual property to allow GUARDIAN RFID intellectual property to function with Customer's intellectual property and Customer's Third-Party Software. The Customer will, at GUARDIAN RFID's request, cooperate with and assist GUARDIAN RFID in obtaining intellectual property for any derivative works, enhancements, or other improvements covered by this paragraph.

(v) GUARDIAN RFID expressly reserves any rights not expressly granted to the Customer by this Agreement.

(vi) The Customer shall not remove, efface, or obscure any confidentiality, proprietary, copyright, or similar notices or disclaimers from any GUARDIAN RFID Software Materials, GUARDIAN RFID OnDemand, or any materials provided under this Agreement.

(b) GUARDIAN RFID Information. GUARDIAN RFID retains ownership of all GUARDIAN RFID Information.

(c) Customer Information. The Customer retains ownership of all Customer Information.

(d) Inmate Data. The Customer owns any inmate management, monitoring, and tracking data collected as part of the GUARDIAN RFID System ("Inmate Data"). Prior to the expiration or termination of this Agreement, the Customer may access the Inmate Data by either running a report on GUARDIAN RFID OnDemand and exporting the Inmate Data, or requesting that

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GUARDIAN RFID run a report, at no additional expense to the Customer, and send the Customer the Inmate Data. Unless otherwise directed by the Customer, GUARDIAN RFID will maintain a copy of the Inmate Data for up to one (1) year after expiration or termination of this Agreement. Upon request of the Customer made within one (1) year after the expiration or termination of this Agreement, GUARDIAN RFID will run a report and send the Customer the Inmate Data in spreadsheet form.

12. REPRESENTATIONS OF GUARDIAN RFID

(a)No Infringement. GUARDIAN RFID represents to the Customer that:

(i) GUARDIAN RFID owns or otherwise has rights in the GUARDIAN RFID Software Materials and has the full legal right to license the GUARDIAN RFID Software Materials in accordance with this Agreement; and

(ii) GUARDIAN RFID has no actual knowledge that the GUARDIAN RFID Software Materials infringe or misappropriate any patent, trademark, copyright, or any trade secret or proprietary right of any person or entity.

(b)Condition of Purchased Hardware. GUARDIAN RFID represents to the Customer that, at the time of delivery, the Hardware purchased by the Customer pursuant to this Agreement will be new and unused and that the Customer will acquire good and clear title to such Hardware, free and clear of all liens and encumbrances.

(c)Condition of Leased Hardware. GUARDIAN RFID represents to the Customer that, at the time of delivery, the Leased Hardware will be new and unused and that GUARDIAN RFID has the right to lease the Leased Hardware to the Customer on the terms set forth in this Agreement.

13. WARRANTIES

(a)GUARDIAN RFID Software.

(i) GUARDIAN RFID warrants to the Customer that, during the Term of this Agreement, the GUARDIAN RFID Software will operate in accordance with and otherwise conform to the Documentation, provided that (A) no party other than Authorized GUARDIAN RFID Personnel has altered any portion of the GUARDIAN RFID Software, (B) the GUARDIAN RFID Software is operated on the Hardware, and (C) the Customer has met its obligations under Section 14.

(ii) In the event of a claim by the Customer under this GUARDIAN RFID Software warranty, which claim should be made by notice to GUARDIAN RFID specifying with reasonable particularity the claimed non-conformity (a "Notice of Non-Conformity"), GUARDIAN RFID will use reasonable efforts to correct the non-conformity. If within sixty (60) days after receipt of the Notice of Non-Conformity from the Customer, GUARDIAN RFID shall not have either corrected the non-conformity or, in the case of a non-conformity which cannot be corrected in sixty (60) days, begun in good faith to correct the non-conformity, then the Customer's sole remedy under this warranty is to terminate the Agreement in accordance with the provisions of Section 18(d), in which case the Notice of Non-Conformity sent by the Customer pursuant to this Section will be deemed to be the notice required by Section 18(d). If the non-conformity which cannot be corrected occurs prior to the time the GUARDIAN RFID System meets the Acceptance Criteria pursuant to Section 9(c) and the Customer terminates the Agreement pursuant to Section 18(d), then the Customer will receive from GUARDIAN RFID a refund of all fees paid under the Agreement, in which case the Customer must return to GUARDIAN RFID the GUARDIAN RFID Software Materials licenses, Hardware, Leased Hardware, licenses to use and access GUARDIAN RFID OnDemand and other products

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purchased from GUARDIAN RFID. In no other circumstances will GUARDIAN RFID be obligated to provide a refund of fees paid under the Agreement or be obligated to accept the return of Hardware or other products purchased from GUARDIAN RFID.

(b) Hardware. GUARDIAN RFID will be solely responsible for processing and managing all Hardware warranty claims during the Term of this Agreement. All coverage periods for purchased Hardware begin on the latest to occur of (1) the Go-Live Date or (2) the date the Hardware is purchased, and ends on the earliest to occur of (1) the end of the warranty period provided in this Section applicable to such Hardware or (2) the date this Agreement expires or is terminated. The Customer will contact GUARDIAN RFID in accordance with Section 8(c) for all Hardware-related issues. After receiving a Hardware-related warranty request, GUARDIAN RFID will provide instructions to the Customer to follow for facilitating a repair or replacement. Repairs and replacements may take up to twenty (20) business days from the date of the request is received by GUARDIAN RFID until the product is returned to the Customer. The Leased Hardware is not subject to a Hardware warranty, and instead will be maintained, repaired, or replaced by GUARDIAN RFID in accordance with Section 8(e). Unless a specific item of Hardware is explicitly listed as being covered by a warranty in this Section 13(b), it will not be covered by any warranty except that such Hardware will be replaced if it is defective upon arrival. The Hardware warranties for Hardware purchased by the Customer from GUARDIAN RFID under this Agreement are as follows:

(i) Three-Year Warranty. GUARDIAN RFID provides a complimentary, standard three-year premium care warranty that includes accident protection coverage for certain purchased Hardware. If that Hardware malfunctions or breaks, GUARDIAN RFID will cover the cost to repair or replace that Hardware during that three-year warranty period. The Hardware that is covered by this three-year warranty has “Three-Year” in the “Warranty” column of the quote provided in Addendum A.

(ii) One-Year Warranty. GUARDIAN RFID provides a complimentary, standard one-year warranty for certain purchased Hardware. If that Hardware malfunctions or breaks, GUARDIAN RFID will cover the cost to repair or replace that Hardware during that one-year warranty period. The Hardware that is covered by this one-year warranty has “One-Year” in the “Warranty” column of the quote provided in Addendum A.

(iii) Useful Life Warranty. GUARDIAN RFID provides a complimentary useful life warranty for certain purchased Hardware. If that Hardware malfunctions or breaks, GUARDIAN RFID will cover the cost to repair or replace that Hardware during the useful life of that Hardware. If the Hardware that is subject to the useful life warranty is no longer being manufactured, GUARDIAN RFID will replace it with a substantially similar product. The Hardware that is covered by this useful life warranty has “Useful Life” in the “Warranty” column of the quote provided in Addendum A.

(iv) Maximum Number of Replacements. During the warranty periods set forth in this Section 13(b), each Hardware item is subject to a maximum number of replacements. The maximum number of replacements for each Hardware item during its respective warranty period will be as set forth in the quote provided in Addendum A.

(v) Costs and Shipping and Handling. All costs associated with repairing or replacing Hardware covered by this Hardware warranty will be assumed by GUARDIAN RFID, except that shipping and handling fees will be paid by the Customer.

(vi) Exclusions. The Hardware warranty does not cover repairs or replacements that are necessitated by any one or a combination of the following:

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(A) damage resulting from misuse, abuse, fire, liquid contact, or alterations by the Customer or any Customer Personnel; or

(B) corrective work necessitated by repairs made by anyone other than a GUARDIAN RFID authorized service technician or without GUARDIAN RFID's prior written consent.

(vii) Manufacturer Warranties. For any other Hardware not listed above, all Hardware warranties provided by the manufacturer, if any, will be passed through to the Customer.

(c) DISCLAIMER OF OTHER WARRANTIES. EXCEPT FOR THE WARRANTIES SET FORTH IN THIS SECTION, GUARDIAN RFID DISCLAIMS ANY AND ALL OTHER WARRANTIES OF ANY NATURE WHATSOEVER, WHETHER ORAL OR WRITTEN, EXPRESS OR IMPLIED, PARTICULARLY INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. IN ADDITION, GUARDIAN RFID DOES NOT GUARANTEE THAT THE GUARDIAN RFID SYSTEM WILL BE ACCESSIBLE ERROR-FREE OR UNINTERRUPTED. THE CUSTOMER ACKNOWLEDGES THAT GUARDIAN RFID DOES NOT CONTROL THE TRANSFER OF DATA OVER COMMUNICATIONS FACILITIES, INCLUDING THE INTERNET, AND THAT ACCESS TO THE GUARDIAN RFID SYSTEM MAY BE SUBJECT TO LIMITATIONS, DELAYS, AND OTHER PROBLEMS INHERENT IN THE USE OF SUCH COMMUNICATIONS FACILITIES. GUARDIAN RFID IS NOT RESPONSIBLE FOR ANY DELAYS, DELIVERY FAILURES OR OTHER DAMAGE RESULTING FROM SUCH PROBLEMS.

14. CUSTOMER OBLIGATIONS

(a) Access to Premises and Authorized Customer Personnel. The Customer will provide Authorized GUARDIAN RFID Personnel with reasonable and timely access to the Customer's premises and Authorized Customer Personnel necessary for GUARDIAN RFID to perform its obligations under this Agreement.

(b) Customer Project Manager. The Customer will name one primary Customer project manager, who will be the main point of contact between the Customer and GUARDIAN RFID with respect to project management ("Customer Project Manager"). The Customer Project Manager will be responsible for managing and coordinating the Customer's resources to complete assigned project tasks and activities. The Customer Project Manager will also be responsible for designating persons responsible for specific roles as needed, such as System Administrator, and ensuring that tasks assigned to these individuals are completed. The Customer Project Manager will also be responsible for signoffs of various project documents and will have the authority to speak for the Customer from a project perspective.

(c) System Administrator. The Customer will name one or more primary system administrators to serve as a main point(s) of contact between the Customer and GUARDIAN RFID with respect to system administration (each, a "System Administrator"). At least one (1) System Administrator must be available at all times. The Customer will ensure that the System Administrators possess the appropriate technology and public safety knowledge and skills to perform this role sufficiently.

(d) Hardware Installation. The Customer will be responsible for installing and maintaining all hardware not specified under this Agreement to be installed or maintained by GUARDIAN RFID.

(e) Customer's Third-Party Software and Customer's Third-Party Hardware. The Customer will be solely responsible for obtaining, installing, maintaining, supporting, and updating the Customer's Third-Party Software and the Customer's Third-Party Hardware. The Customer expressly agrees that GUARDIAN RFID will have no responsibility under this Agreement for obtaining, installing,

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maintaining, supporting, or updating the Customer's Third-Party Software or the Customer's Third-Party Hardware.

(f)Flow of Information. The Customer will be responsible for the accuracy and continuous flow of any information required from Customer's Third-Party Software and the Customer's Third-Party Hardware to the GUARDIAN RFID System that is required for the GUARDIAN RFID System to properly function.

(g)Facility Preparation. The Customer will be responsible for performing any actions not specifically delegated to GUARDIAN RFID under this Agreement that are required to prepare the facility for installation of the GUARDIAN RFID System, including, but not limited to, providing appropriate uninterrupted power, air conditioning, sufficient space, electrical drops, network and physical security, network equipment (including Wi-Fi), network drops, and other similar items.

(h)System Configuration. The Customer will make appropriate subject matter experts available to perform GUARDIAN RFID System configuration tasks as assigned.

(i)System Updates. The Customer will work in good faith to allow GUARDIAN RFID to timely install Updates as requested by GUARDIAN RFID.

(j)Other Server Maintenance. Other than as provided in Section 8(b), the Customer is responsible for all general maintenance of the Customer's servers, including data backups, operating system updates, virus protection, database software updates, and other general performance of the Customer's servers.

(k)Warranty Requests. The Customer will submit all Hardware warranty claims to GUARDIAN RFID for processing and managing, and promptly respond to any requests from GUARDIAN RFID for information or cooperation related to those warranty claims.

(l)Third-Party Costs. The Customer will be solely responsible for any third-party costs related to the implementation of the GUARDIAN RFID System. The Customer expressly agrees that GUARDIAN RFID will have no responsibility under this Agreement for any third-party costs related to the implementation of the GUARDIAN RFID System, including, but not limited to, any third-party costs associated with the implementation of any of the Customer's Third-Party Software or the Customer's Third-Party Hardware. In addition, where the Customer chooses to change the configuration of any of the Customer's Third-Party Software or the Customer's Third-Party Hardware as such configuration existed as of the Effective Date (including, but not limited to, adding, removing, or modifying any of the Customer's Third-Party Software or the Customer's Third-Party Hardware), and such changed configuration requires modifications to the GUARDIAN RFID System for the GUARDIAN RFID System to function with the changed configuration, the Customer will be responsible for paying amounts related to those changes in accordance with the provisions of Section 10(e) of this Agreement.

(m)Proper Use of GUARDIAN RFID System. Each of the Authorized Customer Personnel must learn proper use of the GUARDIAN RFID System through one or a combination of the following: (1) attending one of the Customer End-User Training Classes, (2) attending a Refresher Training, or (3) receiving instruction on proper use of the GUARDIAN RFID System by another of the Authorized Customer Personnel who is familiar with the proper use of the GUARDIAN RFID System. The Customer acknowledges that the GUARDIAN RFID System is designed to deliver a wide range of inmate management, monitoring, and tracking solutions, but that the GUARDIAN RFID System relies on the Authorized Customer Personnel accurately and appropriately logging events and on the Customer fulfilling the obligations of this Section 14. The failure by the Customer or the Authorized Customer Personnel to properly use the GUARDIAN RFID System or

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fulfill the obligations of this Section 14 may prevent records logged using the GUARDIAN RFID System from being accurate.

(n) Service Levels. The Customer is responsible for meetings its obligations set forth in the Service Level Agreement in Addendum C.

(o) Usage Seal. The Customer may display the Defended by GUARDIAN RFID™ Seal on the Customer's website and link the Defended by GUARDIAN RFID™ Seal to the GUARDIAN RFID website (https://www.guardianrfid.com). For avoidance of doubt, the "Defended by GUARDIAN RFID™ Seal" is as follows, a digital copy of which can be obtained from the GUARDIAN RFID Project Manager:

https://www.guardianrfid.com

In addition, the Customer may, but is not required, to include some or all of the following additional information about GUARDIAN RFID on the Customer's website or through such other means as the Customer reasonably determines will effectively information the public of such information:

> *Mariposa County uses GUARDIAN RFID to manage, monitor, and track inmates in-custody. Radio frequency identification (RFID) technology is used to support staff and inmate compliance and optimizes our data collection and reporting responsibilities as mandated by state and national corrections standards.*
>
> *Inmates are required to wear non-implantable devices at all times. Any incident of non-compliance will not be tolerated, and an inmate will be subject to fines and disciplinary action, including prosecution.*
>
> *All systems and devices using RFID technology are designed, tested, and manufactured to comply with Federal Communications Commission (FCC) regulations. RF energy levels generated are similar to those found in consumer electronics. Inmate-worn devices are hypoallergenic.*
>
> *RF-based inmate identification is the exclusive property Mariposa County.*

15. CONFIDENTIALITY

(a) Use and Handling of Confidential or Proprietary Information. The Receiving Party shall keep the Confidential or Proprietary Information confidential, shall use such information solely for performing its obligations under this Agreement, and shall not disclose to any persons or entities any of the Confidential or Proprietary Information without the prior written consent of the applicable Disclosing Party. The Receiving Party shall make the Confidential or Proprietary Information available only to Receiving Party Personnel who have a demonstrable need for such information, provided that the Receiving Party has informed all such Receiving Party Personnel of the Receiving Party's obligations under this Agreement and such Receiving Party Personnel have agreed in writing to be bound by the terms of this Agreement, either by means of an agreement directly with the Disclosing Party or pursuant to an agreement with the Receiving Party which restricts the use of the Confidential or Proprietary Information received as Receiving Party Personnel. In accepting any Confidential or Proprietary Information disclosed to the Receiving

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Party under this Agreement, the Receiving Party agrees to preserve the confidentiality of such information with at least the same degree of care as that taken by the Receiving Party to preserve and protect its own Confidential or Proprietary Information, in no case less than a reasonable degree of care. The Receiving Party agrees to maintain adequate safeguards and procedures to prevent the theft, loss, or dissemination of any of the Confidential or Proprietary Information, and, in the event of any such theft, loss, or dissemination, shall notify the Disclosing Party immediately.

(b)Exceptions to Confidential Treatment. The Receiving Party shall not be obligated to maintain any information in confidence or refrain from use if:

(i) the information was lawfully in the Receiving Party's possession or was known to it prior to its disclosure from the Disclosing Party as evidenced by written records;

(ii) the information is, at the time of disclosure, or thereafter becomes public knowledge without the fault of the Receiving Party (provided, however, that the act of copyrighting, patenting, or otherwise publishing or aiding in publication by the Disclosing Party shall not cause or be construed as causing the copyrighted materials or patented technologies to be in the public domain);

(iii) the information is or becomes rightfully available on an unrestricted basis to the Receiving Party from a source other than the Disclosing Party which did not acquire the same under an obligation of confidentiality to the Disclosing Party;

(iv) the information becomes available on an unrestricted basis to a third party from the Disclosing Party or from someone acting under its control;

(v) disclosure is required by subpoena or pursuant to a demand by any governmental authority; or

(vi) disclosure is required by open records laws, such as the federal Freedom of Information Act or similar state "sunshine" laws.

Before relying on the exceptions of this Section 15(b), and disclosing any Confidential or Proprietary Information, the Receiving Party shall notify the Disclosing Party in writing of its intent to do so, and give the Disclosing Party a period of fifteen (15) days to object or otherwise take action to protect its rights and interest in such information, provided that if the exception being relied upon is Section 15(b)(vi), then such fifteen (15) day period will be extended to be the maximum amount of time allowed pursuant to the applicable open records law or other applicable law, rule, or regulation pursuant to which the Disclosing Party is seeking to disclose such information.

(c)Return of Materials. Upon request from the Disclosing Party, the Receiving Party shall immediately return to the Disclosing Party all copies of Confidential or Proprietary Information received under this Agreement as well as all copies of notes, reports, or other documents or materials that reflect such Confidential or Proprietary Information; provided, however, that if the Disclosing Party requests, the Receiving Party shall immediately destroy all Confidential or Proprietary Information and certify such destruction to the Disclosing Party.

