ALPINE COUNTY
BEHAVIORAL HEALTH SERVICES

Fiscal Years 2020-21 through 2022-23
MHSA Three-Year Program and Expenditure Plan &
Annual PEI Evaluation Report

POSTED FOR PUBLIC COMMENT
May 26, 2020 through June 24, 2020

The MHSA 3-Year Program and Evaluation Plan with the included PEI Evaluation Report is available for public review and comment from May 26, 2020 through June 24, 2020. Printed copies of the plan are posted at each post office in Alpine County and on the Behavioral Health homepage of the county website:
http://www.alpinecountyca.gov/Index.aspx?NID=192
To obtain a copy by mail, or request an accommodation or translation of the document into other languages or formats call the number below by 5:00pm, on Monday June 15, 2020. We welcome your feedback by phone, in person, or in writing. Comments may also be made during the Public Hearing to be held on June 25, 2020

Public Hearing Information:
Thursday June 25, 2020 at 12:00 pm
Special session of the Mental Health Board Meeting

Due to COVID-19 restrictions, the Public Hearing will be held online, via Zoom.
Zoom meeting link: **https://zoom.us/j/97490144438**

If you prefer to join by phone, please call **1-669-900-9128.**
Enter Meeting ID: **974 9014 4438**
Comments or Questions? Please contact:
Amy Broadhurst, MHSA Coordinator 530-694-1816
abroadhurst@alpinecountyca.gov
Thank you!

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Acknowledgements

Alpine County Behavioral Health Services wishes to thank the many consumers, family members, community members, and agencies who participated in the community program planning and helped guide the development of this Mental Health Services Act (MHSA) 3 Year Plan:

- Alpine County Board of Supervisors
- Alpine County Mental Health Board
- Alpine County Unified School District and Office of Education
- Alpine County First 5 Commission
- Alpine County Libraries (Bear Valley & Markleeville)
- Alpine Kids
- Alpine Native Temporary Assistance for Needy Families (TANF)
- Choices for Children
- Suicide Prevention Network
- Woodfords Indian Education Center
- Washoe Tribe Cultural Resources Department
- Woodfords Washoe Community Council

As the preparers of this plan, Behavioral Health Services (BHS) is particularly appreciative of the vision and commitment provided by the Mental Health Services Act (MHSA) Planning Committee, comprised of Gail St. James, Director of Behavioral Health, Janet Stevens, LCSW, and Amy Broadhurst, Mental Health Services Act (MHSA) Coordinator. In addition, this report would not be possible without the fiscal analysis provided by Nani Ellis and Katie Johnston, Fiscal and Technical Team, as well as reporting and data collection by Teri McAlpin, Deb Goerlich, and Michelle Kaner, Administrative Assistants.

We would also like to acknowledge IDEA Consultants as reviewers of this plan.

MHSA County Compliance Certification

County: Alpine

☒ **Three-Year Program and Expenditure Plan**
☐ **Annual Update**

County Mental Health Director	**Program Lead**
Name: Gail St. James **Telephone**: 530-694-1816 **Email**: gstjames@alpinecountyca.gov	**Name**: Amy Broadhurst, MHSA Coordinator **Telephone**: 530-694-1816 **Email**: abroadhurst@alpinecountyca.gov
County Mental Health Mailing Address: Alpine County Behavioral Health Services 40 Diamond Valley Rd. Markleeville, CA 96120	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment, and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Three-Year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on <date>.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached Three-Year Program and Expenditure Plan are true and correct.

County Mental Health Director (PRINT)	Signature	Date

MHSA County Fiscal Accountability Certification

County: Alpine

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

County Mental Health Director	**County Auditor-Controller/City Financial Officer**
Name: Gail St. James Behavioral Health Director Telephone Number: (530) 694-1816 E-mail: gstjames@alpinecountyca.gov	Name: Craig Goodman Interim Finance Director Telephone Number: (530) 694-2284 E-mail: cgoodman@alpinecountyca.gov
County Mental Health Mailing Address: 40 Diamond Valley Rd. Markleeville, CA 96120	

I hereby certify that the Three-Year Program and Expenditure Plan 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 Three-Year Program and Expenditure Plan is true and correct to the best of my knowledge.

County Mental Health Director (PRINT) | 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 (MHSA) 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 Mental Health Services Act (MHSA) distributions were recorded as revenues in the local MHSA Fund; that County/City Mental Health Services Act (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 Mental Health Services Act (MHSA) 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.

County Interim Finance Director (PRINT) | Signature | Date

Mental Health Board Approval Letter

COUNTY OF ALPINE
Mental Health Board

June 25, 2020

To: Gail St. James, Director
Alpine County Behavioral Health Services

From: Alpine County Mental Health Board

RE: Mental Health Services Act Public Hearing
MHSA 3-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23
and Annual PEI Evaluation Report

In compliance with MHSA regualtions and procedures, the Alpine County MHSA 3-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23 and Annual PEI Evaluation Report was posted for 30-day period of public review and comment from May 26 through June 24, 2020. On Thursday June 25, 2020, the Chair and a quorum of the Alpine County Mental Health Board hosted a Public Hearing and made a motion with regard to the MHSA Three-Year Program and Expenditure Plan & Annual PEI Evaluation Report for Fiscal Years 2020-21 through 2022-3. Due to COVID-19 the meeting was held on-line via Zoom.

MOTION: The Alpine County Mental Health Board moves to approve the MHSA 3-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23 and Annual PEI Evaluation Report.

The motion was approved by Mental Health Board. The Board looks forward to program implementation and appreciates efforts to improve the scope and quality of behavioral health services available in Alpine County.

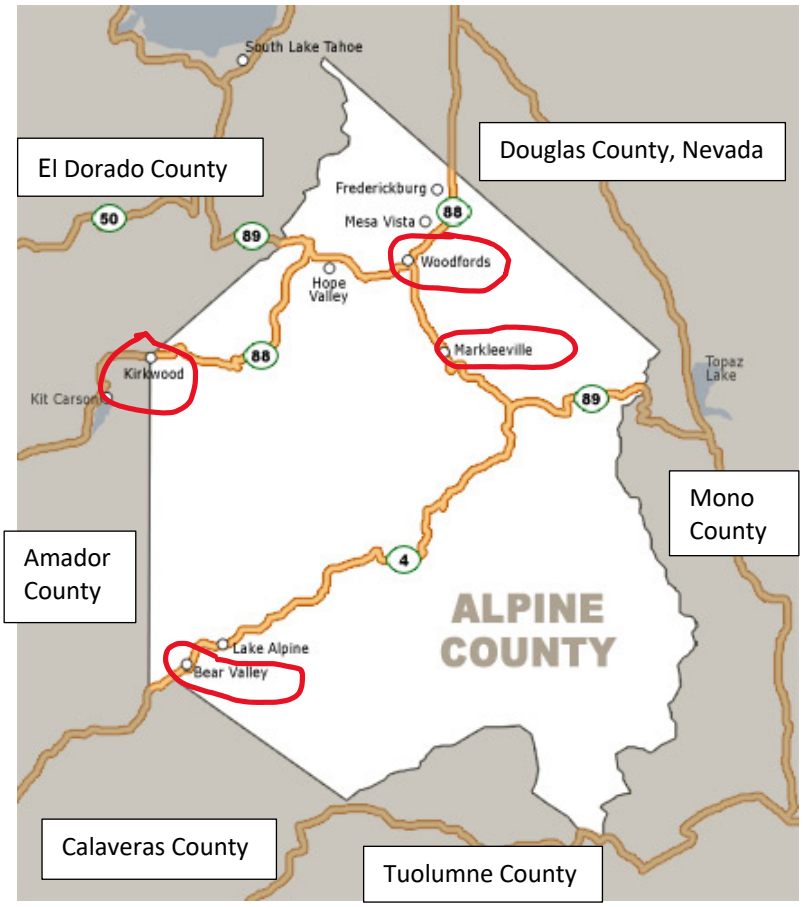
Jessica Bennett
Chair,
Alpine County Mental Health Board

40 Diamond Valley Road, Markleeville, CA 96120 (530) 694-1816 / Fax (530) 694-2387
Web Page - http://www.alpinecountyca.gov

Alpine County Board of Supervisors Approval Letter

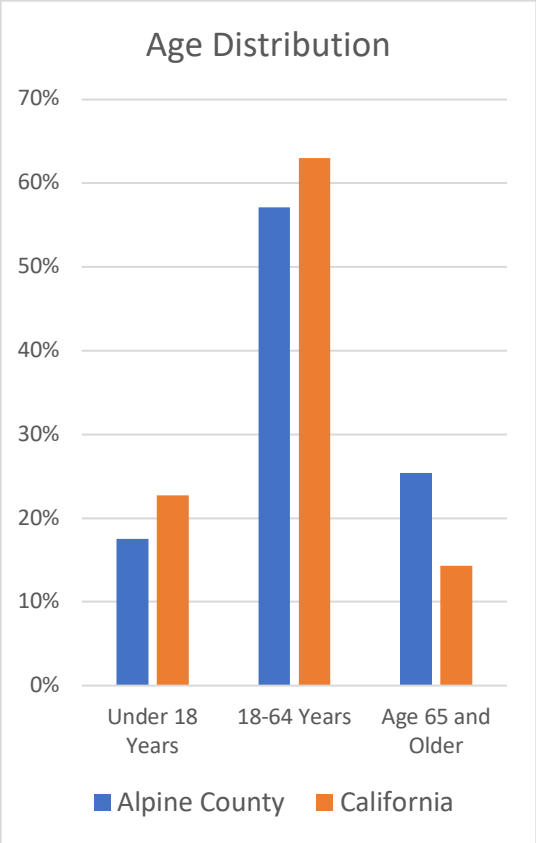
(pending approval)

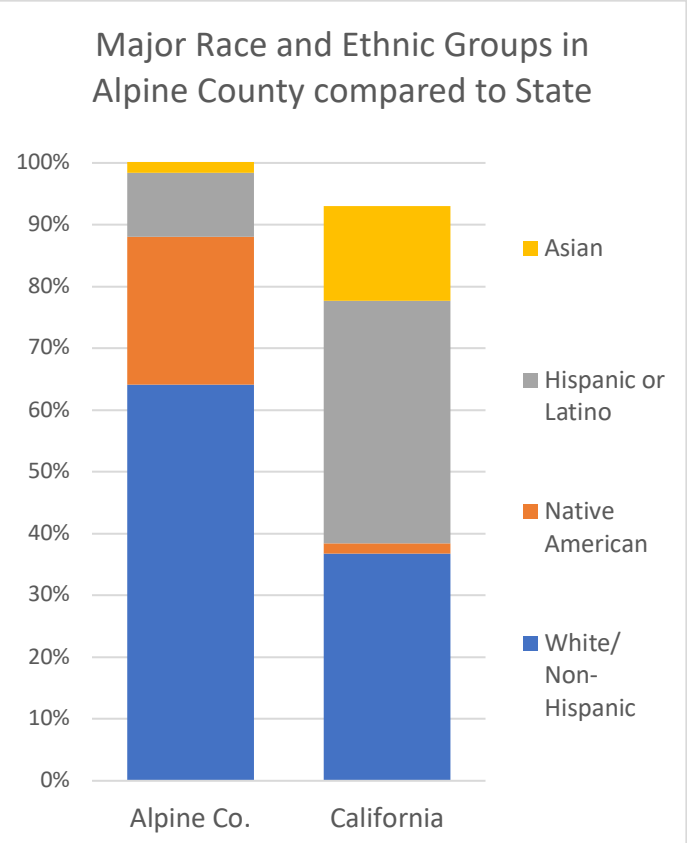
Introduction



Alpine County lies along the crest of central Sierra Nevada, south of Lake Tahoe, north of Yosemite, and bordering the state of Nevada. This rural county is the smallest in California, with a population of 1,129[1], of whom 46.6% are female and 53.4% male. An estimated 82 veterans live in Alpine County, representing 7.3% of all residents. The population in Alpine County is comprised of 64.1% White/non-Hispanic, 23.9% American Indian/Alaskan Native, 11.4% Hispanic or Latino, 2% Asian, and 4.1% of people reporting two or more races. Median per capita annual income in the county is $29,041, with an estimated 17.3% of county residents living in poverty. Median per capita annual income in Alpine County is 17% lower than in the state of California ($35,021) and the poverty rate in the County is 4.5% higher than reported statewide. In comparison to statewide totals, Alpine County is also home to a higher percentage of people 65 years of age and older (25.4% in Alpine County and 14.3% in California) as well as a higher percentage of people under age 65 with a disability (16.5% in Alpine County and 6.8% in California).