(d)Confidentiality Remedies. The Receiving Party acknowledges that any breach of the provisions of this Section 15 could result in immediate and irreparable injury to the Disclosing Party for which an award of money damages would be inadequate. The Receiving Party agrees, therefore, that the Disclosing Party shall have the right to seek equitable relief including an injunction to specifically enforce the terms of this Section 15, and to obtain any other legal or equitable

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remedies that may be available to it. In the event of any breach by the Receiving Party of this Section 15, the Receiving Party agrees to pay reasonable costs and legal fees incurred by the Disclosing Party in pursuit of any of its rights under this Section 15, in addition to any damages sustained by the Disclosing Party by reason of such breach, provided that the Disclosing Party prevails in the suit, action, or proceeding in which such costs and fees were incurred.

16. LIMITATION OF LIABILITY

IN NO EVENT WILL GUARDIAN RFID'S LIABILITY TO THE CUSTOMER FOR DAMAGES UNDER THIS AGREEMENT, INCLUDING GUARDIAN RFID'S INDEMNIFICATION OBLIGATIONS UNDER THIS AGREEMENT, EXCEED THE AMOUNT OF FEES PAID BY THE CUSTOMER UNDER THIS AGREEMENT. NEITHER PARTY SHALL BE LIABLE FOR ANY INDIRECT, SPECIAL, PUNITIVE, EXEMPLARY, OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR IN CONNECTION WITH THEIR RESPECTIVE OBLIGATIONS UNDER THIS AGREEMENT.

17. INDEMNIFICATION

(a) Indemnification by GUARDIAN RFID. GUARDIAN RFID will defend, indemnify, and hold harmless the Customer and the Authorized Customer Personnel (the "Customer Indemnified Parties"), from and against all reasonable and necessary costs, charges and expenses (including attorneys' fees) arising from any third-party claim, action, suit, or proceeding against any Customer Indemnified Party (a "Customer Indemnified Claim") to the extent the Customer Indemnified Claim is based on: (i) any claim that the GUARDIAN RFID Software infringes a patent, copyright, or other proprietary right or violates a trade secret; and (ii) any gross negligence, willful misconduct, or fraud of GUARDIAN RFID or any Authorized GUARDIAN RFID Personnel.

(b) Indemnification by the Customer. The Customer will defend, indemnify, and hold harmless GUARDIAN RFID and the Authorized GUARDIAN RFID Personnel ("GUARDIAN RFID Indemnified Parties"), from any and all reasonable and necessary costs, charges, and expenses (including attorneys' fees) which result from any third-party claim, action, suit, or proceeding against any GUARDIAN RFID Indemnified Party (a "GUARDIAN RFID Indemnified Claim") to the extent the GUARDIAN RFID Indemnified Claim is based on: (i) the Customer's use of the GUARDIAN RFID Software or GUARDIAN RFID OnDemand other than as permitted under this Agreement; and (ii) any gross negligence, willful misconduct, or fraud of the Customer or any Authorized Customer Personnel.

18. TERM AND TERMINATION

(a) Term. The initial term of this Agreement shall begin on the Effective Date and extend to the third anniversary of the Go-Live Date (the "Initial Term"). After the Initial Term, subject to Section 18(b), this Agreement will be automatically renewed for one (1) additional three-year (3-year) period (the "Extended Term").

(b) Termination for Convenience.

(i) Non-Renewal. This Agreement may be terminated for convenience by either party by providing a non-renewal notice to the other party at least sixty (60) days prior to the end of the Initial Term or Extended Term, as applicable. Such termination will be effective as of the end of such Initial Term or Extended Term, as applicable.

(ii) Early Termination. This Agreement may be terminated for convenience by the Customer prior to the end of the Initial Term or Extended Term upon sixty (60) days' notice of such early termination to GUARDIAN RFID. Such termination will be effective as of the end of the sixty (60) days' notice period. Any early termination for convenience by the Customer made

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pursuant to this Section 18(b)(ii) before either of the Go-Live Date or the first-year anniversary of the Go-Live Date will cause any remaining portions of the Initial Term Fee for Year One that have not already been paid by Customer to be accelerated and become immediately due and payable by Customer to GUARDIAN RFID, regardless of whether the events specified in Addendum B have occurred.

(c)Termination by GUARDIAN RFID for Cause.

(i) GUARDIAN RFID may terminate this Agreement immediately and discontinue any of its obligations under this Agreement by notice to the Customer if:

(A) the Customer ceases to actively conduct its business, files a voluntary petition for bankruptcy or has filed against it an involuntary petition for bankruptcy, makes a general assignment for the benefit of its creditors, or applies for the appointment of a receiver or trustee for substantially all of its property or assets or permits the appointment of any such receiver or trustee;

(B) the Customer attempts, without the prior written consent of GUARDIAN RFID, to assign its rights and obligations under this Agreement, in whole or in part, whether by merger, consolidation, assignment, sale of stock, operation of law, or otherwise; or

(C) the Customer fails to comply with the terms of the license of GUARDIAN RFID Software Materials provided in Section 2, the terms of the license to access and use GUARDIAN RFID OnDemand provided in Section 5, the provisions regarding GUARDIAN RFID's intellectual property rights in Section 11(a) and 11(b), or the Confidentiality provisions of Section 15.

(ii) GUARDIAN RFID may terminate this Agreement upon sixty (60) days' notice to the Customer if the Customer breaches its obligation to pay any fee or otherwise materially breaches any provision of this Agreement not otherwise specified in Section 18(c)(i) and fails to cure such breach within such notice period.

(d)Termination by the Customer for Cause. The Customer may terminate this Agreement upon sixty (60) days' notice to GUARDIAN RFID if GUARDIAN RFID materially breaches any provision of this Agreement and fails to cure such breach within such notice period, provided, however, that if such breach cannot be cured within sixty (60) days and GUARDIAN RFID has begun in good faith to cure such breach, then GUARDIAN RFID shall have an additional period of sixty (60) days to cure such breach. This provision shall apply in the event that GUARDIAN RFID is unable to correct a non-conformity pursuant to Section 13(a)(ii) of this Agreement.

(e)Post-Termination Rights and Obligations.

(i) Upon expiration or termination of this Agreement, the grant of the license of the GUARDIAN RFID Software Materials, the grant of access to GUARDIAN RFID OnDemand, the lease of the Leased Hardware, and all other rights granted to the Customer under this Agreement will immediately terminate and revert to GUARDIAN RFID and the Customer must discontinue all use of the GUARDIAN RFID Software Materials, GUARDIAN RFID OnDemand, and the Leased Hardware.

(ii) The following shall survive the expiration or termination of this Agreement:

(A) The provisions of Sections 11 ("Intellectual Property Rights"), 15 ("Confidentiality"), 16 ("Limitation of Liability"), 17 ("Indemnification"), and 21 ("Non-Disparagement");

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(B) The provisions of Section 10 ("Fees and Payment Terms"), with respect to fees incurred prior to the expiration or termination of the Agreement and with respect to fees accelerated in connection with such expiration or termination;

(C) The Customer's obligation to pay any fees incurred prior to the expiration or termination of the Agreement or accelerated in connection with such expiration or termination; and

(D) In the case of a non-conformity that GUARDIAN RFID is unable to correct pursuant to Section 13(a)(ii): (1) GUARDIAN RFID's obligation to provide a refund to the Customer, and (2) the Customer's obligation to return to GUARDIAN RFID the GUARDIAN RFID Software Materials licenses, Hardware, the Leased Hardware, licenses to use and access GUARDIAN RFID OnDemand, and other products purchased from GUARDIAN RFID.

19. INSURANCE

(a) Types of Insurance. GUARDIAN RFID will maintain in full force and effect insurance of the following kinds and amounts, and meeting the other requirements set forth in this Section.

(i) Commercial General Liability Insurance. Occurrence based commercial general liability insurance or equivalent form with a limit of not less than $1,000,000 for each occurrence plus an umbrella policy of not less than $4,000,000, for a total of $5,000,000 for each occurrence. If such insurance contains a general aggregate limit it will apply separately to this Agreement or be no less than two times the occurrence limit.

(ii) Occurrence Based Products and Completed Operations Liability Insurance. Products and completed operation liability insurance with a limit not less than $2,000,000 for each occurrence/$2,000,000 general aggregate.

(iii) Business Automobile Liability Insurance. Business automobile liability insurance or equivalent form with a limit of not less than $1,000,000 for each accident. Such insurance will include coverage for owned, hired, and non-owned vehicles.

(iv) Workers' Compensation Insurance. Workers' compensation insurance or equivalent form with limits not less than:

(A) Bodily Injury by Accident: $1,000,000 Each Accident

(B) Bodily Injury by Disease: $1,000,000 Each Employee

(C) Bodily Injury by Disease: $1,000,000 Policy Limit

(b) Certificates of Insurances. At the Customer's request, GUARDIAN RFID will provide properly executed Certificates of Insurance which will clearly evidence all insurance required in this Agreement and which provide that such insurance may not be canceled, except on thirty (30) days prior written notice to the Customer.

20. INDEPENDENT CONTRACTOR RELATIONSHIP

It is expressly understood by the Customer and GUARDIAN RFID that GUARDIAN RFID and any Authorized GUARDIAN RFID Personnel will not be construed to be, and are not, employees of the Customer. GUARDIAN RFID will provide services to the Customer as an independent contractor with control over the time, means, and methods for fulfilling its obligations under this Agreement. GUARDIAN RFID further acknowledges that neither it nor any of the Authorized GUARDIAN RFID

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Personnel is entitled to benefits from the Customer such as holiday time, vacation time, sick leave, retirement benefits, health benefits, or other benefits usually associated with employment with the Customer.

21. NON-DISPARAGEMENT

During the Term of the Agreement, and for a period of one (1) year after termination or expiration of the Agreement, each party will refrain from any statements or comments (in oral or written form) that could damage, disparage, or cause injury to the other party's reputation.

22. MISCELLANEOUS

(a)Entire Agreement. This Agreement, including its Addenda and documents or other information specifically referenced in this Agreement, constitutes the entire expression of the parties' agreement on the matters contained in this Agreement. All prior and contemporaneous negotiations and agreements between the parties on the matters contained in this Agreement are expressly merged into and superseded by this Agreement. In the event of a conflict between the Sections 1 through 22 of the Agreement and any of its Addenda, the language of Sections 1 through 22 of the Agreement will control.

(b)Amendments. The parties may not amend this Agreement except in a writing that each party signs. The terms of such amendment will apply as of the effective date of the amendment unless the amendment specifies otherwise.

(c)Change Orders. Any change orders and out-of-scope work must be agreed to by executing an amendment to this Agreement pursuant to Section 22(b).

(d)Waiver. No provision of this Agreement will be waived except pursuant to a writing executed by the party against which the waiver is sought. No waiver will be applicable other than in the specific instance in which it is given. No failure to exercise, partial exercise of, or delay in exercising any right or remedy or failure to require the satisfaction of any condition under this Agreement will operate as a waiver or estoppel of any right, remedy, or condition.

(e)Assignment. This Agreement will be binding upon, and the benefits and obligations provided for in this Agreement will inure to, the parties and their respective owners, shareholders, members, heirs, legal representatives, successors, and assigns. The Customer may not assign, without the prior written consent of GUARDIAN RFID, which consent will not be unreasonably withheld, the Customer's rights and obligations under this Agreement, in whole or in part, whether by merger, consolidation, assignment, sale of stock, operation of law, or otherwise, and any attempt to do so will be deemed a material breach of this Agreement.

(f)Notice. Except as otherwise provided in this Agreement, each party giving any notice required under this Agreement will do so in writing and will use one of the following methods of delivery:

(i) Delivered personally, with the notice effective upon delivery;

(ii) U.S.-recognized overnight courier, with the notice effective at the time delivery is shown in the courier's records; or

(iii) Postage prepaid by U.S. registered or certified mail, return receipt requested, with the notice effective upon receipt or upon the date that delivery is attempted and refused.

All notices shall be addressed to the parties at the addresses set forth in the recitals of this Agreement, except that either party may designate another notice address in a notice given under

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this Section. The notice address for the County of Mariposa pertaining to this contract shall be P.O. Box 727, Mariposa CA

(g)Severability. If any provision of this Agreement is held invalid, illegal, or unenforceable, the validity, legality, and enforceability of the remaining provisions will not be affected or impaired.

(h)Remedies. Unless otherwise specified in this Agreement, the rights and remedies of both parties set forth in this Agreement are not exclusive and are in addition to any other rights and remedies available to it at law or in equity.

(i)Construction. This Agreement will be constructed as if drafted by both parties and will not be strictly construed against either party because of drafting.

(j)Headings. The section headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

(k)No Third-Party Beneficiaries. This Agreement does not and is not intended to confer any rights or remedies upon any person other than the parties to this Agreement.

(l)Force Majeure. Any delay or failure of performance of either party to this Agreement will not constitute a breach of the Agreement or give rise to any claims for damages, if and to the extent that such delay or failure is caused by a Force Majeure Event. If one of the parties intends to invoke this provision, that party will promptly notify the other party of the cause of the delay or failure beyond its reasonable control and will use commercially reasonable efforts to mitigate the resulting delay or failure. This Section does not excuse either party's obligation to take reasonable steps to follow its normal disaster recovery procedures or the Customer's obligation to pay for the GUARDIAN RFID System under this Agreement.

(m)Non-Discrimination. GUARDIAN RFID agrees to abide by the requirements of the following as applicable: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and the Americans with Disabilities Act of 1990. GUARDIAN RFID agrees not to discriminate in its employment practices, and will render services under this Agreement without regard to race, color, religion, sex, national origin, veteran status, political affiliation, disabilities, or sexual orientation. Any act of discrimination committed by GUARDIAN RFID, or failure to comply with these obligations when applicable shall be grounds for termination of this Agreement.

(n)Export Control. GUARDIAN RFID agrees that if the U.S. export laws are or become applicable, it will not export any of the Customer's data and/or information received under this Agreement to any countries for which the United States government requires an export license or other supporting documentation at the time of export or transfer, unless GUARDIAN RFID has obtained prior written consent from the appropriate authority responsible for such matters.

(o)Cooperative Purchasing. GUARDIAN RFID acknowledges that the Customer has a role in developing and encouraging cooperative purchasing efforts among governmental entities. GUARDIAN RFID agrees to use commercially reasonable efforts to assist the Customer in facilitating its cooperative purchasing efforts to the extent such efforts relate to the GUARDIAN RFID System.

(p)Governing Law. The laws of the State of Minnesota, without regard to Minnesota's choice-of-law principles, govern all matters arising out of or related to this Agreement.

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By signing below, GUARDIAN RFID and the Customer each agrees to the terms and conditions of this Agreement and acknowledges the existence of consideration.

GUARDIAN RFID

By:
(signature of authorized representative)

Name: Ken Dalley
Title: President
Date: 4/29/2022

CUSTOMER

735CABCB11D
Rosemarie Smallcombe
ZorroSign
By: _____
(signature of authorized representative)

Name: Rosemarie Smallcombe
Title: Board Chair
Date: 06/01/2022

Approved as to Legal Form:

735CABCB113
Steven W. Dahlem
ZorroSign
Steven W. Dahlem, County Counsel

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ADDENDUM A

QUOTE

See quote on following page.

Additional Modules (Check for those Selected):

☐ Facilities Manager

☒ Medication Manager

☒ Digital Video Evidence

☒ Operational Intelligence

☐ Academy by GUARDIAN RFID

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Account Name	Mariposa County Sheriffs Office (CA)	Created Date	4/19/2022
Quote Number	00003772	Expiration Date	5/31/2022
Created By	Paul Baze		

Product	Product Family	Quantity	Sales Price	Total Price	Warranty	Max Replacements
GUARDIAN RFID® OnDemand™ Level 01 License (1-100 beds)	Platform	1.00	$2,995.00	$2,995.00	N/A	N/A
GUARDIAN RFID® Operational Intelligence™ Level 01 License (1-100 beds)	Software	1.00	$1,495.00	$747.50	N/A	N/A
GUARDIAN RFID® Medication Manager™ Level 01 License (1-100 beds)	Software	1.00	$2,995.00	$2,995.00	N/A	N/A
GUARDIAN RFID® SPARTAN 3™ - Lease	Hardware	3.00	$700.00	$2,100.00	Three-Year	1 per Serial#
GUARDIAN RFID® Mobile Command™ for SPARTAN™	Software	3.00	$695.00	$2,085.00	N/A	N/A
GUARDIAN RFID® Hard Tag™	Hardware	30.00	$14.95	$448.50	Useful Life	Unlimited
GUARDIAN RFID® Implementation Fee - Level 01 (1-100 beds)	Professional Service	1.00	$795.00	$795.00	N/A	N/A
GUARDIAN RFID® Onsite Training (Days)	Professional Service	2.00	$1,795.00	$3,590.00	N/A	N/A
GUARDIAN RFID® Wave Wristband/ID/KeyFob Activator	Hardware	1.00	$325.00	$325.00	One-Year	1 per year
GUARDIAN RFID® Officer Key Fob	Hardware	40.00	$5.00	$0.00	None	N/A

Total Price	$16,081.00
Shipping and Handling	$197.00
Grand Total	$16,278.00

* Each leased "GUARDIAN RFID Mobile Device" consists of the "GUARDIAN RFID® SPARTAN 3™ (the main body of the device), the GUARDIAN RFID Mobile Device Charging Station, and the GUARDIAN RFID Mobile Device Accessories accompanying the GUARDIAN RFID Mobile Device at the time the GUARDIAN RFID Mobile Device is leased. During the respective Initial Term Replacement Period or Extended Term Replacement Period applicable to the GUARDIAN RFID Mobile Device, the accompanying GUARDIAN RFID Mobile Device Charging Station will be subject to a maximum of two replacements per GUARDIAN RFID Mobile Device. During the respective Initial Term Replacement Period or Extended Term Replacement Period applicable to the GUARDIAN RFID Mobile Device, none of the accompanying GUARDIAN RFID Mobile Device Accessories will be subject to replacement. Additional GUARDIAN RFID Mobile Device Charging Stations and GUARDIAN RFID Mobile Device Accessories may be separately purchased pursuant to Section 10(d) at GUARDIAN RFID's then-current pricing list for the Customer (a copy of which is available upon the Customer's request). The warranty and maximum replacements for those additional purchases will be as specified in the quote for the purchase of such additional GUARDIAN RFID Mobile Device Charging Stations and GUARDIAN RFID Mobile Device Accessories.

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ADDENDUM B

FEE PAYMENT SCHEDULE

Invoices will be sent from GUARDIAN RFID to the Customer based on the occurrence of certain events, as follows:

Fee Type*	Event Occurrence	Amount
100% of Initial Term Fee	Contract Execution**	**16,178.00**
Initial Term Fee for Year Two	First-year anniversary of the Go-Live Date	**$7,229**
Initial Term Fee for Year Three	Second-year anniversary of the Go-Live Date	**$7,229**
Modification Fee	Completion of modification to GUARDIAN RFID System necessary to function with a change in configuration of the Customer's Third-Party Software or the Customer's Third-Party Hardware after the Effective Date. *[No such modifications contemplated as of the Effective Date.]*	**[N/A]**

* These amounts do not include any taxes.

** In accordance with Section 18(b), termination for convenience by the Customer before either of the Go-Live Date or the first-year anniversary of the Go-Live Date will cause any remaining portions of the Initial Term Fee for Year One that have not already been paid by Customer to be accelerated and become immediately due and payable by Customer to GUARDIAN RFID, regardless of whether the events specified in this Addendum B have occurred.

*** The Renewal Fee represents the costs for renewing licenses to use the GUARDIAN RFID System for the Extended Term and will be increased if the Customer chooses to make additional purchases from GUARDIAN RFID of additional Hardware or licenses for GUARDIAN RFID Software, access and use of the GUARDIAN RFID OnDemand platform, or Third-Party Software. In such case, GUARDIAN RFID will provide the Customer with an updated Addendum B at the time of such additional purchases, which will automatically amend and replace this Addendum B. In addition to increases due to those additional purchases, the Renewal Fee may be increased by up to 3.5% annually, provided that GUARDIAN RFID provides notice to the Customer at least ninety (90) days prior to the end of the Initial Term.

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ADDENDUM C

SERVICE LEVEL AGREEMENT

1. DEFINITIONS

Except as defined in this Addendum C, all defined terms have the meaning set forth in the Agreement.

(a) "Attainment" means the percentage of time during a calendar quarter, with percentages based on those contained in the chart under Section 2(d) of this Addendum C, in which the Customer has GUARDIAN RFID OnDemand Availability.

(b) "Customer Error Incident" means any service unavailability, which GUARDIAN RFID did not directly cause or create, resulting from any one or a combination of the following: (i) the Customer's Third-Party Software or the Customer's Third-Party Hardware, (ii) the acts or omissions of any Customer Personnel, or (iii) the acts or omissions of any personnel or third-party providers over whom GUARDIAN RFID exercises no control.

(c) "Disaster" means an event that renders any portion of a data center's infrastructure used in connection with the Agreement both inoperable and unrecoverable.

(d) "Downtime" means those minutes during which any portion of GUARDIAN RFID OnDemand is not available for the Customer's use.

(e) "Unscheduled Downtime" means Downtime that is not due to any one or a combination of the following: Scheduled Downtime, Emergency Maintenance (unless GUARDIAN RFID is the cause of the issue that requires such Emergency Maintenance), Customer Error Incidents, or Force Majeure Events.

(f) "Emergency Maintenance" means (i) maintenance that is required to patch a critical security vulnerability, or (ii) maintenance that is required to prevent an imminent outage of GUARDIAN RFID OnDemand Availability.

(g) "Scheduled Downtime" means those minutes during which GUARDIAN RFID OnDemand is not available for the Customer's use due to GUARDIAN RFID's scheduled maintenance windows.

(h) "GUARDIAN RFID OnDemand Availability" means that GUARDIAN RFID OnDemand is capable of receiving, processing, and responding to requests by or from the Customer and each of the Authorized Customer Personnel, excluding Scheduled Downtime, Emergency Maintenance (unless GUARDIAN RFID is the cause of the issue that requires such Emergency Maintenance), Customer Error Incidents, and Force Majeure Events.

(i) "RPO" means Recovery Point Objective, and refers to the maximum data loss per declared Disaster event during any calendar quarter throughout the Term that could occur following a Disaster.

(j) "RTO" means Recovery Time Objective, and refers to the amount of time per declared Disaster event during any calendar quarter throughout the Term that it takes for GUARDIAN RFID OnDemand to become operational following a Disaster.

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2. GUARDIAN RFID ONDEMAND CLOUD SERVER UPTIME

(a) GUARDIAN RFID OnDemand Availability.

(i) Attainment Target. Subject to the terms of this Addendum C, GUARDIAN RFID has an Attainment target to provide to the Customer GUARDIAN RFID OnDemand Availability of one hundred percent (100%), twenty-four (24) hours per day, every day of the calendar year throughout the Term. GUARDIAN RFID has set GUARDIAN RFID OnDemand Availability Attainment targets and actuals under the terms of Section 2(d) of this Addendum C.

(ii) Calculation. The GUARDIAN RFID OnDemand Availability calculation does not include Scheduled Downtime, Customer Error Incidents, Emergency Maintenance (unless GUARDIAN RFID is the cause of the issue that requires Emergency Maintenance), and Force Majeure Events. For the avoidance of doubt, if GUARDIAN RFID is a cause of an issue that requires Emergency Maintenance, then Downtime resulting from such Emergency Maintenance will be included in the calculation of Attainment.

(iii) Scheduled Downtime. GUARDIAN RFID will perform maintenance on GUARDIAN RFID OnDemand only during limited windows that are anticipated to be reliably low-traffic times based on historical information. As of the Effective Date, GUARDIAN RFID performs such maintenance on Wednesdays between 12:00 a.m. and 6:00 a.m. Central time. GUARDIAN RFID will provide the Customer with advance written notice of any change to the current maintenance schedule. If and when any such Scheduled Downtime is predicted to occur during periods of higher traffic, GUARDIAN RFID will provide advance notice of those windows and will coordinate with the Customer. In instances where maintenance of GUARDIAN RFID OnDemand requires Scheduled Downtime outside of the known maintenance windows described in this Section, GUARDIAN RFID will provide written notice to the Customer at least twenty-four (24) hours prior to any Scheduled Downtime.

(iv) Emergency Maintenance. If Downtime is known to be necessary to perform any Emergency Maintenance, then GUARDIAN RFID will notify an appropriate Customer contact via email or telephone call, a minimum of four (4) hours or as early as is reasonably practicable, prior to the start of such Emergency Maintenance. GUARDIAN RFID reserves the right to perform unscheduled Emergency Maintenance at any time.

(v) Other Maintenance. GUARDIAN RFID and the Customer agree that GUARDIAN RFID has the right to perform maintenance that is designed not to impact GUARDIAN RFID OnDemand Service Availability at any time. Any such scheduled maintenance will be considered Scheduled Downtime and will be excluded from the calculation of Attainment.

(vi) Force Majeure. In the event of a Force Majeure Event affecting the GUARDIAN RFID OnDemand Availability, GUARDIAN RFID will provide the Customer with a written notice of the Force Majeure Event and include a description of the facts and circumstances it believes supports that determination.

(b) GUARDIAN RFID Responsibilities Relating to GUARDIAN RFID OnDemand Availability.

(i) GUARDIAN RFID will monitor GUARDIAN RFID OnDemand Availability under this Addendum C and will make commercially reasonable efforts to (A) address any GUARDIAN RFID OnDemand Availability-related issues that impact the 100% Attainment target, and (B) notify the Customer, either through automated monitoring systems or by other mutually agreed-upon means, that (A) Downtime will occur, if practicable, or (b) if Downtime has already occurred, promptly after it is confirmed.

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(ii) If Authorized GUARDIAN RFID Personnel receive notice from the Customer that Downtime has occurred or is occurring, GUARDIAN RFID will work with the Customer to promptly identify the cause of the Downtime and will work with the Customer to promptly resume normal operations.

(iii) Upon timely receipt of a Customer report of Downtime under Section 2(c) of this Addendum C, if any, GUARDIAN RFID will compare that report to its own outage logs and support tickets to confirm whether Unscheduled Downtime has occurred, and communicate with the Customer about GUARDIAN RFID's findings.

(iv) GUARDIAN RFID will, at no additional charge to the Customer, do any one or a combination of the following, upon the Customer's written request (which can be made a maximum of once per calendar quarter), with such items being provided within sixty (60) days of the Customer's written request:

(A) provide to the Customer, a written report that documents the preceding calendar quarter's GUARDIAN RFID OnDemand Availability, Unscheduled Downtime, any root cause, Emergency Maintenance matters, and remedial actions that were undertaken in response to the matters identified in the report.

(B) make available for auditing by the Customer the severity downtime reports, incident reports, and other available information used by GUARDIAN RFID in determining whether the GUARDIAN RFID OnDemand Availability has been achieved.

(c) Customer Responsibilities Relating to GUARDIAN RFID OnDemand Availability.

(i) Whenever the Customer experiences Downtime, the Customer will follow the support process defined in Section 8(c) of the Agreement.

(ii) The Customer may document, in writing, all Downtime that is experienced during each calendar quarter throughout the Term. The Customer may deliver such documentation for any given calendar quarter to GUARDIAN RFID within thirty (30) days of that quarter's end. The documentation may include the supporting incident number(s) and corresponding Downtime(s) experienced.

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(d) GUARDIAN RFID OnDemand Availability Attainment Targets and Actuals. Every calendar quarter, GUARDIAN RFID will compare confirmed Unscheduled Downtime to the GUARDIAN RFID OnDemand Availability Attainment target and actual amounts listed in the table below. If the actual Attainment does not meet the target Attainment, as shown in the table below, the corresponding Customer Relief, as shown below, will apply on a quarterly basis throughout the Term:

Target	Actual	Customer Relief
100%	100% – 95%	Prompt, remedial action will be taken.
	<95%	Will be deemed to be a Notice of Non-Conformity, which will be deemed (i) to have been corrected if the subsequent calendar quarter's Actual GUARDIAN RFID OnDemand Availability is ≥95%, or (ii) to not have been corrected if the subsequent calendar quarter's Actual GUARDIAN RFID OnDemand Availability is <95%. In situations where a Notice of Non-Conformity is deemed not to have been corrected due to the subsequent calendar quarter's Actual GUARDIAN RFID OnDemand Availability being <95%, the Customer will be entitled to terminate the Agreement under Section 18(d) of the Agreement, except that such notice of termination will be effective upon receipt by GUARDIAN RFID.

3. GUARDIAN RFID ONDEMAND CLOUD SERVER RECOVERY

In the event of a Disaster, GUARDIAN RFID will recover the Customer's data (including Inmate Data) and continue to provide GUARDIAN RFID OnDemand at a recovered or alternate operational data center within the times defined in the table below following the start of such Disaster. GUARDIAN RFID will also provide Customer Relief, as shown below, to the Customer for any calendar quarter where the RPO or RTO targets are not met.

	Actual	Customer Relief
RPO	≤2 Hours	Prompt, remedial action will be taken.
	>2 Hours	Will be deemed to be a Notice of Non-Conformity, which is deemed to be not to have been corrected. The Customer will be entitled to terminate the Agreement under Section 18(d) of the Agreement, except that such notice of termination will be effective upon receipt by GUARDIAN RFID.
RTO	≤4 Hours	Prompt, remedial action will be taken.
	>4 Hours	Will be deemed to be a Notice of Non-Conformity, which is deemed to be not to have been corrected. The Customer will be entitled to terminate the Agreement under Section 18(d) of the Agreement, except that such notice of termination will be effective upon receipt by GUARDIAN RFID.

4. INCIDENT PRIORITIES, CHARACTERISTICS, AND RESOLUTION

(a) Incident Tracking. In the event of an issue with the GUARDIAN RFID requiring support, the

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Customer will contact GUARDIAN RFID in accordance with Section 8(c) of the Agreement. Each support incident is logged using GUARDIAN RFID's enterprise workflow management system, given a unique case number, and assigned a support representative.

(b) Incident Priority. Each support incident is assigned a priority level, which corresponds to the Customer's needs and deadlines. GUARDIAN RFID and the Customer will work together to reasonably set the priority of each support incident pursuant to the table below. The primary goals of the table below are to (i) guide the Customer toward clearly understanding and communicating the importance of the issue, and (ii) describe the generally expected response and resolution targets in the production environment. References to a "confirmed support incident" mean that GUARDIAN RFID and the Customer have successfully validated and set the priority for the reported support incident.

Priority	Characteristics Incident	Resolution Target
1 Critical	Support incident that causes (a) complete application failure or application unavailability; (b) application failure or unavailability in one or more of the Customer's remote locations; or (c) systemic loss of multiple essential system functions.*	GUARDIAN RFID will provide an initial response to Priority Level 1 incidents within one (1) hour of receipt of the incident. Once the incident has been confirmed, GUARDIAN RFID will use commercially reasonable efforts to resolve such support incidents or provide a circumvention procedure within eight (8) hours.
2 High	Support incident that causes (a) repeated, consistent failure of essential functionality affecting more than one user or (b) loss or corruption of data.	GUARDIAN RFID will provide an initial response to Priority Level 2 incidents within four (4) business hours of receipt of the incident. Once the incident has been confirmed, GUARDIAN RFID will use commercially reasonable efforts to resolve such support incidents or provide a circumvention procedure within five (5) business days.
3 Medium	Priority Level 1 incident with an existing circumvention procedure, or a Priority Level 2 incident that affects only one user or for which there is an existing circumvention procedure.	GUARDIAN RFID will provide an initial response to Priority Level 3 incidents within one (1) business day of receipt of the incident. Once the incident has been confirmed, GUARDIAN RFID will use commercially reasonable efforts to resolve such support incidents without the need for a circumvention procedure with the next published maintenance update or service pack, which will occur at least quarterly.
4 Low	Support incident that causes failure of non-essential functionality or a cosmetic or other issue that does not qualify as any other Priority Level.	GUARDIAN RFID will provide an initial response to Priority Level 4 incidents within two (2) business days of receipt of the incident. Once the incident has been confirmed, GUARDIAN RFID will use commercially reasonable efforts to resolve such support incidents, as well as cosmetic issues, with a future version release.

** Examples include: inability to create activity logs in database, and/or inability to access GUARDIAN RFID OnDemand (excluding Internet access or Wi-Fi issues).*

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ADDENDUM D

STATEMENT OF WORK

None.

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MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2025-295

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Jeremy Briese, Sheriff

RE: Approve an Agreement with Permitium LLC for the Concealed Carry License and Fingerprint/Livescan Community Online Portal; and Authorize the Board of Supervisors Chair to Sign the Agreement

---

RECOMMENDATION AND JUSTIFICATION

Approve an Agreement with Permitium LLC for the Concealed Carry License and Fingerprint/Livescan Community Online Portal; and Authorize the Board of Supervisors Chair to Sign the Agreement.

BACKGROUND AND HISTORY OF BOARD ACTIONS

The board has approved this agreement in prior years.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

If this agreement is not approved, the community would no longer be able to access the Concealed Carry or Fingerprint/Livescan portal, therefore making it more difficult to make appointments and payments online.

FINANCIAL IMPACT

None

ATTACHMENTS

1. **Permitium Agreement 25-28**

VOTE RESULT

RESULT:	**Adopted (UNANIMOUS)**
MOVER:	District II Supervisor Shannon Poe
SECONDER:	District IV Supervisor Jenni Kiser
AYES:	District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District V Supervisor Miles Menetrey, District I Supervisor Rosemarie Smallcombe

Order Form

Customer Information:

Agency Name ("Customer"):	Mariposa County Sheriff's Office
Customer Address:	5284 Hwy 49 North, Mariposa, CA 95338
Primary Contact Name:	Kristie Mitchell
Primary Contact Email Address:	sheriff@mariposacounty.org
Primary Contact Phone:	
Invoicing Contact Name:	
Invoicing Email Address:	

Order Form Information:

Prepared By:	Jeana Tavano
Order Form Creation Date:	3/14/2025
Order Form Expiration Date:	6/30/2025
Subscription Services Invoicing Frequency:	Annual upfront
Professional Services Invoicing Frequency:	All fees invoiced on the first invoice issued pursuant to the Effective Date on this Order Form
Payment Terms:	Net 30
Payment Mechanism:	Invoice

Subscription Services and Subscription Fees:

Name of Service	Term Start Date	Term End Date	Line Item Annual Price
None			$0.00
		TOTAL SUBSCRIPTION FEES:	$0.00

Transaction Services:

Name of Service	Term Start Date	Term End Date	Service Fee per Transaction[1]	Customer Revenue Share from Service Fee[2]
PermitDirector - CCW	7/1/2025	6/30/2028	$5.00	$0.00
PermitDirector - FingerPrints	7/1/2025	6/30/2028	$5.00	$0.00

(1): Service Fee is charged to consumer (record requester or applicant); there is no charge to the Customer (agency) with the exception of applications or orders where the Customer elects not to pass the Service Fee on to the consumer and instead covers the Service Fee cost.

(2): If Customer elects to participate in a revenue share from the Service Fee, then the agency's revenue share will be deducted from the total Service Fee. For example, if the Service Fee is $8.00 per transaction, and the Customer's revenue share is $1.00, then the Customer will receive $1.00 from the $8.00 Service Fee for each transaction.

TOTAL FEES PAYABLE BY CUSTOMER:	$0.00

Additional terms and conditions related to this Order Form (the "Order Form Terms") are set forth in Appendix A.

By signing this Order Form, I represent and warrant that the information provided is true and accurate, and I am authorized to sign on behalf of Customer and bind Customer to the terms and conditions of this Order Form, including the Order Form Terms and any documents attached to the Order Form or otherwise incorporated by reference. This Order Form is effective as of the earlier of the date of signature below or the first service term start date above (the "Effective Date").

Customer	**Permitium**
Signature:	**Signature:**
Printed Name:	**Printed Name:**
Title:	**Title:**
Date:	**Date:**

Signature:

Printed Name:

Title:

Date:

Appendix A – Order Form Terms

ORDER TERMS

Upon execution of this Order Form, Customer (as identified above in Customer Name) and Permitium, LLC ("Permitium") will be parties to a legally binding contract consisting of:

1) This Order Form
2) The Software as a Service ("SaaS") Terms and Conditions located here: https://www.permitium.com/legal/terms-conditions

(collectively, the "Agreement").