[1] U.S. Census Bureau. (2019). Quick facts. Available at: https://www.census.gov/quickfacts/fact/table/alpinecountycalifornia,US/PST045217. (Accessed April 11, 2020).





The California Mental Health Services Oversight & Accountability Commission (MHSOAC) considers Alpine County to be a "Very Small County" which is defined in Title 9, California Code of Regulations, section 3750 as a county with a population of less than 100,000, as determined by the projection by the California State Department of Finance. Unlike many counties in California, Alpine has no threshold languages other than English. Alpine County also has no incorporated cities, and most of the population is concentrated around four rural mountain communities: Markleeville, Woodfords, Bear Valley, and Kirkwood. Markleeville is the County seat and home to many of the County's offices and direct service providers. Partially situated in Alpine County, the federally-recognized Washoe Tribe of Nevada and California includes four communities, with three in Nevada and one in Alpine County. The Washoe community in Alpine, Hung A Lel Ti, is located adjacent to the town of Woodfords. Kirkwood and Bear Valley are mountain resort communities, each with a small number of permanent residents; higher numbers of seasonal visitors and employees; and limited access to basic services.

Transportation, isolation, substance-use co-occurring with other risk factors, risk of suicide, and housing issues were consistently identified by residents as areas of concern during the MHSA planning process. Because of the remoteness of our community and the limited resources available locally, Alpine County Behavioral Health provides community wellness activities, as well as treatment services, to individuals and families experiencing emotional, mental, or behavioral difficulties, whether resulting from a mental health disorder or the stresses of daily life.

Acronyms and Definitions

MHSA: Mental Health Services Act. This Act (CA Proposition 63) was passed by voter-initiative in November 2004. The Act imposes a 1% tax on personal income over $1 million in order to fund an array of mental health services, including prevention, early intervention, treatment and support services, and the necessary facilities, technology, and training that effectively support the public mental health system.

MHSA Plan Components	
CSS	Community Services and Supports
CTFN	Capital Facilities &Technology Needs
INN	Innovation
PEI	Prevention and Early Intervention
WET	Workforce Education & Training

Age Group Categories	
Child	Age range is 0 to 15 years old
TAY	Transitional Age Youth, Age Range is 16 to 25 years old
Adult	Age Range is 26 – 59 years old
Older Adult	Age Range is 60 years and older

County-Specific Acronyms	
AC BOS - or -BOS	Alpine County Board of Supervisors
AC BHS - or - BHS	Alpine County Behavioral Health Services
BV	Bear Valley
HLT	Hung A Lel Ti, the Washoe community in Alpine County, located in the Woodfords area
MHB	Alpine County Mental Health Board
Interventions and Tools Referenced in the Alpine County MHSA 3-Year Plan	
AQoL	Assessment of Quality of Life, an outcome measure used with adults (age 18 and older) within the PEI Component
EHR	Electronic Health Record
FCCS	Field Capable Clinical Services, a program within the CSS plan
PBIS	Positive Behavior Intervention Supports, a school-based program in the PEI plan.
YQoL-SF	Youth Quality of Life – Short Form. Assessment of Quality of Life, an outcome measure used with youth (age 11 to 18) within the PEI Component

Other Key MHSA Terms	
CPP	Community Program Planning, the process used by Counties to develop MHSA Plans and Updates in collaboration with stakeholders
Cultural Competence	Treatment interventions, outreach services, policies, and staff development necessary to effectively engage, provide treatment, and retain individuals of diverse racial/ethnic, cultural, and linguistic populations, and to reduce health disparities in the County.
ISSP	Individual Services and Supports Plan
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
Stakeholders	Individuals or entities with an interest in mental health services in the County, including people with mental illness, their families, teachers, health professionals, and residents.
Underserved	Clients who have been diagnosed with a SMI or SED and receive some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience.
Unserved	Individuals who may have a mental illness or emotional disturbance and are not receiving mental health services or receive crisis services only.

Community Services and Supports (CSS) Service Categories	
FSP -or- Full-Service Partnership	Expand mental health services and supports to individuals with serious mental illness (SMI) and children with severe emotional disturbance (SED) to provide the full spectrum of community services so that the client can achieve the identified goals.
General Systems Development	Provides for the use of MHSA funds to improve the County's mental health service delivery system for all clients and/or to pay for specified mental health services and supports for clients, and/or when appropriate their families.
Outreach and Engagement	Fund activities to reach, identify, and engage unserved individuals and communities and to reduce disparities

Prevention and Early Intervention (PEI) Service Categories	
Prevention	Prevention activities are designed to reduce risk factors for developing a potentially serious mental illness and to build protective factors, particularly among individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.
Early Intervention	Treatment and other services and interventions, including relapse prevention, to address and promote recovery and improved functional outcomes for a mental illness early in its emergence. Typically, early intervention services are provided for no more than 18 months, unless treatment focus is on early psychosis.
Access and Linkage to Treatment	Access and linkage services are a set of related activities designed to connect individuals with mental illness to medically necessary care and treatment, early in the onset of these conditions.
Stigma and Discrimination Reduction	These activities are intended to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to 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	These are organized activities that the County undertakes to prevent suicide as a consequence of mental illness, but not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.
Outreach for Increasing Recognition of Early Signs of Mental Illness	These programs may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms; programs may also involve engaging, encouraging, educating, or training, and learning from other members of the community about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.
Improve Timely Access to Services for Underserved Populations	Timeliness programs are intended to increase the extent to which an individual or family from an underserved population is able to access mental health services. Timeliness is measured by the interval between referral and participating at least once in the treatment to which the person was referred. Alpine County BHS Policies and Procedures stipulate that appointments must be scheduled within 10 business days of the potential client's initial request for services, and this timeliness standard has been consistently met. Consequently, PEI Program Planning will concentrate on improving timely access to treatment by improving collection of referral data and developing follow-up processes to improve early engagement in order to address access issues in our underserved communities.