The parties agree as follows:

A. Customer agrees to pay the Total Fees Payable in accordance with the Invoicing Frequency and Payment Terms indicated above for the use of the services. Invoices will be sent by electronic delivery unless Customer requests otherwise; in which case, additional fees will apply. Customer's obligations may not be canceled prior to expiration of the Term End Date.
B. Credit card processing fees at the rate of $0.30 per transaction plus 3.3% of the transaction total are passed through to the consumer (record requester or applicant) by Permitium.
C. The provisions of this Agreement constitute the entire agreement between the parties regarding the subject matter hereof and supersede all proposals, prior agreements, oral or written, and all other communications with respect thereto. No terms and conditions on any purchase order or other document exchanged by the parties will be deemed to modify or amend this Agreement.
D. In the event of any inconsistency or conflict between this Order Form and the Software as a Service Terms and Conditions, this Order Form will take precedence and prevail.
E. All capitalized terms used in this Order, but not defined, shall have the meanings provided in the Software as a Service Terms and Conditions.
F. Unless otherwise specified in this Order Form, travel and expenses are not included in the total price on this Order Form or in any referenced Statement of Work ("SOW"). The Customer is responsible for reimbursing Permitium for all travel and expense costs related to any services performed under this Agreement.
G. The terms of this Order are Permitium Confidential Information.
H. Terms described in the Additional Terms section below will, to the extent in conflict, override terms in the Order Terms and/or the Software as a Service Terms and Conditions and/or the Professional Services Terms and Conditions.

ADDITIONAL TERMS

None.

USER LICENSE AGREEMENT FOR ONLINE WEAPONS PERMIT APPLICATION

This original user license agreement for an online weapons permit application (the "User License Agreement") was entered on the _____day of_____, 2025, by and between Mariposa County (the "CLIENT") and Permitium, LLC ("Permitium"), a corporation in good standing authorized to do business in the State of North Carolina with its principal place of business at 1235 East Blvd Ste E, PMB 2051, Charlotte NC 28203.

For and in consideration of the mutual promises set forth in the User License Agreement, the adequacy of which is hereby expressly acknowledged, the parties do mutually agree as follows:

1. **Basic Obligations of Permitium.** Permitium hereby agrees to provide the services described in the attached Statement of Work (attached hereto as Exhibit 1) in accordance with the terms and conditions of this User License Agreement as requested in writing by the CLIENT.

2. **Basic Obligations of the CLIENT.** For any services requested in writing by the CLIENT, the CLIENT agrees to compensate Permitium at the rates set forth in the attached Statement of Work (Exhibit 1).

3. **Term.** Contract will be effective from July 1, 2025, through June 30, 2028.

4. **Fee Collection and Payment.** Permitium will collect online payments and agrees to deliver the CLIENT a monthly statement by the 25th of each month which will itemized for every transaction submitted the previous month along with a check or ACH for the total amount collected less fees listed on Exhibit 1.

5. **Termination for Cause.** At any time after 30 days of the software deployment, the CLIENT may terminate this User License Agreement immediately and without prior notice if Permitium is unable to meet goals and timetables or if the CLIENT is dissatisfied with the quality of services provided.

6. **Insurance.** Permitium agrees to maintain a minimum of $6,000,000 in general liability, $5,000,000 in cyber liability, and other appropriate insurance, as well as Workers Compensation in the required statutory amount, for all employees participating in the provision of services under this User License Agreement. Certificates of such insurance shall be furnished by Permitium to the CLIENT and shall contain the provision that the CLIENT is given ten (10) days' written notice of any intent to cancel or terminate by either the Permitium or the insuring company. Failure to furnish such insurance certificates or maintain such insurance shall be deemed a material breach and grounds for immediate termination of this User License Agreement. All Permitium liabilities as defined within this User License Agreement will be capped at the greater of the compensation received by Permitium, or the above stated insurance liability policy limits.

7. **Taxes.** Permitium shall pay all federal, state and FICA taxes for all of its employees

participating in the provision of services under this User License Agreement.

8. **Monitoring and Auditing.** Permitium shall cooperate with the CLIENT, or with any other person or agency acting at the direction of the CLIENT, in their efforts to monitor, audit, or investigate activities related to this User License Agreement. Permitium shall provide any auditors retained by the CLIENT with access to any records and files related to the provision of services under this User License Agreement upon reasonable notice. The CLIENT agrees that its auditors will maintain the confidentiality of any trade secrets of Permitium that may be accessed during an audit conducted under this User License Agreement.

9. **Confidentiality Information.** Permitium agrees that all records, data, personnel records, and/or other confidential information that come within Permitium' possession in the course of providing services to the CLIENT under this User License Agreement (hereinafter, "Confidential Information") shall be subject to the confidentiality and disclosure provisions of all applicable federal and state statutes and regulations, as well as any relevant policies of the CLIENT. All data and/or records provided by the CLIENT to Permitium shall be presumed to be Confidential Information subject to the terms of this section unless the CLIENT specifically indicates in writing that the requirements of this section do not apply to a particular document or group of documents.

   Permitium agrees to receive and hold Confidential Information, whether transmitted orally, in writing or in any other form, and whether prepared by a party or its Representatives, in strict confidence, and to use the Confidential Information solely for the purpose of facilitating CLIENT's use of Permitium 'products and services. Except as essential to Permitium 'obligations to CLIENT, Permitium shall not copy any of the Confidential Information, nor shall Permitium remove any Confidential Information or proprietary property or documents from CLIENT premises without written authorization of the CLIENT. Permitium acknowledges its understanding that any unauthorized disclosure of Confidential Information may result in penalties and other damages.

10. **Security.** Permitium represents and warrants that all documents and information provided to Permitium by or behalf of the CLIENT, including but not limited to Confidential Records, shall be stored and maintained by Permitium with the utmost care and in conformity with standards generally accepted in Permitium' industry for the types of records being stored and maintained. Permitium further represents and warrants that any online access to the CLIENT's records authorized persons pursuant to this User License Agreement shall be safe, secure, and password-protected and provided with the utmost care and in conformity with standards generally accepted in Permitium' industry for the types of records being stored and maintained, and that no person shall be permitted to obtain unauthorized access to any of the CLIENT's records. Without limiting the foregoing, Permitium specifically warrants that:
    10.1. All servers, computers, and computer equipment used to provide services pursuant to this User License Agreement shall be maintained in good working

order in compliance with generally accepted industry standards in light of the confidential nature of the documents in question and shall be located in a safe, controlled, and environmentally stable environment (including moisture and temperature controls) and adequately protected against fires, hurricanes, flooding, or similar occurrences;

10.2. Facilities where services are provided shall be secure and access shall be limited to employees trained in security protocols with a legitimate business need to access such facilities (with access removed immediately upon termination of employment) and shall be protected from unauthorized access by commercially reasonable security systems;

10.3. All websites, FTPs, and any other online electronic system used to provide services pursuant to this User License Agreement shall be protected from security breaches by commercially reasonable firewalls and other intrusion detections systems and antivirus software, which shall be kept updated at all times. Access shall be limited to those agents and employees of Permitium assigned to the project and any individuals identified in writing by the CLIENT or CLIENT's Designee as authorized to obtain access.

10.4. Permitium shall have technical controls in place that ensure the security, availability and confidentiality of CLIENT data.

10.5. All information provided to Permitium pursuant to this User License Agreement shall be encrypted while in transit over an open network.

11. Standard of Care. Notwithstanding anything in this User License Agreement to the contrary, Permitium represents and warrants that the services provided by Permitium shall be performed by qualified and skilled individuals in a timely and professional manner with the utmost care and in conformity with standards generally accepted in Permitium' industry for the types of services and records governed by this User License Agreement.

12. Indemnification. Permitium shall indemnify the CLIENT, its agents, and employees, from and against all damages directly arising out of Permitium's breach of this Agreement. This provision shall survive the expiration or termination of this Agreement and remain in full force and effect after such expiration or termination. Notwithstanding the foregoing Permitium's maximum indemnification will be limited to the amount of insurance set forth within section 6.

To the extent provided by law, CLIENT shall indemnify Permitium, its agents, and employees from and against all damages directly arising out of CLIENT's breach of this Agreement. This provision shall survive the expiration or termination of this Agreement and remain in full force and effect after such expiration or termination.

13. Relationship of Parties. Permitium shall be an independent contractor of the CLIENT, and nothing herein shall be construed as creating a partnership or joint venture; nor shall any employee of Permitium be construed as an employee, agent or principal of the CLIENT.

14. **Compliance with Applicable Laws.** Permitium shall comply with all applicable laws and regulations in providing services under this User License Agreement. Without limiting the foregoing, Permitium specifically represents that it is aware of and in compliance with the Immigration Reform and Control Act and that it will collect properly verified I-9 forms from each employee providing services under this User License Agreement. Permitium shall not employ any individuals to provide services to the CLIENT who are not authorized by federal law to work in the United States.

15. **Applicable CLIENT Policies.** Permitium specifically acknowledges that it will comply with all applicable CLIENT policies, all of which are publicly available on the CLIENT's website.

16. **Assignment.** Neither party may transfer, assign, or delegate any rights, duties, interest, or obligations under this Contract to any other person or entity without the other party's prior written consent. Notwithstanding the foregoing, Permitium may (without the CLIENT's consent) assign this agreement and all of its rights, duties, interests and obligations hereunder to any entity into which it merges, has a change in control representing a conveyance of more than 50% of its ownership interests, or to which it sells all or substantially all of its assets. Permitium agrees to notify the client within 10 business days of any assignment.

17. **User License Agreement Modifications.** This User License Agreement may be amended only by written amendments duly executed by and between the CLIENT and Permitium.

18. **California Law.** California law will govern the interpretation and construction of the User License Agreement. Any litigation arising out of this User License Agreement shall be filed, if at all, in a court or administrative tribunal located in the State of California.

19. **Entire Agreement.** This User License Agreement constitutes and expresses the entire agreement and understanding between the parties concerning the subject matter of this User License Agreement and supersedes all prior and contemporaneous discussions, promises, representations, agreements and understandings relative to the subject matter of this User License Agreement.

20. **Severability.** If any provision of this User License Agreement shall be declared invalid or unenforceable, the remainder of the User License Agreement shall continue in full force and effect.

21. **Notices.** Any notice or other communication provided for herein as given to a party hereto shall be in writing, shall refer to this Agreement by parties and date, and shall be delivered by registered mail, return receipt required, postage prepaid to the person listed below or his successor.

If to: Permitium
Permitium, LLC
1235 East Blvd Ste E, PMB 2051
Charlotte, NC 28203

If to CLIENT:
Mariposa County Sheriff
P.O. Box 276
Mariposa, CA 95338

22. Cooperative Procurement. As additional consideration for this User License Agreement, and pursuant to state and local laws and procurement rules, Permitium agrees to extend an option to purchase products or services covered under this contract at the same prices, and under the same terms and conditions, to other contracting agencies.

Any such purchases shall be between Permitium and the participating agency and shall not impact Permitium's obligations to the CLIENT under this User License Agreement. Each contracting agency shall execute its own contract with Permitium. Any estimated purchase volumes or user counts listed herein do no include other public agencies and the CLIENT makes no guarantee as to their participation.

23. Authority of Signatories. The persons executing this User License Agreement hereby represent and warrant that they have full authority and representative capacity to execute the User License Agreement in the capacities indicated below and this User License Agreement constitutes the binding obligation of the parties on whose behalf they signed.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year indicated above.

Mariposa County

_____
Rosemarie Smallcombe, Chair of the Board
Date:

_____
Danielle Bondshu, Clerk of the Board
Date:

APPROVED AS A LEGAL FORM:

_____
Walter W. Wall, County Counsel
Date:

PERMITIUM, LLC

Printed Name:_____

Signed: _____

ITS: _____

DATE: _____

STATEMENT OF WORK – EXHIBIT 1

Implementation Plan

- Configure the initial instance of the new **Permitium** solution based on the Client's current pistol permit process and **Permitium 's** demonstration site
- Refine the new **Permitium** solution through an iterative process based on input received from the Client during the testing phase
- Test the **Permitium** solution, revise as needed and prepare it for production
- Provide training for the Client as needed
- Provide ongoing support, hosting and management of the **Permitium** Solution

Implementation Team

Permitium	Support Team		855-712-PERM	support@permitium.com
Client	Executive Sponsor		209-966-3615	sheriff@mariposacounty.org
	Project Manager		209-966-3615	sheriff@mariposacounty.org

Data and Security

All data collected in the Client's instance of **PermitDirector** is the property of the Client. **Permitium** does not own and will not distribute data without the written consent of the Client. All passwords placed within the system are encrypted and not accessible by the **Permitium** staff.

Cost of Service

Cost for **PermitDirector** software, implementation services or support – Permitium will charge

__X__$5.00 passed on as a service fee back to the applicant for each application submitted.

__X_ Concealed Weapon Applications

__X_ Other Fingerprint Applications

Credit card company fees are passed through to the applicant by Permitium based on our contract rate. The current rate is $0.30 plus 3.3% per transaction.

Permitium will charge our service fees and applicable credit card fees for all orders processed through Permitium regardless of if payment is received and/or the method of payment.

Any needed Digital Conversion Services by the Client performed by Permitium will be available anytime under this agreement utilizing an existing cooperative purchasing program called the Charlotte Cooperative Purchasing Agreement (CCPA). The CCPA coop government rates can be found at www.charlottealliance.org

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Oberle Risk Strategies, LLC 8820 Ladue Rd, Suite #302 Saint Louis MO 63124	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 636-391-0700 **FAX (A/C, No):** **E-MAIL ADDRESS:** donna.spradley@oberle-risk.com
INSURED PERMLLC-01 Permitium LLC 1235 East Blvd Ste E PMB 2051 Charlotte NC 28203-5876	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Property & Cas Ins Co of Hartford — 34690 **INSURER B :** Underwriters at Lloyd's of London — 32727 **INSURER C :** At-Bay Specialty Insurance Company **INSURER D :** Hanover Atlantic Insurance Co Ltd. **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 968446015 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			84SBABN0URC	12/19/2024	12/19/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			84SBABN0URC	12/19/2024	12/19/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			84SBABN0URC	12/19/2024	12/19/2025	EACH OCCURRENCE AGGREGATE	$ 6,000,000 $ 6,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B C D	Cyber/Professional Liability Excess Cyber Liability Crime/Dishonesty			MPL546000624 AB678986001 L3EJ77336100	7/1/2024 7/1/2024 7/1/2024	7/1/2025 7/1/2025 7/1/2025	Each Claim/Aggregate Aggregate Each Claim	3,000,000 2,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

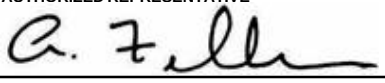
CERTIFICATE HOLDER

Mariposa County
PO Box 276
Mariposa CA 95338

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	Marsh Affinity		
Marsh Affinity a division of Marsh USA LLC. PO BOX 14404 Des Moines, IA 50306-9686	PHONE (A/C, No, Ext):	800-743-8130	FAX (A/C, No):	
	E-MAIL ADDRESS:	ADPTotalSource@marsh.com		
	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A :	New Hampshire Insurance Co.		23841
INSURED	INSURER B :			
ADP TotalSource FL XVI, Inc. 5800 Windward Parkway Alpharetta, GA 30005 L/C/F: Permitium LLC 1235 East Blvd Ste E PMB 2051 Charlotte, NC 28203	INSURER C :			
	INSURER D :			
	INSURER E :			
	INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 088425844 NC	07/01/2024	07/01/2025	X PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All worksite employees working for Permitium LLC paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. Proprietor/Partner/Executive Officer/Member are not excluded as long as they are in the ADPTS payroll or have completed the SEI Participation Addendum.

CERTIFICATE HOLDER

Mariposa County
P.O. Box 276
Mariposa, CA 95338

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE Jo Phillips

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MARIPOSA COUNTY

Board of Supervisors

Information Item

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Kristina Keheley, Health and Human Services Agency Director

RE: Receive a Presentation about the Mariposa County Community Health Improvement Plan (CHIP)

RECOMMENDATION AND JUSTIFICATION

Receive a Presentation about the Mariposa County Community Health Improvement Plan (CHIP).

BACKGROUND AND HISTORY OF BOARD ACTIONS

The board receives updates from the Public Health Branch as needed.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

The board reads the CHIP plan independently without Public Health synthesis.