Community Program Planning (CPP) Process

Community-wide Stakeholder Meetings

The Community Program Planning (CPP) process was designed to be both thorough and inclusive, with a series of three (3) community planning sessions offered in each of the four (4) distinct communities within Alpine County, and with discussions focused as follows:

- Session 1: Initial planning sessions were intended to identify mental health needs and priorities, and included background information about the Mental Health Services Act, MHSA core components, statewide MHSA goals and values, the importance of Prevention and Early Intervention services, and priorities established by Senate Bill 1004. Needs identified within the communities were tabulated and then ranked by community members in the second series of meetings.
- Session 2: In addition to providing feedback on previously identified needs, the second series of stakeholder meetings invited discussion about "what's working" and a recognition of community strengths, including current MHSA programs and collaborative opportunities and partnerships to build upon.
- Session 3: The third series of community-based stakeholder meetings focused on brainstorming and the development of strategies to address gaps and disparities in the full range of MHSA prevention and treatment programs provided within Alpine County.

Community Location	Session Dates and Attendance			Total Attendees	Unduplicated Attendees
	Session 1	Session 2	Session 3		
Bear Valley	8/14/2019 n=29	10/9/2019 n=12	2/5/2020 n=24	65	50
Hung A Lel Ti	8/21/2019 n=18	10/16/2019 n=32	1/29/2020 n=24	74	58
Kirkwood	8/19/2019 n=2	10/28/2019 n=3	2/3/20200 n=1	6	6
Markleeville	9/9/2019 n=13	10/7/2019 n=9	2/10/2020 n=16	38	25

Staff Focus Group

On 9/4/2019, Behavioral Health facilitated a discussion of MHSA core components, the CPP process, and program priorities provided in PEI and CSS services, similar to the Session 1 community presentations. Nine (9) individuals participated and provided feedback.

Client Focus Group

On 2/11/2020, Alpine County Behavioral Health sponsored a focus group specifically for clients and client families to concentrate principally on client services and supports within the CSS and PEI components of the County's MHSA plan. A total of 31 individuals attended this focus group; and overall, approximately 65% of the total outpatient client population was represented.

Community Feedback on MHSA Programs, Needs, and Priorities:

When discussion focused around:	Our Stakeholders said:
Needs	▪ The negative impact of isolation – and the need for prevention programs to reduce isolation - was heard from community members living throughout the county. Isolation was identified as a concern by adults and older adults who value connection with peers in the PEI Yoga and Senior Socialization and Exercise Programs. The risk of isolation contributing to depression and excessive use of alcohol ("pushing a person over the edge") was a concern, particularly in the more remote communities of Kirkwood and Bear Valley. ▪ Stakeholders identified youth as an underserved population. In the community of Hung A Lel Ti, residents spoke of needs for fun and healthy activities for youth, anti-bullying interventions, youth mentoring, a place for teens to "hang-out," and substance-use prevention and intervention services for youth. In Kirkwood, stakeholders identified need for prevention activities and treatment services for young adults who work at the resort and may be away from home for the first time. ▪ County residents also believe that more programs are needed to serve the aging population, particularly to reduce the risk of depression, promote healthy coping strategies, and improve self-care. ▪ More general social services were mentioned in several meetings: in Bear Valley, particularly, the lack of both seasonal and permanent housing and transportation to essential services is problematic. More generally, the scarcity of affordable housing options and limited public transportation impacts many residents. ▪ Stakeholders support community and culturally-based interventions: community events and activities, mental health awareness and educational events, strengthening trauma-informed interventions, and expanding Native-based recovery efforts were suggested.
Strengths	▪ Alpine County residents described their appreciation of outdoor exercise and recreation, connection to nature, and shared values concerning rural mountain life as a community strength. ▪ Residents in Alpine County communities look out for one another. ▪ Residents who live and work in the resort communities of Kirkwood and Bear Valley have employee benefits to address some basic needs. ▪ Housing, recreational activities, health care, and employment services are available to residents of Hung A Lel Ti through the Washoe Tribe, CHIPS, and ADVANCE. Partnering with the Community Council is a potential strategy to improve community mental health and wellness. ▪ Other departments in Alpine County help people to meet their basic needs; having BHS staff work in collaboration with the Library, the Planning Commission, Dial-a-Ride, Health and Human Services, and other support services improves the wellbeing of county residents.

Community Feedback on MHSA Programs, Needs, and Priorities, continued:

When discussion focused around:	Our Stakeholders said:
Program Gaps & Priorities	▪ Establishing a local site for mental health services in Kirkwood is a priority for that community - for example, walk-in services one day per week. ▪ Hung A Lel Ti stakeholders are concerned about the resignation of the Native Wellness Advocate and endorse the need for that position to be filled. In the interim, stakeholders suggested that BHS connect with Washoe Cultural Resources Department to provide activities and services that demonstrate cultural awareness and promote traditional healing and wellness in the Native American community. ▪ In several sessions, stakeholders advocated for an increase in community education around trauma and services designed to reduce the impacts of trauma. ▪ Strategies for improving outreach and engagement of transition-age youth (TAY, aged 16 to 25 years) was discussed in several community sessions, as well as in the client focus group. Stakeholder suggestions included: - Improve linkage to available resources for youth who are not on the path to college but have interest in the trades or pursuing a career using their skills and talents around art; - Develop a Youth Leadership Program or Youth Advisory Board; - Create a place for youth to meet as a group; - Introduce youth-led groups and wellness activities. ▪ The client focus group suggested that BHS include peer advocacy and peer-led groups in Wellness Center activities, such as trauma-focused yoga; tapping; support groups for men and women; and strategies for financial wellness, such as a Bridges Out of Poverty group. ▪ Stakeholder evaluation surveys of existing Prevention and Early Intervention (PEI) and Community Services and Supports (CSS) programs were compiled and are presented beginning on page 17.

Changes for the MHSA 3-Year Plan

In response to community feedback, Alpine County Behavioral Health has made the following substantive changes for the MHSA 3-Year Plan:

- The Field Capable Clinical Services Program will be modified to include on-site services in Kirkwood. In-home and community-based services will be available to Kirkwood residents to improve access to care.
- MHSA staff will explore opportunities for collaboration with Washoe Tribe Cultural Resources Department, with the intention of including seasonal harvests, learning about the Washoe language and Native storytelling, and celebrating traditions in the Outreach and Engagement Program. In addition, clients and community members will be

encouraged to develop peer-led groups to share their cultural knowledge, practices, and teachings during Wellness Center hours.