FINANCIAL IMPACT

None

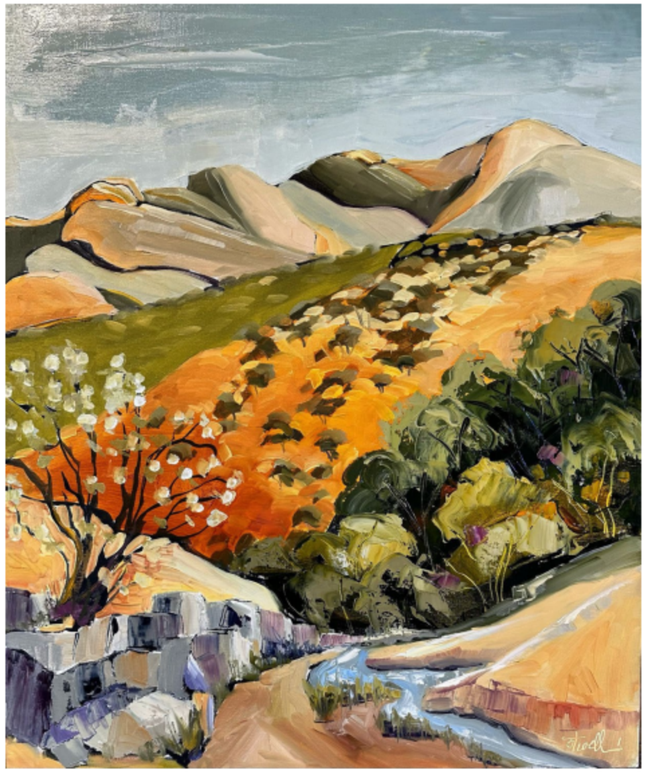
ATTACHMENTS

1. **CHIP BOS Presentation 2025 (1)**

Mariposa County Community Health Improvement Plan

Mariposa County
Health & Human Services Agency
Public Health

CHIP – July 1, 2025



Mariposa County Community Health Improvement Plan

April 2025

Mariposa County Health & Human Services Agency Public Health

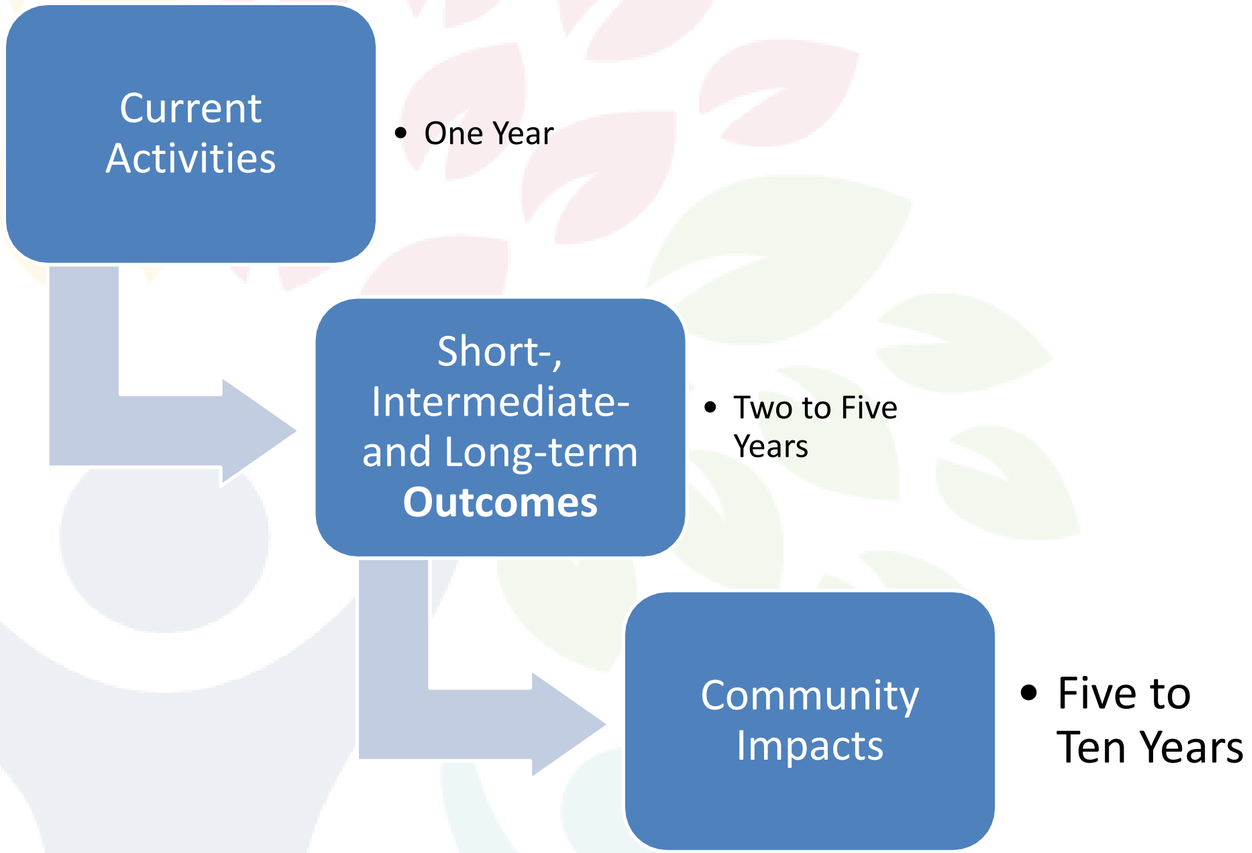
Prepared by: Mariposa County Health and Human Services Agency Public Health Branch

Mariposa County > Health & Human Services Agency > Health Services
https://www.mariposacounty.org/DocumentCenter/View/99953/HHSA_CHIP_April_2025?bidId=

Overview

The Community Improvement Plan is a result of the Community Health Assessment which was conducted by our Agency in 2024. Through the CHA and strategic planning sessions with stakeholders, three (3) key priorities were identified.

- Access to Healthcare and Transportation
- Housing
- Child and Adolescent Health



Highlights

- Our CHIP Team met From September to December 2024 to...
  - Determine Priorities
  - Identify Champions
  - Develop activities to benefit the community.

CHIP Planning Team

Access to Care & Transportation

Champions / Partners:

- **Resource sharing:** Health and Human Services Agency (HHSA) and County Public Information Officers (PIOs); Local Community-based Organizations (CBOs)
- **Transportation:** Transportation Lead; Kaiser Permanente; Central California Alliance for Health (CCAH); PIOs
- **Data Sharing**: HHSA, Kaiser Permanente, CCAH
- **Stable Revenue Streams:** CCAH, HHSA/Public Health (Community Health Center), John C. Fremont Hospital (JCF)

Mariposa Safe Families Back to School Event Vaccine Clinic

Access to Care & Transportation

HHSA Community Outreach

Current Goals:

- Update / share local resources card
- Share transportation line information for non-emergency and medical transport
- Expand school transportation model for optometry to other services (oral health, immunizations)
- Update Mariposa County Information Exchange (MCIE) to include HEDIS and other local data
- Stabilize and strengthen local funding and reimbursement for clinical services
- Explore provider recruitment options (brand research; regional residency program examples; UC Programs in Medical Education (UC PRIME)

Housing

Construction of the Creekside Terrace Complex

Champions / Partners:

- **Track Funding:** County Housing Lead (Planning Dept.)
- **Behavioral Health / Housing First options**: HHSA/Behavioral Health; HHSA Housing Program
- **Short-term Rental Study Recommendations**: County Housing Lead
- **Youth/Senior Housing Options**: JCF, HHSA Housing Program
- **Firewise Pilot**: Supervisor Smallcombe

Housing

Current Goals:

- Track Planning Department and Habitat for Humanity housing projects/funding; Planning Commission code revisions; General Plan update (scheduled for 2026)
- Explore Behavioral Health/Permanent Supportive Housing options for Mariposa County (2025)
- Identify priorities/consensus regarding Short-term Rental Study recommendations
- Identify housing options for youth and seniors (unhoused, post-hospital discharge)
- Identify lessons from District 1 Firewise pilot (especially communication strategies) to apply countywide

Temporary Shelters at Connections funded through Encampment Resolution Funding

Child and Adolescent Health

Mariposa Safe Families Youth Empowerment Summit 2025

Champions / Partners:

- **Food security:** Child/Adolescent Working Group, Youth Support Committee; Master Gardeners; Food Banks; North County CBOs and partners (Coulterville Café); Mariposa Heritage House; HHSA Eligibility Team
- **Pediatrician / Dentist Recruitment:** HHSA; JCF; CCAH
- **Child Care Expansion**: First 5; Local Child Care Planning Council; Youth Support Committee
- **Pediatric Immunizations:** CCAH, Mariposa Unified School District; HHSA/Public Health; California Department of Public Health

Child and Adolescent Health

Current Goals:

- Food security expansions
- Pediatrician recruitment
- Oral health recruitment
- Increase enrollment in subsidized childcare among eligible families
- Expand partnership with Arts Council, Sierra Foothill Conservancy, Day Camp
- Expand availability of local childcare options through workforce development to recruit / train new providers
- Increase youth immunization rates
- Parent education and outreach to promote child and adolescent health (e.g., Kindergarten Oral Health Assessments (KOHA), new parents, siblings; peer support)
- Workforce expansion / internships for youth to encourage skills and career exploration

Kids Bucks at the Farmers Market

Looking Ahead

- The CHIP will be revisited every 3 years
- CHIP activities may take longer than 3 years to take effect
- Updates will be provided quarterly to the CHIP group and shared on the HHSA Public Health webpage, social media and in the HHSA Newsletter

Acknowledgements

- Mariposa Arts Council
- John C Fremont (JCF) Hospital Foundation
- Mariposa County Probation Office
- Mariposa County Health and Human Services Teams (HHSA)
  - Public Health Branch (HHSA-PH)
  - Housing Team
  - Transportation
- Mariposa County Board of Supervisors (BOS)
- John C Fremont Hospital (JCF)
- Mariposa County Rotary
- Mariposa County Unified School District (MCUSD)
- Mariposa Safe Families (MSF)
- Mariposa Heritage House (MHH)
- Ryan White Foundation
- Central California Alliance for Health (CCAH)
- First 5
- Mariposa County Planning Department

Thank you!

MARIPOSA COUNTY

Board of Supervisors

Agenda Item – No Resolution Requested

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Walter Wall, District Attorney

RE: **CLOSED SESSION:** Conference with Legal Counsel; Existing Litigation - Paragraph (1) of Subdivision (d) of Section 54956.9: National Opioid Litigation (1:22-CV-01370-ADA-SAB)

RECOMMENDATION AND JUSTIFICATION

CLOSED SESSION: Conference with Legal Counsel; Existing Litigation - Paragraph (1) of Subdivision (d) of Section 54956.9: National Opioid Litigation (1:22-CV-01370-ADA-SAB).

[X] CONFERENCE WITH LEGAL COUNSEL:

[X] Existing Litigation: National Opioid Litigation (1:22-CV-01370-ADA-SAB)
[ ] Disclosure will jeopardize existing settlement negotiations.

[ ] Anticipated Litigation
[ ] Significant exposure to litigation pursuant to subdivision (b) of Government Code section 54956.9.
Number of cases to be discussed:

[ ] Initiating of litigation pursuant to subdivision (c) of Government Code section 54956.9.
Number of cases to be discussed:

[ ] CONFERENCE WITH COUNTY LABOR NEGOTIATOR
Name of Employee Organization:
Name of County Designated Representative:
Title(s) of unrepresented individuals with whom negotiations are being conducted:

[ ] PUBLIC EMPLOYEE EMPLOYMENT TITLE OR POSITION TO BE FILLED:
(Government Code Section 54957 (b) (1))

[ ] PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Position of employee under review: (Government Code Section 54954.5)

[ ] PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE (Government Code Section 54954.5)

[ ] CONFERENCE WITH REAL PROPERTY NEGOTIATOR
Description of real property:
Agency negotiator:
Closed session will concern: ( ) price; ( ) terms of lease/purchase.

[ ] THREAT TO PUBLIC SERVICE FACILITIES
Name of the law enforcement agency involved:
Title of officer of a law enforcement agency:

[ ] LICENSE/PERMIT DETERMINATION
License or Permit applied for:
Number of license or permit applicants:
Name of applicant(s):

BACKGROUND AND HISTORY OF BOARD ACTIONS

Not Applicable

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

Not Applicable

FINANCIAL IMPACT

Not Applicable

ATTACHMENTS

None

MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2025-296

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Shannon Hansen, Director of Public Works and Transportation

RE: **PUBLIC HEARING:** Adopt the Current Fee Structure for Countywide Service Area No. 1, Road Maintenance for Zones of Benefits; and Authorize the Fee to be Placed on the Property Tax Roll for Fiscal Year (FY) 25-26

RECOMMENDATION AND JUSTIFICATION

PUBLIC HEARING: Adopt the Current Fee Structure for Countywide Service Area No. 1, Road Maintenance for Zones of Benefits; and Authorize the Fee to be Placed on the Property Tax Roll for Fiscal Year (FY) 25-26.

Annually, a report is generated listing the fees associated with Countywide County Service Area No.1. These fees are then placed on the Property Tax Roll upon Board of Supervisors' approval for the fiscal year 2025-2026. Royal Oaks and Granite Springs have price escalators and are represented in the attached EXHIBIT "A". All other rates remain the same.

BACKGROUND AND HISTORY OF BOARD ACTIONS

The Board approves the annual fee structure for Zones of Benefit.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

Do not approve, would cause the non-collection required to continue providing the road maintenance services to the Zones of Benefit.

FINANCIAL IMPACT

None

ATTACHMENTS

1. **Public Notice ZOB FY25-26**
2. **Notice of Exemption FY 25-26**
3. **Resolution ZOB FY25-26**
4. **Exhibit A - FY25-26**
5. **Resolution 2024-318**

VOTE RESULT

RESULT: **Adopted (UNANIMOUS)**

MOVER: District II Supervisor Shannon Poe

SECONDER:	District IV Supervisor Jenni Kiser
AYES:	District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District V Supervisor Miles Menetrey, District I Supervisor Rosemarie Smallcombe

PUBLIC HEARING NOTICE
COUNTY SERVICE AREA NO. 1
(Road Maintenance Zones of Benefit)

On Tuesday, July 15, 2025, at the hour of 9:00 a.m. or as soon thereafter the Mariposa County Board of Supervisors will conduct a public hearing in the Chambers of the Board of Supervisors, Mariposa County Government Center, 5100 Bullion Street, Mariposa, California, to establish the current fee structure for County Service Area No. 1 (Road Maintenance Zones of Benefit). These fees are to be placed on the property tax roll for fiscal year 2025-26.
Any interested member of the public may appear at the hearing and be heard or is welcome to provide written input.

Information on the fees is available for review from the Clerk of the Board, 5100 Bullion Street, Mariposa California 95338 or the Public Works Department at 4639 Ben Hur Road, Mariposa, California 95338.

NOTICE OF EXEMPTION

To: ☐ Office of Planning and Research
1400 Tenth Street, Room 121
Sacramento, CA 95814

☐ County Clerk
County of Mariposa County
P.O. Box 247
Mariposa, CA 95338

From: Mariposa County Public Work
4639 Ben Hur Road
Mariposa, CA 95338

FILED

JUL 03 2025
COURTNEY PROGNER MORROW
MARIPOSA COUNTY CLERK

Project Title: County Service Area No. 1 Zones of Benefit

Project Location-Specific: Mariposa County and Lake Don Pedro

Project Location-City: Mariposa **Project Location-County:** Mariposa County

Description of Project: Re-authorizing fees

Name of Public Agency Approving Project: COUNTY OF MARIPOSA

Name of Person or Agency Carrying Out Project: Mariposa County – Dept. of Public Works

Exempt Status:

☐ Ministerial (Sec. 21080-(b) (8); 15268);
☐ Declared Emergency (Sec. 21080(b)(3): 15269(a));
☐ Emergency Project (Sec. 21080(b)(4); 15269(b)(c));
X Categorical Exemption. State type and section number: Section 15273
☐ Statutory Exemptions. State code number:

Reasons why project is exempt: Pursuant to Section 15273 of the California Environmental Quality Act (CEQA) Guidelines and Section 21080(b)(8) of the California Public Resources Code, the establishment, modification, structuring, restructuring, or approval of rates, tolls, fares, and other charges by public agencies are statutorily exempt, in that Fees are being charged to reimburse staff for expenses.

Lead Agency
Contact Person: Shannon Hansen **Area Code/Telephone:** (209) 966-5356

If filed by applicant:

1. Attach certified document of exemption finding.
2. Has a notice of exemption been filed by the public agency approving the project:
X Yes ☐ No

Signature: _____ Date: 6/25/25
Title: Director of Public Works & Transportation

X Signed by Lead Agency Date received for filing at OPR:

☐ Signed by Applicant

MARIPOSA COUNTY

RESOLUTION NO. _____

RESOLUTION TO ESTABLISH THE CURRENT FEE STRUCTURE FOR MARIPOSA COUNTY SERVICE AREA NO. 1 ZONES OF BENEFIT

SECTION 1. WHEREAS,

(a) This Board has enacted ordinances relative to certain County Service Areas declaring that service charges shall be collected on the tax roll in the same manner and at the same time as the County's general ad valorem property taxes are collected as provided by Government Code Section 25215.4; and

(b) This Board desires to proceed in accordance with the provisions of Government Code Section 54985 and 54986 and Articles XIIIC and XIIID of the California Constitution in order to carry said ordinances into effect; and

(c) This Board ordered the preparation of a written report containing a description of each parcel of real property receiving services and the amount of the charge for each parcel for the fiscal year 2025-2026, and further requiring the Clerk of the Board to select a date and time for a hearing on said report, and to cause a notice of hearing thereon to be published in a newspaper of general circulation in the County pursuant to the provisions of Section 6061 of the Government Code; and

(d) The Public Works Department has investigated possible environmental impacts of the proposed assessments and found this action to be categorically exempt from the requirements for preparation of environmental documents pursuant to Public Resources Code Section 21080(b)(8) and Section 15273 of the State CEQA Guidelines; and

(e) The Director of Public Works having duly prepared said written report and filed the same with the Clerk of the Board, whereupon said Clerk duly selected the date and time for hearing on said report, caused a notice of the filing of said report and the time and place of hearing thereon to be published pursuant to the provisions of Section 6061 of the Government Code, and caused said report to be available for public inspection for a period of not less than ten (10) days prior to the date of said hearing; and

(f) In accordance therewith, a public hearing has been held before this Board today at which time the Board considered said report and heard and considered all objections and protests to said report; and

SECTION 2. NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of Mariposa County, State of California, as follows:

1. This Board finds and determines that each of the facts recited herein above is true, and that this Board has jurisdiction to proceed and make the determination set forth below.

2. This Board further finds that because the proposed action is for the reaffirming of rates and charges necessary to meet operating expenses, for the purchase or lease of supplies, equipment and materials, to meet financial reserve needs and requirements and to obtain funds for capital projects necessary to maintain service within existing County Service Areas it is, therefore, categorically exempt from the provisions of the California Environmental Quality Act (CEQA) of 1970 pursuant to Public Resources Code Section 21080(b)(8) and Section 15273 of the State CEQA Guidelines.

3. The Clerk of the Board will file with the County Clerk a Notice of Exemption, pursuant to CEQA and said Guidelines, if requested.

4. The public hearing upon the levying of assessments and fees within each County Service Area is hereby concluded and closed.

5. This Board does hereby confirm that these assessments and fees comply with the applicable provisions of Article XIIID of the California Constitution and that no balloting will be required except to increase the assessments or fees beyond the approved level.

6. This Board hereby approves all assessments and fees described in Exhibit "A" which have remained unchanged since the last fiscal year and adopts this resolution recommended by the Public Works Department prepared for consideration of this Board setting County Service Area fees that are to be placed on the tax roll for fiscal year 2025-2026.