- The Native Wellness Advocate is an MHSA-funded position that remains active and open in the County personnel system. Stakeholders have voiced strong support for refilling the position, and BHS intends to do so once the County-mandated hiring freeze has been lifted.
- To address the growing awareness and need for trauma-focused education, assessment, and treatment services, BHS developed a Healing Trauma Program, to be incorporated within the MHSA CSS Component. (See page 30 for Program details.)
- In response to stakeholder feedback, the TAY Outreach Program was expanded from the services that were outlined in the 2019-20 MHSA Update, to include monthly "High School Hangout Nights" beginning in February 2020. This expansion of the TAY Outreach Program is maintained in the current 3-Year Plan. BHS will continue monthly outreach at high schools, provide linkage to resources for education and employment opportunities, and support youth involvement in leadership and peer-run programs.

Participant Evaluation of the CPP Process

- At each of the community meetings and focus groups, participants were asked to evaluate their experience with the planning process. Of the 223 community, client, and staff participants in eleven separate groups, a total of 106 evaluations were submitted. Overall, the completion rate was 47.5%; results are summarized below:

Question	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The community planning process will capture the mental health needs in Alpine County.	2.9%	5.8%	61.2%	30.1%
2. The community planning process discussion reflects my opinions/ideas about how to improve mental health services.	3.8%	5.8%	54.8%	35.6%
3. The community planning process and plan update will strengthen mental health services in Alpine County.	2.9%	4.8%	54.3%	38.1%
4. The community planning process is in alignment with MHSA values.	4.0%	5.0%	53.5%	37.6%
	Poor	**Fair**	**Good**	**Excellent**
5. Overall, how would you rate the quality of the facilitation throughout the planning process?	0.0%	9.5%	47.6%	42.9%

Community Survey of PEI Programs

During Session 3 of the community-wide stakeholder meetings, participants were asked to provide feedback on the impact that MHSA Prevention and Early Intervention (PEI) Programs have in communities throughout Alpine County. Of the 65 participants in these sessions, a total of 48 evaluations were submitted. Overall, the completion rate was 73.8%; results are summarized below:

Program	I and/or my family members participate Frequently	I and/or my family members participate Occasionally	Neither I nor my family members participate but I believe this program is Valuable	Neither I nor my family members participate and I Do Not see the value in this program	I am not familiar with this program
Programs for Children & Youth aged 0-15 years					
Play Group	4.7%	11.6%	51.2%	2.3%	30.2%
Alpine Kids	27.7%	14.9%	42.6%	0	14.9%
Positive Behavior Interventions and Supports (PBIS)	14.0%	9.3%	41.9%	0	34.9%
Bike to School	7.0%	9.3%	55.8%	0	27.9%
Programs for Transitional-Aged Youth (16-25 years)					
TAY Outreach (at Douglas HS)	11.4%	2.3%	59.1%	0	27.3%
TAY Outreach (outings)	2.3%	9.3%	58.1%	2.3%	27.9%
Programs for Adults and Older Adults (aged 25-59 Years and aged 60+)					
Create the Good	47.5%	15.0%	20.0%	0	17.5%
Honoring Past & Present	17.5%	12.5%	32.5%	0	37.5%
Community Trips	17.5%	25.0%	35.0%	0	22.5%
Mental Health First Aid	10.3%	20.5%	43.6%	0	25.6%
Yoga	27.5%	15.0%	47.5%	0	10.0%
Additional Programs from the Senior Socialization & Exercise Program for Older Adults (aged 60+)					
Cardio, Chair Exercise, Holistic Health	7.1%	11.9%	61.9%	2.4%	16.7%
Elders' Luncheon and 50+ activities	21.4%	21.4%	45.2%	0	11.9%
Senior Soak	11.9%	31.0%	47.6%	2.4%	7.1%
Additional Programs for Families and People of All Ages					
Annual Outreach Events	11.9%	26.2%	38.1%	0	23.8%
Family Night	29.3%	9.8%	39.0%	0	22.0%
Movie Night & Archery Tag	15.4%	12.8%	43.6%	0	28.2%
Suicide Prevention	13.2%	23.7%	52.6%	0	10.5%

Client and Family Survey of CSS Programs

During the Client Focus Group meeting, participants were asked to provide feedback on the impact that MHSA Community Services and Supports (CSS) Programs have for clients and their families throughout Alpine County. Of the 31 participants in this session, a total of 22 evaluations were submitted. Overall, the completion rate was 71.0%; results are summarized below:

Program	I and/or my family members currently participate in this service	I and/or my family members have participated in this service in the past	Neither I nor my family members participate but I believe this program is Valuable	Neither I nor my family members participate and I Do Not see the value in this program	I am not familiar with this program
Field Capable Field Services: Provides therapy in locations where the client is most comfortable – typically in-home or at school	60.0%	0	5.0%	0	35.0%
Full-Service Partnerships: Support services to clients who have a severe mental illness and require a high level of care to maintain mental stability	21.1%	0	31.6%	0	47.4%
General Systems Development: Funds the BHS Wellness Center, assists clients in linking to other community services, and provides incentives, alternate and culturally-specific interventions.	37.5%	12.5%	12.5%	0	37.5%
Outreach and Engagement: Improves access and engagement in services to vulnerable and high-risk populations	5.9%	0	41.2%	0	52.9%
Play Therapy: Delivers clinical services to children through play, art, and other age-specific strategies	22.2%	5.6%	22.2%	0	50.0%

Local Review Process

The proposed Three-Year MHSA Program and Expenditure Plan for fiscal years 2020-21 through 2022-23 was posted for 30-day public review and comment period from May 26, 2020 through June 24, 2020. Printed copies of the plan were posted at each post office in Alpine County and on the Behavioral Health homepage of the county website:
http://www.alpinecountyca.gov/Index.aspx?NID=192

In addition, copies were distributed to all Behavioral Health Staff, Mental Health Board members, the Alpine County Board of Supervisors, and to clients and other stakeholders (by request).

Public Hearing Information

A public hearing was scheduled as a special session of the Mental Health Board on Thursday, June 25, 2020 at 12:00 PM. All information regarding the public hearing was included as a cover to the proposed Three-Year MHSA Program and Expenditure Plan, and was posted and distributed as noted above.

Due to COVID-19 restrictions, the Public Hearing was held online only, via Zoom. The Zoom meeting link was provided to the public. Stakeholders also had the option to participate via phone, and were provided with a phone contact and Zoom meeting ID, as follows:

Zoom meeting link: **https://zoom.us/j/97490144438**
If you prefer to join by phone, please call **1-669-900-9128.**
Enter Meeting ID: **974 9014 4438**

Substantive Recommendations and Changes

Input on the MHSA Three-Year Program and Expenditure Plan will be reviewed and incorporated into the final document, as appropriate, prior to submitting to the County Board of Supervisors; the California Mental Health Services Oversight and Accountability Commission (MHSOAC); and the California Department of Health Care Services (DHCS).

Guiding MHSA Principles and Requirements

The Mental Health Services Act, passed by voters in November of 2004 and enacted into law on January 1, 2005, imposes a 1% tax on personal income over $1,000,000. These funds are distributed to counties throughout California and are intended to support and transform the public mental health system of care. MHSA established five components that address specific goals and represent key community mental health needs:

- Prevention and Early Intervention (PEI) is intended to prevent mental illness from becoming severe and disabling and to improve timely access for people who are underserved by the mental health system. MHSA dedicates 19% of its allocation to PEI.
- Community Services and Supports (CSS) is the largest of all five MHSA components and receives 76% of funds. CSS supports comprehensive mental health treatment for people of all ages living with serious emotional disturbance or serious mental illness, with the goal of increasing access to services, enhancing quality of services, improve outcomes.
- Workforce Education and Training (WET) is intended to increase the mental health services workforce and to improve staff cultural and language competency.
- Innovation (INN) funds are dedicated to new approaches that contribute to learning rather than expanding services. While MHSA designates 5% of a County's allocation to the Innovation component, Alpine County has not yet implemented an Innovation Program.
- Capital Facilities and Technological Needs (CTFN) funds support a wide range of projects, including facility improvements and technological equipment, that are necessary to maintain mental health services in Alpine County.

The MHSA Three-Year Program and Expenditure Plan, required by law, is intended to provide stakeholders with an overview of the direction of Behavioral Health Services in Alpine County in each of these five areas over the next three years, and to report on existing MHSA projects and services. In addition to the MHSA 2020-2023 Three-Year Plan, this document also incorporates the required PEI Evaluation Report, analyzing at least one (1) year of PEI data. Outcomes are reported for Early Intervention programs.

Data is reported as per the Department of Health Care Services (DHCS) De-identification Guidelines (DDG) which stipulate that when participant data is released to the public, the population of potential program participants should be a minimum of 20,000 individuals.[2] Because Alpine County has a population less than 20,000, all demographic information found in Appendices C, D, and E is treated as confidential and redacted in all public materials. It is included in confidential files uploaded to the Mental Health Services Oversight & Accountability Commission (MHSOAC).

[2] California Department of Health Care Services, 11/22/2016. Data De-identification Guidelines (DDG). Available at : https://www.dhcs.ca.gov/dataandstats/Documents/DHCS-DDG-V2.0-120116.pdf

In addition, there are certain regulations, outlined below, that have been established by subsequent legislation or by the Mental Health Services Oversight and Accountability Commission (MHSOAC) specific to PEI programs.

51% of PEI funds are to be used for people 25 years and younger.

Ensure every program is designed and implemented to help create Access and Linkage to treatment

Ensure every program is designed, implemented and promoted in ways that improve timely access to mental health services for underserved populations

Ensure every program is designed, implemented and promoted in ways using strategies that are non-stigmatizing and non-discriminatory

Use of effective methods in bringing about intended program outcomes, including evidence-based practices, promising practices, and/or community- and/or practice-based standards

Alpine County BHS adheres to the values of MHSA and has worked diligently to develop programs that are designed, implemented, and promoted to help create access and linkage to treatment; that improve timely access to mental health services for individuals or families from underserved populations; and that are non-stigmatizing and non-discriminatory.

BHS is continuing to develop PEI program descriptions, data collection processes, and reporting procedures that are accurate and clearly demonstrate compliance with the new regulations, particularly with regard to:

- Collecting full demographic data in County-operated programs;
- Determining how to maintain unduplicated demographic data counts, without personally identifying information, across programs and between County and Contractor-operated programs.
- Linking age-related demographic data to program costs in order to accurately calculate funding allocations dedicated to children and transitional aged youth.
- Reassessing timeliness to reflect the interval from referral rather than request for services and determining appropriate ways to follow-up when a person receives a written referral but does not request services.
- Assessing the duration an individual's mental illness remained untreated, and linking that information to other timeliness data.
- Developing information on potential respondents, and collecting all data elements required for Outreach for Increasing Recognition of Early Signs of Mental Illness programs.

The Three-Year Plan represents progress made in developing PEI programs that align with MHSA goals and values, and are supported by outcome data.

Community Services and Supports (CSS)

CSS Program Goals, Participation, and Outcomes:

Note: Due to the size of Alpine County, client demographic data for this component is considered confidential, and will only be released to the State in a confidential document.

- **FSP PROGRAM**
  #1 – FSP
  The **Full-Service Partnership (FSP)** program is designed to expand mental health services and supports to individuals with serious mental illness (SMI) and children with severe emotional disturbance (SED), and to assist these residents in achieving their concrete recovery goals.
  - Among adults, SMI is defined by the California Welfare and Institutions Code (WIC) Section 5600.3(b) as a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. The 2018 National Survey of Drug Use and Health (NSDUH) estimates the prevalence of serious mental illness at 4.6% among the general population of adults aged 18 and older[3]; based on this and previously cited census data, we estimate that approximately 42 of the 931 adults living in Alpine County would meet the definition of having a serious mental illness.
  - For those aged under 18, a Serious Emotional Disturbance is defined as a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. National prevalence rates for SED are somewhat less standardized and less readily available; however, the California Health Care Foundation estimates that 7.6% of youth under the age of 18 meet criteria for serious emotional disturbance, based on 2014 statewide data and the risk model developed by Dr. Charles Holzer.[4] Using this prevalence rate and previously cited census data, we estimate that approximately 15 of the 198 individuals under the age of 18 living in Alpine County would meet the definition of having a serious emotional disturbance.