7. The Clerk of the Board shall send a certified copy of this resolution to each of the following:

Public Works Department
County Counsel
County Auditor
County Administrative Officer

PASSED AND ADOPTED by the Mariposa County Board of Supervisors this _____ day of _____, 2025 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAINED:

_____
Rosemarie Smallcombe, Chair
Mariposa County Board of Supervisors

ATTEST:

_____
Danielle Bondshu, Clerk of the Board

APPROVED AS TO FORM:

_____
Walter W. Wall, County Counsel

EXHIBIT "A"

CSA NAME	ADDRESS*	SERVICE	ASSESSMENT
County Service Area No.1	**Location: Countywide**		
Zones of Benefit:			
Black Oak Ridge	All	Road Maintenance	$100.00
Lakeside Drive	5641		$100.00
Placer Lane	6331, 6334		$100.00
Whitlock Road	5830		$100.00
Broncho Hollow:		Road Maintenance	
Broncho Hollow Lane	4029, 4089		$61.24
Broncho Hollow Lane	4004		$122.50
Broncho Hollow Lane	3786 to 3984		$141.70
Deer Run	All		$185.48
Hidden Valley	All		$61.24
Indian Peak	3950		$61.24
Quail Run	All		$185.48
Quail Hollow	All		$185.48
Rocky Hollow	All		$61.24
Wildcat Springs	All		$185.48
Windy Hollow	All		$185.48
El Toro Road	All	Road Maintenance	$170.20
Hornitos Road	5425		$170.20
Greeley Hill Estates:	(See Exhibit "A" page 4)	Road Maint & Water Tank	
Dogtown Road	All except 6363		$12.00
Dogtown Road	6363		$36.00
Dogtown Road	6408, 6410		$67.00
Ponderosa	All		$36.00
Quail Mine	All		$72.00
Texas Hill	All		$12.00
Jordan View	All	Road Maintenance	$10.00
Leichtlin Lane	All	Road Maintenance	$100.00
Little Bear Road	All	Road Maintenance	$346.50
Totokon	4338		$346.50
Miami Mountain		Snow Removal	
Apple Seed	1841		$25.00
Highway 49 South	1777		$25.00
Miami Meadow	2019		$25.00
Nutter Ranch	All		$25.00
Stage Coach	1740		$25.00
Millbrow Estates		Road Maintenance	
Millbrow	All		$110.00
Holtzel	10224, 10258		$110.00
Montana de Paz	All	Road Maintenance	$251.80
Pagala Springs	All	Road Maintenance	$355.44
Royal Oaks Estates	(See Exhibit "A" page 3)	Road Maintenance	
Granite Springs Estates	(See Exhibit "A" page 4)	Road Maintenance	
Sierra Vista Estates		Road Maintenance	
Indian Peak	4138		$250.00
Mountain Way	All		$250.00
Sierra Vista	All		$250.00
St. Andrews Road	5072, 5075	Road Maintenance	$795.00
Terrace View	All	Road Maintenance	$109.50
Usona Ridge Road	3189 to 3230	Road Maintenance	$100.00
Black Bear Mtn	1812 to 1818		$100.00
Yosemite View Estates		Road Maintenance	
Carson Creek View	4214, 4225		$420.32
Wilbur's Way	All		$420.32

* Note: For Zones of Benefit "All" means all adresses on that road within the zone.

EXHIBIT "A"

Royal Oaks Estates

	APN	Owner	House #	Street	City	Assessments
1	017-660-001-0	Denate, Melody	4508	Royal Oaks CT	Mariposa	$340.87
2	017-660-002-0	Rogerson, Peter/Andrea	4510	Royal Oaks CT	Mariposa	$373.82
3	017-660-003-0	Francis, Stephen/Nancy	4528	Royal Oaks CT	Mariposa	$446.95
4	017-660-004-0	Bratt, Kathleen	4550	Royal Oaks CT	Mariposa	$586.12
5	017-660-005-0	Beccia, Richard/Kelly	4576	Royal Oaks CT	Mariposa	$683.13
6	017-660-006-0	Alvarez, Mayra	4583	Royal Oaks CT	Mariposa	$692.15
7	017-660-007-0	Kinslow, Michael/Laurie	4585	Royal Oaks CT	Mariposa	$692.15
8	017-660-008-0	Santschi, Dennis/Donna	4421	Bural Dr	Mariposa	$472.10
9	017-660-009-0	Marquez, Edward	4548	Little Buck RD	Mariposa	$544.29
10	017-660-010-0	Barajas, Arnulfo	4541	Royal Oaks CT	Mariposa	$520.02
11	017-660-011-0	Jorgensen, Kenneth/Joyce	4557	Royal Oaks CT	Mariposa	$568.45
12	017-660-012-0	Dan Gamel Property Investments	4567	Royal Oaks CT	Mariposa	$683.13
13	017-660-013-0	Uccelli Annette	4371	Bural Dr	Mariposa	$276.24
14	017-660-014-0	James, David	4391	Bural Dr	Mariposa	$276.24
15	017-660-015-0	Xiong, Derek	4541	Little Buck RD	Mariposa	$418.64
16	017-660-016-0	Southworth, David/Penny	4545	Little Buck RD	Mariposa	$435.71
17	017-660-017-0	Lo, Nhia	4245	Burl Dr	Mariposa	$276.24
18	017-660-018-0	Rodman, Mason / Julia	4237	Burl Dr	Mariposa	$276.24
19	017-660-019-0	Duran, Jose/Maria	4358	Burl Dr	Mariposa	$276.24
20	017-660-020-0	Tiner, David/Christina	4348	Burl Dr	Mariposa	$276.24
21	017-660-021-0	Entrust Administration Inc	4232	Burl Dr	Mariposa	$276.24
22	017-660-022-0	Lee, Yu-Ching	4372	Burl Dr	Mariposa	$276.24
23	017-660-023-0	Schaddelee, Robert	4390	Burl Dr	Mariposa	$276.24
24	017-660-024-0	Vanhoogmoed, Andrew/Caro	4260	Burl Dr	Mariposa	$276.24
25	017-660-025-0	Lo, Nhia	4256	Burl Dr	Mariposa	$276.24
26	017-660-026-0	Gonzalez,Jorge	4252	Burl Dr	Mariposa	$276.24
27	017-660-027-0	Malavong Manisay	4248	Burl Dr	Mariposa	$276.24
28	017-660-038-0	White Oak Ridge, LLC	4244	Burl Dr	Mariposa	$276.24
29	017-660-039-0	Pompano, LLC	4240	Burl Dr	Mariposa	$276.24
30	017-660-030-0	Townsend, Richard/Maricela	4394	Burl Dr	Mariposa	$276.24
31	017-660-031-0	Lo, Pao	4412	Burl Dr	Mariposa	$276.24
32	017-660-032-0	Townsend, Richard/Maricela	4424	Burl Dr	Mariposa	$276.24
33	017-660-033-0	Chen, Ling Hui	4465	Burl Dr	Mariposa	$276.24

EXHIBIT "A"

Granite Springs Estates

	APN	Owner	Address	Street	City	Assessment
1	001-140-025	Lopez, Ma	9792	Creekside	Coulterville	$ 35.37
2	001-140-026	Salas, Leonardo	9788	Creekside	Coulterville	$ 79.54
3	001-140-027	Her, Va Pao	9775	Creekside	Coulterville	$ 94.97
4	001-140-028	Ruiz, Asuncion/Alicia	9774	Creekside	Coulterville	$ 123.63
5	001-140-029	Lopez, Jose/Linda	9759	Creekside	Coulterville	$ 159.22
6	001-140-030	Ruiz, Asuncion/Alicia	9758	Creekside	Coulterville	$ 167.75
7	001-140-031	Erickson, Wayne	9751	Creekside	Coulterville	$ 210.36
8	001-140-032	Crockett, Nicholas/Anamae	9740	Creekside	Coulterville	$ 212.16
9	001-140-022	Delano, Art & Carol	9793	Creekside	Coulterville	$ 57.78
10	001-140-033	Fink, Erika		Remainder	Coulterville	$ 2,731.26

EXHIBIT "A"

Greeley Hill Estates

	APN	Owner	Address	Street	City	Assessment
1	004-590-0010	Kalinowski, Susan	6485	Dogtown	Coulterville	$ 12.00
2	004-590-0020	Kalinowski, Susan	Unassigned		Coulterville	12.00
3	004-590-0030	Brown, David/Maria	6453	Dogtown	Coulterville	12.00
4	004-590-0040	Clough, Glenn	6441	Dogtown	Coulterville	12.00
5	004-590-0050	Beberbia, Frank	6433	Dogtown	Coulterville	12.00
6	004-590-0060	Brizendine, Stan	6436	Dogtown	Coulterville	12.00
7	004-590-0070	Bright, Donald/Janice	6410	Dogtown	Coulterville	67.00
8	004-590-0080	Pfeiffer, Kenneth	6408	Dogtown	Coulterville	67.00
9	004-590-0090	Thompson, Richard	6425	Dogtown	Coulterville	12.00
10	004-590-0100	Obrien, Sandra	6415	Dogtown	Coulterville	12.00
11	004-590-0110	Cox, William B	9416	Ponderosa	Coulterville	36.00
12	004-590-0120	Johnson, Raymond/Dolores	9408	Ponderosa	Coulterville	36.00
13	004-590-0130	Higuera, Daniel/Gail	9732	Texas Hill	Coulterville	12.00
14	004-590-0140	Goodrich, Steven	9718	Texas Hill	Coulterville	12.00
15	004-590-0150	Leroudier, Frederic/Yiping	9680	Texas Hill	Coulterville	12.00
16	004-590-0160	Baca, Ruben Jr/Francine	9683	Texas Hill	Coulterville	12.00
17	004-590-0170	Baca, Ruben Jr/Francine	9719	Texas Hill	Coulterville	12.00
18	004-590-0180	Love, John/Darralynne	9721	Texas Hill	Coulterville	12.00
19	004-590-0190	Johnson, Raymond	9413	Ponderosa	Coulterville	36.00
20	004-590-0200	Cox, William B	Unassigned		Coulterville	12.00
21	004-590-0210	Cox, William B	6363	Dogtown	Coulterville	36.00
22	004-590-0220	Bradbury, Robert/Patricia	6345	Dogtown	Coulterville	12.00
23	004-590-0230	McAdam-Austin, Erin	6350	Dogtown	Coulterville	12.00
24	004-590-0240	Dodge, Mary	Unassigned		Coulterville	12.00
25	004-590-0250	Dodge, Mary	Unassigned		Coulterville	12.00
26	004-590-0260	Dodge, Mary	6374	Dogtown	Coulterville	12.00
27	004-590-0270	Dugan, Thomas/Valerie	Unassigned		Coulterville	72.00
28	004-590-0280	Dodge, Nicholas/Mary	Unassigned		Coulterville	72.00
29	004-590-0290	Dodge, Nicholas/Mary	Unassigned		Coulterville	72.00
30	004-590-0300	Dugan, Thomas/Valerie	9787	Quail Mine	Coulterville	72.00
31	004-590-0310	Dugan, Thomas/Valerie	Unassigned		Coulterville	72.00
32	004-590-0320	Dodge, Nicholas/Mary	9780	Quail Mine	Coulterville	72.00
33	004-590-0330	Galli, Edward	Unassigned		Coulterville	72.00
34	004-590-0340	Whitworth, Dennis/Elaine	9751	Quail Mine	Coulterville	72.00
35	004-590-0350	Heath, Michael/Ann	Unassigned		Coulterville	72.00
36	004-590-0360	Galli, Edward	9729	Quail Mine	Coulterville	72.00
37	004-590-0370	Galli, Edward	9715	Quail Mine	Coulterville	72.00

MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2024-318

MEETING: July 16, 2024

TO: The Board of Supervisors

FROM: Shannon Hansen, Director of Public Works and Transportation

RE: **PUBLIC HEARING:** To Adopt the Current Fee Structure for Countywide County Service Area No.1, Road Maintenance for Zones of Benefit; and Authorize the Fees to be Placed on the Property Tax Roll for Fiscal Year 2024-25

RECOMMENDATION AND JUSTIFICATION

PUBLIC HEARING: To Adopt the Current Fee Structure for Countywide County Service Area No.1, Road Maintenance for Zones of Benefit; and Authorize the Fees to be Placed on the Property Tax Roll for Fiscal Year 2024-25.

Annually, a report is generated listing the fees associated with Countywide Country Service Area No. 1. These fees are then placed on the Property Tax Roll upon Board of Supervisors approval for the Fiscal Year 2024-25. Royal Oaks and Granite Springs have price escalators and are represented in the attached EXHIBIT "A". All other rates remain the same. T

BACKGROUND AND HISTORY OF BOARD ACTIONS

The Board approves the fee structure for Zones of Benefit annually.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

Do not approve, the fees would cause the non-collection required to continue providing road maintenance services to the Zones of Benefit.

FINANCIAL IMPACT

None

ATTACHMENTS

1. **Public Notice**
2. **List of Tax Roll 24-25**
3. **Resolution for 1408**
4. **Notice of Exemption24**

VOTE RESULT

RESULT: **Adopted (UNANIMOUS)**
MOVER: District III Supervisor Danette Toso
SECONDER: District IV Supervisor Wayne Forsythe
AYES: District V Supervisor Menetrey, District III Supervisor Toso, District IV Supervisor

Forsythe

EXCUSED: District I Supervisor Rosemarie Smallcombe

MARIPOSA COUNTY

RESOLUTION NO. 2024-318

RESOLUTION TO ESTABLISH THE CURRENT FEE STRUCTURE FOR MARIPOSA COUNTY SERVICE AREA NO. 1.

SECTION 1. WHEREAS,

(a) This Board has enacted ordinances relative to certain County Service Areas declaring that service charges shall be collected on the tax roll in the same manner and at the same time as the County's general ad valorem property taxes are collected as provided by Government Code Section 25215.5; and

(b) This Board desires to proceed in accordance with the provisions of Government Code Section 54985 and 54986 and Articles XIIIC and XIIID of the California Constitution in order to carry said ordinances into effect; and

(c) This Board ordered the preparation of a written report containing a description of each parcel of real property receiving services and the amount of the charge for each parcel for the fiscal year 2024-2025, and further requiring the Clerk of the Board to select a date and time for a hearing on said report, and to cause a notice of hearing thereon to be published in a newspaper of general circulation in the County pursuant to the provisions of Section 6061 of the Government Code; and

(d) The Public Works Department has investigated possible environmental impacts of the proposed assessments and found this action to be categorically exempt from the requirements for preparation of environmental documents pursuant to Public Resources Code Section 21080(b)(8) and Section 15273 of the State CEQA Guidelines; and

(e) The Director of Public Works having duly prepared said written report and filed the same with the Clerk of the Board, whereupon said Clerk duly selected the date and time for hearing on said report, caused a notice of the filing of said report and the time and place of hearing thereon to be published pursuant to the provisions of Section 6061 of the Government Code, and caused said report to be available for public inspection for a period of not less than ten (10) days prior to the date of said hearing; and

(f) In accordance therewith, a public hearing has been held before this Board today at which time the Board considered said report and heard and considered all objections and protests to said report; and

SECTION 2. NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of Mariposa County, State of California, as follows:

1. This Board finds and determines that each of the facts recited herein above is true, and that this Board has jurisdiction to proceed and make the determination set forth below.

2. This Board further finds that because the proposed action is for the reaffirming of rates and charges necessary to meet operating expenses, for the purchase or lease of supplies, equipment and materials, to meet financial reserve needs and requirements and to obtain funds for capital projects necessary to maintain service within existing County Service Areas it is, therefore, categorically exempt from the provisions of the California Environmental Quality Act (CEQA) of 1970 pursuant to Public Resources Code Section 21080(b)(8) and Section 15273 of the State CEQA Guidelines.

3. The Clerk of the Board will file with the County Clerk a Notice of Exemption, pursuant to CEQA and said Guidelines, if requested.

4. The public hearing upon the levying of assessments and fees within each County Service Area is hereby concluded and closed.

5. This Board does hereby confirm that these assessments and fees comply with the applicable provisions of Article XIIID of the California Constitution and that no balloting will be required except to increase the assessments or fees beyond the approved level.

6. This Board hereby approves all assessments and fees described in Exhibit "A" which have remained unchanged since the last fiscal year and adopts this resolution recommended by the Public Works Department prepared for consideration of this Board setting County Service Area fees that are to be placed on the tax roll for fiscal year 2024-2025.

7. The Clerk of the Board shall send a certified copy of this resolution to each of the following:

Public Works Department
County Counsel
County Auditor
County Administrative Officer

PASSED AND ADOPTED by the Mariposa County Board of Supervisors this 16th day of July, 2024 by the following vote:

AYES: TOSO, FORSYTHE, MENETREY

NOES: NONE

ABSENT: SMALLCOMBE

ABSTAINED: POE

Miles Menetrey, Chair
Mariposa County Board of Supervisors

ATTEST:

Deputy
Danielle Bondshu, Clerk of the Board

APPROVED AS TO FORM:

Steven W. Dahlem, County Counsel

NOTICE OF EXEMPTION

To: ☐ Office of Planning and Research
1400 Tenth Street, Room 121
Sacramento, CA 95814

From: Mariposa County Public Works
4639 Ben Hur Road
Mariposa, CA 95338

☐ County Clerk
County of Mariposa County
P.O. Box 247
Mariposa, CA 95338

RECEIVED
JUN 20 2024
MARIPOSA COUNTY CLERK

Project Title: County Service Area 1 Authorized Fees

Project Location-Specific: Mariposa County and Lake Don Pedro

Project Location-City: Mariposa **Project Location-County:** Mariposa County

Description of Project: Re-authorizing fees

Name of Public Agency Approving Project: COUNTY OF MARIPOSA

Name of Person or Agency Carrying Out Project: Mariposa County – Dept. Of Public Works

Exempt Status:

- ☐ Ministerial (Sec. 21080-(b) (8); 15268);
- ☐ Declared Emergency (Sec. 21080(b)(3): 15269(a));
- ☐ Emergency Project (Sec. 21080(b)(4); 15269(b)(c));
- X Categorical Exemption. State type and section number: Section 15301
- ☐ Statutory Exemptions. State code number:

Reasons why project is exempt: Operation of existing facilities

Lead Agency
Contact Person: Shannon Hansen **Area Code/Telephone:** (209) 966-5356

If filed by applicant:

1. Attach certified document of exemption finding.
2. Has a notice of exemption been filed by the public agency approving the project:
   X Yes ☐ No

Signature: _____ Date: 6/13/24
Title: Director Public Works & Transportation

X Signed by Lead Agency Date received for filing at OPR:

☐ Signed by Applicant

EXHIBIT "A"

COUNTY SERVICE AREA No. 1
TO BE PLACED ON TAX ROLL FISCAL YEAR 2024-25

CSA NAME	ADDRESS*	SERVICE	24-25
County Service Area No.1			
Location: Countywide			
Zones of Benefit:			
Black Oak Ridge	All	Road Maintenance	$100.00
Lakeside Drive	5641		$100.00
Placer Lane	6331, 6334		$100.00
Whitlock Road	5830		$100.00
Broncho Hollow:		Road Maintenance	
Broncho Hollow Lane	4029, 4089		$61.24
Broncho Hollow Lane	4004		$122.50
Broncho Hollow Lane	3786 to 3984		$141.70
Deer Run	All		$185.48
Hidden Valley	All		$61.24
Indian Peak	3950		$61.24
Quail Run	All		$185.48
Quail Hollow	All		$185.48
Rocky Hollow	All		$61.24
Wildcat Springs	All		$185.48
Windy Hollow	All		$185.48
El Toro Road	All	Road Maintenance	$170.20
Hornitos Road	5425		$170.20
Greeley Hill Estates:	(See Exhibit "A" page 5)	Road Maint & Water Tank	
Dogtown Road	All except 6363		$12.00
Dogtown Road	6363		$36.00
Dogtown Road	6408, 6410		$67.00
Ponderosa	All		$36.00
Quail Mine	All		$72.00
Texas Hill	All		$12.00
Jordan View	All	Road Maintenance	$10.00
Leichtlin Lane	All	Road Maintenance	$100.00
Little Bear Road	All	Road Maintenance	$346.50
Totokon	4338		$346.50
Miami Mountain		Snow Removal	
Apple Seed	1841		$25.00
Highway 49 South	1777		$25.00
Miami Meadow	2019		$25.00
Nutter Ranch	All		$25.00
Stage Coach	1740		$25.00
Millbrow Estates		Road Maintenance	
Millbrow	All		$110.00
Holtzel	10224, 10258		$110.00
Montana de Paz	All	Road Maintenance	$251.80
Pagala Springs	All	Road Maintenance	$355.44
Royal Oaks Estates	(See Exhibit "A" page 3)	Road Maintenance	
Granite Springs Estates	(See Exhibit "A" page 4)	Road Maintenance	
Sierra Vista Estates		Road Maintenance	
Indian Peak	4138		$250.00
Mountain Way	All		$250.00
Sierra Vista	All		$250.00
St. Andrews Road	5072, 5075	Road Maintenance	$795.00

EXHIBIT "A"

COUNTY SERVICE AREA No. 1
TO BE PLACED ON TAX ROLL FISCAL YEAR 2024-25

CSA NAME	ADDRESS*	SERVICE	24-25
County Service Area No.1			
Location: Countywide			
Zones of Benefit:			
Terrace View	All	Road Maintenance	$109.50
Usona Ridge Road	3189 to 3230	Road Maintenance	$100.00
Black Bear Mtn	1812 to 1818		$100.00
Yosemite View Estates		Road Maintenance	
Carson Creek View	4214, 4225		$420.32
Wilbur's Way	All		$420.32

* Note: For Zones of Benefit "All" means all adresses on that road within the zone.

EXHIBIT "A"

Royal Oaks Estates

	APN	Owner	Address	Street	City	Assessment
1	017-660-001-0	Denate, Melody	4508	Royal Oaks	Mariposa	$ 334.19
2	017-660-002-0	Rogerson, Peter/Andrea	4510	Royal Oaks	Mariposa	366.49
3	017-660-003-0	Francis, Stephen/Nancy	4528	Royal Oaks	Mariposa	438.18
4	017-660-004-0	Bratt, Kathleen	4550	Royal Oaks	Mariposa	574.62
5	017-660-005-0	Beccia, Richard/Kelly	4576	Royal Oaks	Mariposa	669.74
6	017-660-006-0	Alvarez, Mayra	4583	Royal Oaks	Mariposa	678.58
7	017-660-007-0	Kinslow, Michael/Laurie	4585	Royal Oaks	Mariposa	678.58
8	017-660-008-0	Santschi, Dennis/Donna	4421	Burl Dr	Mariposa	462.85
9	017-660-009-0	Marquez, Edward	4548	Little Buck	Mariposa	533.62
10	017-660-010-0	Barajas, Arnulfo	4541	Royal Oaks	Mariposa	509.83
11	017-660-011-0	Jorgensen, Kenneth/Joyce	4557	Royal Oaks	Mariposa	557.30
12	017-660-012-0	Dan Gamel Property Investments	4567	Royal Oaks	Mariposa	669.74
13	017-660-013-0	Uccelli Annette	4371	Burl Dr	Mariposa	270.82
14	017-660-014-0	James, David	4391	Burl Dr	Mariposa	270.82
15	017-660-015-0	Xiong, Derek	4541	Little Buck	Mariposa	410.43
16	017-660-016-0	Southworth, David/Penny	4545	Little Buck	Mariposa	427.17
17	017-660-017-0	Lo, Nhia	4245	Burl Dr	Mariposa	270.82
18	017-660-018-0	Rodman, Mason / Julia	4237	Burl Dr	Mariposa	270.82
19	017-660-019-0	Duran, Jose/Maria	4358	Burl Dr	Mariposa	270.82
20	017-660-020-0	Tiner, David/Christina	4348	Burl Dr	Mariposa	270.82
21	017-660-021-0	Entrust Administration Inc	4232	Burl Dr	Mariposa	270.82
22	017-660-022-0	Lee, Yu-Ching	4372	Burl Dr	Mariposa	270.82
23	017-660-023-0	Schaddelee, Robert	4390	Burl Dr	Mariposa	270.82
24	017-660-024-0	Vanhoogmoed, Andrew/Caro	4260	Burl Dr	Mariposa	270.82
25	017-660-025-0	Lo, Nhia	4256	Burl Dr	Mariposa	270.82
26	017-660-026-0	Gonzalez,Jorge	4252	Burl Dr	Mariposa	270.82
27	017-660-027-0	Malavong Manisay	4248	Burl Dr	Mariposa	270.82
28	017-660-038-0	White Oak Ridge, LLC	4244	Burl Dr	Mariposa	270.82
29	017-660-039-0	Pompano, LLC	4240	Burl Dr	Mariposa	270.82
30	017-660-030-0	Townsend, Richard/Maricela	4394	Burl Dr	Mariposa	270.82
31	017-660-031-0	Lo, Pao	4412	Burl Dr	Mariposa	270.82
32	017-660-032-0	Townsend, Richard/Maricela	4424	Burl Dr	Mariposa	270.82
33	017-660-033-0	Chen, Ling Hui	4465	Burl Dr	Mariposa	270.82
						$ 12,456.89

EXHIBIT "A"

Granite Springs Estates

	APN	Owner	Address	Street	City	Assessment
1	001-140-025	Lopez, Ma	9792	Creekside	Coulterville	$ 34.68
2	001-140-026	Salas, Leonardo	9788	Creekside	Coulterville	77.98
3	001-140-027	Her, Va Pao	9775	Creekside	Coulterville	93.11
4	001-140-028	Ruiz, Asuncion/Alicia	9774	Creekside	Coulterville	121.21
5	001-140-029	Lopez, Jose/Linda	9759	Creekside	Coulterville	156.10
6	001-140-030	Ruiz, Asuncion/Alicia	9758	Creekside	Coulterville	164.46
7	001-140-031	Erickson, Wayne	9751	Creekside	Coulterville	206.23
8	001-140-032	Crockett, Nicholas/Anamae	9740	Creekside	Coulterville	208.00
9	001-140-022	Delano, Art & Carol	9793	Creekside	Coulterville	56.65
10	001-140-033	Fink, Erika		Remainder	Coulterville	2,677.70
						$ 3,796.12

EXHIBIT "A"

Greeley Hill Estates

	APN	Owner	Address	Street	City	Assessments
1	004-590-0010	Kalinowski, Susan	6485	Dogtown	Coulterville	$ 12.00
2	004-590-0020	Kalinowski, Susan	Unassigned		Coulterville	12.00
3	004-590-0030	Brown, David/Maria	6453	Dogtown	Coulterville	12.00
4	004-590-0040	Clough, Glenn	6441	Dogtown	Coulterville	12.00
5	004-590-0050	Beberbia, Frank	6433	Dogtown	Coulterville	12.00
6	004-590-0060	Brizendine, Stan	6436	Dogtown	Coulterville	12.00
7	004-590-0070	Bright, Donald/Janice	6410	Dogtown	Coulterville	67.00
8	004-590-0080	Pfeiffer, Kenneth	6408	Dogtown	Coulterville	67.00
9	004-590-0090	Thompson, Richard	6425	Dogtown	Coulterville	12.00
10	004-590-0100	Obrien, Sandra	6415	Dogtown	Coulterville	12.00
11	004-590-0110	Cox, William B	9416	Ponderosa	Coulterville	36.00
12	004-590-0120	Johnson, Raymond/Dolores	9408	Ponderosa	Coulterville	36.00
13	004-590-0130	Higuera, Daniel/Gail	9732	Texas Hill	Coulterville	12.00
14	004-590-0140	Goodrich, Steven	9718	Texas Hill	Coulterville	12.00
15	004-590-0150	Leroudier, Frederic/Yiping	9680	Texas Hill	Coulterville	12.00
16	004-590-0160	Baca, Ruben Jr/Francine	9683	Texas Hill	Coulterville	12.00
17	004-590-0170	Baca, Ruben Jr/Francine	9719	Texas Hill	Coulterville	12.00
18	004-590-0180	Love, John/Darralynne	9721	Texas Hill	Coulterville	12.00
19	004-590-0190	Johnson, Raymond	9413	Ponderosa	Coulterville	36.00
20	004-590-0200	Cox, William B	Unassigned		Coulterville	12.00
21	004-590-0210	Cox, William B	6363	Dogtown	Coulterville	36.00
22	004-590-0220	Bradbury, Robert/Patricia	6345	Dogtown	Coulterville	12.00
23	004-590-0230	McAdam-Austin, Erin	6350	Dogtown	Coulterville	12.00
24	004-590-0240	Dodge, Mary	Unassigned		Coulterville	12.00
25	004-590-0250	Dodge, Mary	Unassigned		Coulterville	12.00
26	004-590-0260	Dodge, Mary	6374	Dogtown	Coulterville	12.00
27	004-590-0270	Dugan, Thomas/Valerie	Unassigned		Coulterville	72.00
28	004-590-0280	Dodge, Nicholas/Mary	Unassigned		Coulterville	72.00
29	004-590-0290	Dodge, Nicholas/Mary	Unassigned		Coulterville	72.00
30	004-590-0300	Dugan, Thomas/Valerie	9787	Quail Mine	Coulterville	72.00
31	004-590-0310	Dugan, Thomas/Valerie	Unassigned		Coulterville	72.00
32	004-590-0320	Dodge, Nicholas/Mary	9780	Quail Mine	Coulterville	72.00
33	004-590-0330	Galli, Edward	Unassigned		Coulterville	72.00
34	004-590-0340	Whitworth, Dennis/Elaine	9751	Quail Mine	Coulterville	72.00
35	004-590-0350	Heath, Michael/Ann	Unassigned		Coulterville	72.00
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33	017-660-033-0	Chen, Ling Hui	4465	Burl Dr	Mariposa	270.82
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8	004-590-0080	Pfeiffer, Kenneth	6408	Dogtown	Coulterville	67.00
9	004-590-0090	Thompson, Richard	6425	Dogtown	Coulterville	12.00
10	004-590-0100	Obrien, Sandra	6415	Dogtown	Coulterville	12.00
11	004-590-0110	Cox, William B	9416	Ponderosa	Coulterville	36.00
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13	004-590-0130	Higuera, Daniel/Gail	9732	Texas Hill	Coulterville	12.00
14	004-590-0140	Goodrich, Steven	9718	Texas Hill	Coulterville	12.00
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25	004-590-0250	Dodge, Mary	Unassigned		Coulterville	12.00
26	004-590-0260	Dodge, Mary	6374	Dogtown	Coulterville	12.00
27	004-590-0270	Dugan, Thomas/Valerie	Unassigned		Coulterville	72.00
28	004-590-0280	Dodge, Nicholas/Mary	Unassigned		Coulterville	72.00
29	004-590-0290	Dodge, Nicholas/Mary	Unassigned		Coulterville	72.00
30	004-590-0300	Dugan, Thomas/Valerie	9787	Quail Mine	Coulterville	72.00
31	004-590-0310	Dugan, Thomas/Valerie	Unassigned		Coulterville	72.00
32	004-590-0320	Dodge, Nicholas/Mary	9780	Quail Mine	Coulterville	72.00
33	004-590-0330	Galli, Edward	Unassigned		Coulterville	72.00
34	004-590-0340	Whitworth, Dennis/Elaine	9751	Quail Mine	Coulterville	72.00
35	004-590-0350	Heath, Michael/Ann	Unassigned		Coulterville	72.00
36	004-590-0360	Galli, Edward	9729	Quail Mine	Coulterville	72.00
37	004-590-0370	Galli, Edward	9715	Quail Mine	Coulterville	72.00
						$ 1,310.00

MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2025-297

MEETING: July 15, 2025

TO: The Board of Supervisors

FROM: Shannon Hansen, Director of Public Works and Transportation

RE: **PUBLIC HEARING:** Authorize and Direct Staff to Place Special Districts' Delinquent User Fees on the Fiscal Year (FY) 25-26 Property Tax Roll

---

RECOMMENDATION AND JUSTIFICATION

PUBLIC HEARING: Authorize and Direct Staff to Place Special Districts' Delinquent User Fees on the Fiscal Year (FY) 25-26 Property Tax Roll.

California Government Code Section 25215.5 grants the authority to add delinquent service fees from Special Districts to the property tax roll for collection. This collection method has been highly effective when other efforts to recover delinquent fees have failed.

All affected property owners have received a letter (attached) informing them of the public hearing and the past-due amount that will be added to their property tax bill. This information allows delinquent property owners the opportunity to pay the owed amount and avoid its inclusion on the tax roll. Public Works staff prepares a final list of unpaid fees for the Auditor, accounting for any recent payments made by the property owners.

BACKGROUND AND HISTORY OF BOARD ACTIONS

Each year, the Board has approved adding delinquent fees to the property tax roll. Resolution 2024-319 authorized delinquencies to be placed on the FY 24-25 tax roll.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

Do not approve; delinquent fees will not be added to the property tax roll, and direct staff to use other collection methods.

FINANCIAL IMPACT

None

ATTACHMENTS

1. **Public Notice**
2. **Special Districts' Tax Roll Letter**
3. **Special District Assessments**
4. **Gov Code 25215-25215.7**
5. **Resolution 2024-319**

VOTE RESULT

RESULT:	**Adopted (UNANIMOUS)**
MOVER:	District II Supervisor Shannon Poe
SECONDER:	District IV Supervisor Jenni Kiser
AYES:	District III Supervisor Toso, District II Supervisor Poe, District IV Supervisor Kiser
EXCUSED:	District V Supervisor Miles Menetrey, District I Supervisor Rosemarie Smallcombe

PUBLIC HEARING NOTICE
Delinquent User Fees

On Tuesday, July 15, 2025 at 2:00 pm (or as soon there after as the matter can be heard) the Mariposa County Board of Supervisors will conduct a public hearing in the Board Chambers of the Government Center at 5100 Bullion Street, Mariposa, California, to hear the Report of Fiscal Year 24-25 Delinquent Fees for the Districts of Coulterville, Don Pedro, Mariposa Pines, Wawona and Yosemite West, and to authorize the addition of delinquent fees to the Fiscal Year 2025-26 property tax roll for collection.

Any member of the general public may appear at the hearing and be heard or provide written input.

Information on the delinquent fees is available at the Public Works Department at 4639 Ben Hur Road, Mariposa, California.

Mariposa County
Department of Public Works

Roads – Parks & Recreation – Facilities – Airport
Engineering – Transportation Planning – Surveying
Utilities – Fleet – Solid Waste – Cemeteries

Team, Service, Stewardship

4639 Ben Hur Road
Mariposa, CA 95338
(209) 966-5356
www.mariposacounty.org

July 1, 2025

Dear Property Owner,

On Tuesday, July 15, 2025, at 2:00 PM (or as soon thereafter as the matter can be heard) the Mariposa County Board of Supervisors will hold a public hearing to review the Report of Delinquent Fees for the Districts of Coulterville, Don Pedro, Mariposa Pines, Wawona, and Yosemite West. The Board may authorize the addition of these delinquent fees to the appropriate property tax rolls for collection. The hearing will take place in the Board Chambers of the Government Center at 5100 Bullion Street, Mariposa, California.

Our records show that your account currently has a past due amount that we plan to add to your property tax bill. To prevent this, please make your payment in full to Mariposa County by July 31, 2025. You can mail your payment to the Public Works Department at 4639 Ben Hur Road, Mariposa, California 95338. Alternatively, you can pay by credit card by calling PayStar at (209) 962-2225 or pay online at https://mariposacounty.org.

Any questions pertaining to your account may be directed to Joy Hopper at (209) 742-1157.

Sincerely,

Shannon Hansen, Director
Public Works & Transportation

SPECIAL DISTRICTS ASSESSMENTS: FY24-25

APN NO.	ASSESSMENT AMOUNT	AUDITOR FEE	TOTAL ASSESSMENT	ENTITTY	COULTERVILLE DELINQUENT USER FEES	ACCOUNT NO.
002-020-004-0	$317.70	$2.00	$319.70	945	MOREY, MELYNDA	10000028
002-040-034-0	$1,709.69	$2.00	$1,711.69	945	MORASCI, DONNA	10000039
002-040-027-0	$11.93	$2.00	$13.93	945	SPAHN, JOSEPH	10000042
002-220-001-0	$707.47	$2.00	$709.47	945	YOSEMITE MOTEL INVESTMENTS	10000046
002-040-010-0	$126.90	$2.00	$128.90	945	ZIMMERMAN, JENNIFER	10000052
002-050-004-0	$166.90	$2.00	$168.90	945	ZIMMERMAN, LESLIE	10000068
002-040-011-0	$558.16	$2.00	$560.16	945	BLACK, BILL	10000070
002-060-005-0	$15.40	$2.00	$17.40	945	BUTLER, ALTON	10000088
002-040-051-0	$1,299.80	$2.00	$1,301.80	945	BAISDON, LINDA	10000089
Total Entity 945	$4,913.95	$18.00	$4,931.95	945		

Debit Auditor's Fees to 3314-408-60303

SPECIAL DISTRICTS ASSESSMENTS: FY24-25

APN NO.	ASSESSMENT AMOUNT	AUDITOR FEE	TOTAL ASSESSMENT	ENTITTY	DON PEDRO DELINQUENT USER FEES	ACCOUNT NO.
021-250-014-0	474.76	$2.00	476.76	950	LANE, RYAN & SUSAN	50000005
021-280-001-0	473.92	$2.00	475.92	950	MERCHANT, WILLIAM	50000013
021-290-001-0	25.10	$2.00	27.10	950	PROPHET, JASON/TANIA	50000014
021-290-018-0	129.43	$2.00	131.43	950	WEIGHTMAN, WALTER	50000020
021-290-006-0	462.64	$2.00	464.64	950	HENSON, COEY	50000036
021-210-032-0	511.68	$2.00	513.68	950	MACHADO, CODY	50000045
021-250-006-0	477.26	$2.00	479.26	950	FLORES, ALFREDO	50000087
021-260-015-0	477.26	$2.00	479.26	950	COBARRUBIA, ANTHONY & KAMMY	50000114
021-270-002-0	475.60	$2.00	477.60	950	CARO, CESAR/ MARTINEZ,NANCY	50000126
021-290-013-0	83.50	$2.00	85.50	950	SMITH, CHRISTINA	50000149
021-300-020-0	242.33	$2.00	244.33	950	GULLATT III, JOHN	50000172
021-380-043-0	269.73	$2.00	271.73	950	URBAN, JOE & KIM	50000231
021-390-009-0	222.55	$2.00	224.55	950	FUENTES, VERONICA	50000257
021-380-044-0	477.77	$2.00	479.77	950	MACHADO, TRAVIS	50000266
021-380-048-0	365.35	$2.00	367.35	950	FERNANDEZ, MELLISA	50000268