  In addition to diagnostic criteria, MHSA regulations[5] specify individuals selected for participation in FSP services must meet additional risk criteria based on age group

[3] *2018 NSDUH: Mental Health Tables*, Table 8.4B.Available at https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables

[4] California Health Care Foundation, December 2018. *California Health Care Almanac, Mental Health and Substance Use: A Crisis for California's Youth*. Available at https://www.chcf.org/wp-content/uploads/2018/12/AlmanacMentalHealthSUDYouth.pdf

[5] California Code of Regulations, Title 9, Division 1, Chapter 14, Article 6, § 3620.05

(children and youth, transitional-aged youth, adults, and older adults) and determination of unserved or underserved status. These criteria include determination of the risk of out-of-home placement, involuntary hospitalization, or institutionalization; homelessness or at risk of becoming homeless; involvement in the criminal justice system; and frequent use of crisis or emergency room services as the primary resource for mental health treatment.

Alpine County BHS has established policies and procedures (AC-6005, effective 4/1/2019) that reflect the appropriate MHSA regulations, and document eligibility requirements, program components, enrollment procedures, funding requests, service delivery, and discharge from the program.

- **FSP Youth Services:** A team composed of Alpine County Behavioral Health Services (BHS) clinical staff offers strength-based, client/family-directed, individualized mental health and wraparound services, and supportive funding to children and transitional-aged youth with severe emotional disturbance (SED) who meet eligibility criteria. Alpine County BHS staff members also serve as active partners in County Multi-Disciplinary Teams in order to increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning.
- **FSP Services for Adults and Older Adults:** Alpine County BHS clinical staff also offers FSP services for adults and older adults with serious mental illness (SMI) who meet eligibility criteria. Once enrollment is complete, clinical staff meet with the client (and family as appropriate) to conduct a life domain assessment, and identify recovery goals, responsible parties, and timelines. Clinical staff members are responsible for coordination of care and ensure that services are culturally responsive. Components of the FSP program may include, but are not limited to: 24/7 coverage with designated FSP staff, educational and/or employment services, assistance with local transportation to meet basic needs, linkage to home and community services, and flex funding to support a client for a limited time when consistent with the treatment plan and recovery goals.
- **Data Reporting for FSP services:** Alpine County maintains demographic data and key event tracking and reporting for all FSP clients. To protect client privacy, this client data is only released to the State in a confidential document.

FULL SERVICE PARTNERSHIPS (FSP)	FY 2017-2018:	FY 2018-2019:	July 2019- Feb. 2020: (8-month total)
Unduplicated Total Number of Individuals Served:	6	6	2
Total Cost of Services:	$75,360	$34,591	$20,078
Cost per Client Served	$12,560	$5,765	$10,039

In FY 2020-21, Alpine County Behavioral Health anticipates that FSP services will be available to four individuals with a per-person cost of $15,000.

- **NON-FSP PROGRAMS**

#1 – Field Capable Clinical Services (FCCS)

The Field Capable Clinical Services (FCCS**)** program increases behavioral health services utilization rates, supports isolated and homebound individuals, and increases behavioral health integration into the Hung A Lel Ti Community by extending services to schools, homes, and community locations. The FCCS program also ensures that therapeutic support and case management can be provided where the client feels most comfortable in the community. These services include a variety of evidence-based intervention strategies for individuals and families, such as: Cognitive Behavioral Therapy; Attachment-Based Therapy; Dialectal Behavior Therapy; Motivational Interviewing; Solution Focused Therapy; and Mindfulness Training.

Field Capable Clinical Services (FCCS)	FY 2017-2018	FY 2018-2019	July 2019- Feb. 2020 (8-month total)
Unduplicated Total Number of Individuals Served	34	28	26
Total Cost of Services:	$22,678	$55,727	$32,184
Cost per Client Served	$667	$1,990	$1,238

In FY 2020-21, Alpine County Behavioral Health anticipates that Field Capable Clinical Services will be available to forty individuals with a per-person cost of $1,300. Clinical services included in this program will be extended to make in-home and community-based services available to clients who live in Kirkwood. The County will develop data-tracking processes to determine whether program use and impact on client care demonstrates the need for further expansion of services available in Kirkwood.

#2 – Outreach and Engagement

Within the CSS Component, Outreach and Engagement activities are designed to reach, identify, and engage unserved and underserved individuals and communities in the mental health system and to reduce disparities identified by the County.

- The cornerstone of Outreach and Engagement services is the Wellness Center, which is located at the Firehouse, within the Hung A Lel Ti community, in space leased by BHS. The facility is within walking distance for the Native American community, which represents the primary underserved population in Alpine County. The Wellness Center has included a number of activities for clients, families, and other members of the community to join together, including beading, sewing, art, games, and culinary projects. Throughout the year, programs were defined by request of participants and staff capacity.
- Beginning with the 2019-20 MHSA Update, multiple activities that had been developed under the CSS Outreach and Engagement Program were re-organized and consolidated into independent PEI Programs. These programs successfully reduced stigma; helped BHS to reach and build rapport with residents of Hung A Lel Ti;, and helped to reduce isolation in the County's older adult population. Many people in the

County attend these programs, which include various yoga classes, movie nights, and annual outreach events. Consequently, beginning in July of 2019, the number of people served in Outreach and Engagement activities has been significantly reduced. The activities are still ongoing, but funding is provided for under the PEI Component of MHSA, and attendance is tallied with the PEI counts.

- Outreach and Engagement services are provided by a combination of MHSA and clinical staff. These services have included outreach to vulnerable individuals; family support; linkage to social and health care services; transportation assistance; and referral to clinical assessment and treatment.

Outreach and Engagement	FY 2017-2018	FY 2018-2019	July 2019- Feb. 2020 (8-month total)
Unduplicated Total Number of Individuals Served	414	443	92
Total Cost of Services:	$407,790	$344,436	Not available
Cost per Client Served	$985	$778	Not available

Medi-Cal Penetration Rates[6] demonstrate the efficacy of the County's outreach efforts. Based on calendar year (CY), these rates demonstrate a steady increase in access to care and engagement in services in Alpine County over time, during a period of time when the penetration rates statewide and in other small rural counties were showing a slight decrease:

	CY 2015	CY 2016	CY 2017
Alpine County BHS	10.37%	10.92%	11.14%
Small Rural Counties	7.75%	7.41%	7.58%
California State Total	4.78%	4.44%	4.52%

In FY 2020-21, Alpine County Behavioral Health anticipates that spending on Outreach and Engagement services to an estimated 90 individuals will total approximately $80,000; this includes staff time and the cost of leasing the Firehouse for Wellness activities. This amount reflects an estimated cost of $889 per person.