Total Entity 950	**$5,168.88**	**$30.00**	**$5,198.88**	**950**

Debit Auditor's Fees to 3316-408-60303

Parcel Count	APN NO.	ASSESSMENT AMOUNT	AUDITOR FEE	TOTAL ASSESSMENT	ENTITTY	DON PEDRO STANDBY DELINQUENT FEES	ACCOUNT NO.
1	021-150-007-0	$30.00	$2.00	$32.00	951	TANG, LIFU	50000038
2	021-230-005-0	$30.00	$2.00	$32.00	951	LAM, CHIU HUNG	50000044
3	021-230-004-0	$30.00	$2.00	$32.00	951	PHAN, ANDREW	50000049
4	021-230-005-0	$30.00	$2.00	$32.00	951	JG WILDCAT CONSULTING	50000050
5	021-230-019-0	$30.00	$2.00	$32.00	951	VELAZQUEZ, VERONICA	50000052
6	021-230-009-0	$30.00	$2.00	$32.00	951	AMERICAN REAL ESTATE	50000054
7	021-230-016-0	$30.00	$2.00	$32.00	951	ADDISON, CHRISTOPHER	50000061
8	021-240-007-0	$30.00	$2.00	$32.00	951	COSTINIANO-JONES, EVA	50000065
9	021-240-008-0	$30.00	$2.00	$32.00	951	TRUJILLO, MICHAEL	50000066
10	021-240-010-0	$30.00	$2.00	$32.00	951	GARCIA, RUTH	50000068
11	021-240-011-0	$30.00	$2.00	$32.00	951	DELACUADRA, ROBERT	50000069
12	021-240-015-0	$30.00	$2.00	$32.00	951	RENOLO TR, WILLIAM	50000073
13	021-240-017-0	$30.00	$2.00	$32.00	951	NGUYEN, DZUNGA & THU	50000074
14	021-240-018-0	$30.00	$2.00	$32.00	951	PORTER, PEGGY	50000075
15	021-240-019-0	$30.00	$2.00	$32.00	951	MALEK-ZADEH, JACOB	50000076
16	021-240-021-0	$30.00	$2.00	$32.00	951	NVISION CAPITAL ADVISORS	50000078
17	021-250-003-0	$30.00	$2.00	$32.00	951	GATCHALIAN, ERWIN/MITZIGAIL	50000084
18	021-250-007-0	$30.00	$2.00	$32.00	951	CONTRERAS, VALEN	50000088
19	021-250-013-0	$30.00	$2.00	$32.00	951	REINHARDT, ROBERT	50000092
20	021-250-016-0	$30.00	$2.00	$32.00	951	KULCSAR, TERESITA	50000093
21	021-250-017-0	$30.00	$2.00	$32.00	951	VILORIA, FLORENTINO	50000094

22	021-250-018-0	$30.00	$2.00	$32.00	951	ALBERTARIO, KIMBERLY	50000095
23	021-250-021-0	$30.00	$2.00	$32.00	951	GRASMOEN, SCOTT	50000097
24	021-250-022-0	$30.00	$2.00	$32.00	951	CONSOLIDATED RELIANCE INC	50000098
25	021-250-024-0	$30.00	$2.00	$32.00	951	ARQUERO, ARNULFO	50000099
26	021-250-025-0	$30.00	$2.00	$32.00	951	DUMMER, TOM/KARI	50000100
27	021-260-003-0	$30.00	$2.00	$32.00	951	MARINAS, JOSEPH E.	50000102
28	021-260-006-0	$30.00	$2.00	$32.00	951	BUTLER, SHAVONE	50000105
29	021-260-013-0	$22.80	$2.00	$24.80	951	MUROS, ROMAN/CARMEN	50000112
30	021-270-001-0	$30.00	$2.00	$32.00	951	MARTINEZ, TITO	50000125
31	021-290-009-0	$30.00	$2.00	$32.00	951	COLMORE, VINCENT& ABANEATHA	50000148
32	021-290-020-0	$30.00	$2.00	$32.00	951	SCHUHMANN, DAN & MELANIE	50000153
33	021-290-025-0	$30.00	$2.00	$32.00	951	AGUILAR, ANTONIO/LI	50000156
34	021-290-026-0	$30.00	$2.00	$32.00	951	KUENG, SHANNON	50000157
35	021-290-027-0	$30.00	$2.00	$32.00	951	JOHNSTON, ROBERT	50000158
36	021-300-005-0	$30.00	$2.00	$32.00	951	JUAREZ, VALENTIN	50000159
37	021-300-008-0	$30.00	$2.00	$32.00	951	GUZMAN, JONATHAN	50000161
38	021-300-009-0	$30.00	$2.00	$32.00	951	CHEUNG, CINDY YIN	50000162
39	021-300-010-0	$26.40	$2.00	$28.40	951	JOSON, PETE	50000163
40	021-310-002-0	$27.00	$2.00	$29.00	951	FIERROS, SEVEROS	50000184
41	021-310-002-0	$30.00	$2.00	$32.00	951	JG WILDCAT CONSULTING	50000185
42	021-310-004-0	$30.00	$2.00	$32.00	951	PORTER, PEGGY	50000187
43	021-310-007-0	$30.00	$2.00	$32.00	951	GUEVARA, PATRICIA	50000189
44	021-310-008-0	$30.00	$2.00	$32.00	951	NERI, JAMES & KATELYN	50000190
45	021-310-009-0	$30.00	$2.00	$32.00	951	FISHER, PATRICK	50000191
46	021-310-011-0	$30.00	$2.00	$32.00	951	CORIA, SERGIO/SAN JUANITA	50000193
47	021-310-014-0	$30.00	$2.00	$32.00	951	SANTANA, MOSES	50000196

48	021-310-017-0	$30.00	$2.00	$32.00	951	CARRILLO, RAFAEL	50000199
49	021-310-022-0	$30.00	$2.00	$32.00	951	VELAZQUEZ, VERONICA	50000204
50	021-310-024-0	$30.00	$2.00	$32.00	951	CRUZ, MELNORA	50000206
51	021-370-028-0	$30.00	$2.00	$32.00	951	BERCILLA, ALFREDO & VESTA	50000254
52	021-370-038-0	$30.00	$2.00	$32.00	951	SHERIDAN, JAMES	50000277
53	021-370-039-0	$30.00	$2.00	$32.00	951	SHERIDAN, JAMES	50000278
54	021-370-040-0	$30.00	$2.00	$32.00	951	SHERIDAN, JAMES	50000279
55	021-370-041-0	$30.00	$2.00	$32.00	951	SHERIDAN, JAMES	50000280
56	021-380-015-0	$30.00	$2.00	$32.00	951	REAL ESTATE FUND LLC	50000298
57	021-380-016-0	$30.00	$2.00	$32.00	951	REAL ESTATE FUND LLC	50000299
58	021-380-017-0	$30.00	$2.00	$32.00	951	REAL ESTATE FUND LLC	50000300
59	021-380-018-0	$30.00	$2.00	$32.00	951	REAL ESTATE FUND LLC	50000301
60	021-380-019-0	$30.00	$2.00	$32.00	951	REAL ESTATE FUND LLC	50000302
61	021-380-020-0	$30.00	$2.00	$32.00	951	REAL ESTATE FUND LLC	50000303
62	021-370-021-0	$30.00	$2.00	$32.00	951	ALCANTARA, GLORIA	50000305
63	021-360-021-0	$30.00	$2.00	$32.00	951	DELEON, AZUCENA	50000316
64	021-380-004-0	$30.00	$2.00	$32.00	951	DUMPEL, HEDWIG	50000323

Total Entity 951	$1,906.20	$128.00	$2,034.20	**951**

Debit Autitor's Fees to 3316-408-60303

SPECIAL DISTRICT ASSESSMENTS: FY24-25

APN NO.	ASSESSMENT AMOUNT	AUDITOR FEE	TOTAL ASSESSMENT	ENTITTY	MARIPOSA PINES DELINQUENT FEES	ACCOUNT NO.
009-100-031-0	$125.23	$2.00	**$127.23**	948	BISSMEYER, BENJAMIN	30000004

Total Entity 948	**$125.23**	**$2.00**	**$127.23**	**948**

Debit Auditor's Fees to 3320-408-60603

SPECIAL DISTRICT ASSESSMENTS: FY24-25

APN NO.	ASSESSMENT AMOUNT	AUDITOR FEE	TOTAL ASSESSMENT	ENTITTY	MARIPOSA PINES STANDBY DELINQUENT FEES	ACCOUNT NO.
009-110-001-0	$30.00	$2.00	**$32.00**	948	BERES, B. JOHN	30000025

Total Entity 948	**$30.00**	**$2.00**	**$32.00**	**948**

SPECIAL DISTRICTS ASSESSMENTS: FY24-25

APN NO.	ASSESSMENT AMOUNT	AUDITOR FEE	TOTAL ASSESSMENT	ENTITTY	WAWONA DELINQUENT USER FEES	ACCOUNT NO.
010-070-002-0	$220.99	$2.00	$222.99	955	CAMP DUKE LLC	1000069
010-140-017-0	$220.99	$2.00	$222.99	955	HOLMES, SCOTT	11000108
010-180-056-0	$220.99	$2.00	$222.99	955	REED, MARK	11000209
010-280-001-0	$220.99	$2.00	$222.99	955	SIEVERSON, DOLORES TR	11000215

Total Entity 955	**$883.96**	**$8.00**	**$891.96**	**955**

Debit Auditor's Fees to 3321-304-60303

SPECIAL DISTRICTS ASSESSMENTS: FY24-25

APN NO.	ASSESSMENT AMOUNT	AUDITOR FEE	TOTAL ASSESSMENT	ENTITTY	YOSEMITE WEST DELINQUENT FEES	ACCOUNT NO.
006-100-011-0	$182.09	$2.00	$184.09	947	DECRISTOFARO, ANDREW	20000058
006-080-073-0	$105.73	$2.00	$107.73	947	ROBINSON, KIRK ESTATE	20000078
006-080-074-0	$172.20	$2.00	$174.20	947	VYLLA HOME, INC	20000079
006-090-037-0	$31.20	$2.00	$33.20	947	MISENER TR, DAVID & CAROL	20000083
006-080-028-0	$88.26	$2.00	$90.26	947	SANDOVAL, OSCAR	20000126
006-080-056-0	$55.65	$2.00	$57.65	947	DEPUTY, SCOTT	20000142
006-100-028-0	$10.97	$2.00	$12.97	947	SANDOVAL, OSCAR	20000210

Total Entity 946	**$646.10**	**$14.00**	**$660.10**	**946**

Debit Auditor's Fees to 3322-408-60303

SPECIAL DISTRICTS ASSESSMENTS: FY24-25

APN NO.	ASSESSMENT AMOUNT	AUDITOR FEE	TOTAL ASSESSMENT	ENTITTY	YOSEMITE WEST STANDBY DELINQUENT FEES	ACCOUNT NO.
006-080-025-0	$156.00	$2.00	$158.00	946	LIAO, DONGWEI	20000124
006-080-036-0	$156.00	$2.00	$158.00	946	HANDS UP PROPERTIES	20000131
006-080-054-0	$156.00	$2.00	$158.00	946	HEIM, RICHARD/JAMIE	20000141
006-080-062-0	$156.00	$2.00	$158.00	946	HANSEN, TED	20000147
006-080-075-0	$156.00	$2.00	$158.00	946	JAR TRUST	20000152
006-090-023-0	$156.00	$2.00	$158.00	946	MILANI-MOWEN, MICHELLE	20000168
006-090-054-0	$156.00	$2.00	$158.00	946	HAYNIE, REBECCA	20000187
006-090-056-0	$156.00	$2.00	$158.00	946	FAROOQ, MAHAMMAD	20000189
006-100-012-0	$156.00	$2.00	$158.00	946	DECRISTOFARO, ANDREW	20000197
006-100-041-0	$156.00	$2.00	$158.00	946	ALDRICH TR, GAIL	20000218
006-110-010-0	$140.80	$2.00	$142.80	946	HILLSIDE LLC	20000234
006-110-013-0	$156.00	$2.00	$158.00	946	YW 7484 YOSEMITE PARKWAY	20000236
006-110-021-0	$156.00	$2.00	$158.00	946	CHONG, ALLAN	20000241
006-110-026-0	$156.00	$2.00	$158.00	946	SOMIREDDY, SNEHANTH	20000246
006-120-001-0	$156.00	$2.00	$158.00	946	BALES, SCOTT A.	20000247
006-120-003-0	$156.00	$2.00	$158.00	946	KANMATAREDDY, AVANTHI	20000249
006-120-004-0	$156.00	$2.00	$158.00	946	KANMATAREDDY, AVANTHI	20000250
006-130-046-0	$156.00	$2.00	$158.00	946	JAQUES, ALISON	20000292
006-130-047-0	$156.00	$2.00	$158.00	946	JAQUES, ALISON	20000293

Total Entity 946	**$2,948.80**	**$38.00**	**$2,986.80**	**946**

Debit Auditor's Fees to 3322-408-60303

CALIFORNIA CODES
GOVERNMENT CODE
SECTION **25215-25215.7**

25215. Whenever the board determines that the amount of revenue available to a county service area or any of its zones is inadequate to meet the costs of operating and maintaining the services and facilities that the county service area provides, the board may raise revenues pursuant to this article or any other provision of law.

25215.1. The auditor shall allocate to each county service area its share of property tax revenue, if any, pursuant to Chapter 6 (commencing with Section 95) of Part 0.5 of Division 1 of the Revenue and Taxation **Code**.

25215.2. The board may levy special taxes pursuant to Article 3.5 (commencing with Section 50075) of Chapter 1 of Part 1 of Division 1 of Title 5. The special taxes shall be applied uniformly to all taxpayers or all real property within the county service area, except that unimproved property may be taxed at a lower rate than improved property.

25215.3. The board may levy benefit assessments for operations and maintenance consistent with the requirements of Article XIII D of the California Constitution, including, but not limited to, benefit assessments levied pursuant to any of the following:

(a) The Improvement Act of 1911 (Division 7 (commencing with Section 5000) of the Streets and Highways **Code**).

(b) The Improvement Bond Act of 1915 (Division 10 (commencing with Section 8500) of the Streets and Highways **Code**).

(c) The Municipal Improvement Act of 1913 (Division 12 (commencing with Section 10000) of the Streets and Highways **Code**).

(d) The Landscaping and Lighting Assessment Act of 1972 (Part 2 (commencing with Section 22500) of Division 15 of the Streets and Highways **Code**, notwithstanding Section 22501 of the Streets and Highways **Code**).

(e) Any other statutory authorization enacted on or after January 1, 2009.

25215.4. The board may, by resolution or ordinance, do any of the following:

(a) Establish user fees, rates, or other charges, provided that they are not property-related fees and charges, for the services and facilities that are not property related that the county service area provides.

(b) Provide for the collection and enforcement of those user fees, rates, and other charges in the same manner that the county collects and enforces user fees, rates, and charges for the services and facilities that the county provides.

25215.5. The board may, by resolution or ordinance, do any of the following:

(a) Impose property-related fees and charges for the property-related services that the county service area provides, subject to the requirements of Article XIII D of the California Constitution. If new, increased, or extended property-related fees and charges are proposed, the board shall comply with Section 53755.

(b) Provide for the collection and enforcement of those property-related fees and charges in the same manner that the county collects and enforces property-related fees and charges for the property-related services that the county provides, including, but not limited to, Article 4 (commencing with Section 5470) of Chapter 6 of Part 3 of Division 5 of the Health and Safety **Code.**

25215.6. (a) The board may charge standby charges for water, sewer, or water and sewer services pursuant to the Uniform Standby Charge Procedures Act (Chapter 12.4 (commencing with Section 54984) of Part 1 of Division 2 of Title 5).

(b) If the procedures set forth in the former Section 25210.77b as it read at the time a standby charge was established were followed, the board may, by resolution, continue to collect the charge in successive years at the same rate from the parcels within the county service area to which water or sewers are made available for any purpose by the county service area, whether the water or sewers are actually used or not. If new, increased, or extended assessments are proposed, the board shall comply with the notice, protest, and hearing procedures in Section 53753.

25215.7. Whenever a person installs any facilities including, but not limited to, facilities for sewer or water service, and the board determines that it is necessary that those facilities be constructed so that they can be used for the benefit of property within a county service area other than the property of the person installing the facilities, and the facilities are dedicated to the public or become the property of the county or the county service area, the board may by contract agree to reimburse that person for the cost of the installation of those facilities. This contract may provide that the board may collect a reasonable fee or charge from any person using those facilities for the benefit of property not owned by the person who installed the facilities.

MARIPOSA COUNTY

Board of Supervisors

RESOLUTION - ACTION REQUESTED 2024-319

MEETING: July 16, 2024

TO: The Board of Supervisors

FROM: Shannon Hansen, Director of Public Works and Transportation

RE: **PUBLIC HEARING:** Authorize and Direct Staff to Place Special Districts' Delinquent User Fees on the FY24-25 Property Tax Roll

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RECOMMENDATION AND JUSTIFICATION

PUBLIC HEARING: Authorize and Direct Staff to Place Special Districts Delinquent User Fees on the FY24-25 Property Tax Roll.

California Government Code Section 25215.5 grants the authority to add delinquent service fees from Special Districts to the property tax roll for collection. This collection method has been highly effective when other efforts to recover delinquent fees have failed.

All affected property owners have received a letter (attached) informing them of the public hearing and the past-due amount that will be added to their property tax bill. This notification allows delinquent property owners the opportunity to pay the owed amount and avoid its inclusion on the tax roll. Public Works staff prepares a final list of unpaid fees for the Auditor, accounting for any recent payments made by property owners.

BACKGROUND AND HISTORY OF BOARD ACTIONS

Each year the Board has approved adding delinquent fees to the property tax roll. Resolution 2023-388 authorized delinquencies to be placed on the FY23-24 tax roll.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION

Do not approve, delinquent fees will not be added to the property tax roll, and direct staff to use other collection methods.

FINANCIAL IMPACT

None.

ATTACHMENTS

1. **CA Gov code 25215**
2. **Gazette Dist. User Fees 23-24**
3. **Special District Assessments**
4. **Resolution 2023-388 Tax Roll**
5. **Letter to Customers24**