#3 – Play Therapy

Play Therapy is an evidence-based practice designed to deliver clinical services to children in a supportive environment. Play therapy enables children to decrease anxiety, increase confidence, make healthier choices, and decrease behavioral issues through age-appropriate self-expression. These services include a variety of evidence-based practices, such as art therapy, attachment-based Theraplay, and sand tray interventions.

[6] FY 2018-2019 Medi-Cal Specialty Mental Health External Quality Review: Alpine MHP Final report prepared by Behavioral Health Concepts (BHC). Review Date: 9/6/2018. Available at https://www.calegro.com/data/MH/Reports%20and%20Summaries/Fiscal%20Year%202018-2019%20Reports/MHP%20Reports/Alpine%20MHP%20EQRO%20Final%20Report%20FY%202018-19%20CE%20v10.pdf

Play Therapy	FY 2017-2018	FY 2018-2019	July 2019- Feb. 2020 (8-month total)
Unduplicated Total Number of Individuals Served	7	13	12
Total Cost of Services:	$38,794	$16,060	$43,824
Cost per Client Served	$5,542	$1,235	$3,652

In FY 2020-21, play therapy services will be enhanced by the inclusion of a dedicated play room in the new BHS building, which is anticipated to be open by the beginning of the fiscal year; program costs include the need for some new materials to furnish and equip the playroom. Overall costs of the program are estimated at $58,850; the program will provide services to an estimated 15 children, reflecting an estimated cost of $3,923 per person/per year.

#4 – Clinically Coordinated Case Management

In the 2019-20 MHSA Plan Update, Alpine County Behavioral Health Services proposed adding an additional staff position in order to implement a clinically coordinated case management program. The purpose of the program was to provide supportive services to individuals and families. It was intended that a case manager would work in collaboration with the clinical staff, using a strength-based perspective to focus on providing support services that would help clients maintain independent living and reduce the risk of homelessness, improve physical health and management of chronic health problems, and link individuals to community resources. Due to staffing issues associated with adding a new position, BHS was unable to implement this program and while it remains under discussion, it is not included in the Alpine County MHSA 3-Year Plan for FYs 2020-21 through 2022-23. However, case management strategies will be included as a core component of the proposed Healing Trauma program; the Healing Trauma program will utilize the skills and training of existing staff in the areas of exercise support, sleep hygiene, nutritional coaching, and the practice of mindfulness.

#5 – Social Emotional Learning Groups

In the 2019-20 MHSA Update, Alpine County BHS proposed implementing a program of Social and Emotional Learning Groups for Children and Adolescents with an emotional or behavioral disorder. Social groups for school-aged children and adolescents are semi-structured, co-ed, activity-based, and focus on building relationships and developing critical social-emotional skills in a safe and fun environment. A number of well-designed, evidence-based Social and Emotional Learning (SEL) programs have demonstrated the effectiveness of peer groups with children and adolescents in promoting cognitive, emotional, and behavioral skills. The intent was to implement these groups during the summer and/or during school breaks. Due to unforeseen delays, we were unable to implement the Social Emotional Learning Groups in FY 2019-20. Due to the current public health emergency and school closures, BHS has concluded that implementation in FY

2020-21 is also unlikely. Consequently, this program will not be included in the Alpine County MHSA 3-Year Plan for FY 2020-21 through 2022-23.

#6 – General Systems Development

Activities strive to improve access to Alpine County BHS programs and events, coordinate service offerings between collaborating agencies, and reduce scheduling conflicts and duplicated efforts among service providers. General systems development funds are allocated to augment and/or amplify CSS programs in the areas of:

- Mental health treatment, including alternative and culturally specific treatments;
- Peer support;
- Comprehensive needs assessments for clients with a dual diagnosis and those involved in the legal or foster care system;
- Improving interagency collaboration for clients in multiple systems of care;
- Supportive services to assist clients, and clients' families as appropriate, in obtaining employment, housing, and/or education;
- Personal service coordination, case management, and coordination of services to assist clients, and clients' families as appropriate, to access necessary medical, educational, social, vocational rehabilitative or other community services;
- Individual services and supports plan development;
- Crisis intervention/stabilization services; and
- Family education services.

General Systems Development	FY 2017-2018:	FY 2018-2019:	(8-month total) July 2019- Feb. 2020:
MHSA Expenditures	$203,902	$310,138	Not available

In FY 2020-21, Alpine County Behavioral Health anticipates that spending on General Systems Development will total approximately $168,420; these expenses include MHSA and clinical staff time, as well as payment for client services and supports.

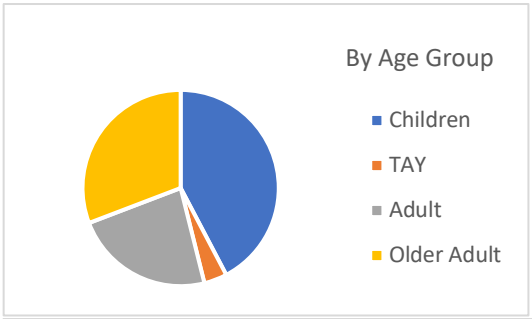
#7 – School-based Mental Health Clinician

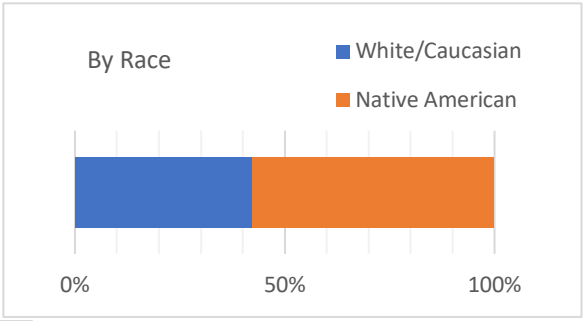
In the 2019-20 MHSA Update, Alpine County BHS proposed the School-based Mental Health Clinician program, which was intended to provide a higher level of mental health services to children attending Diamond Valley Elementary School. Through a partnership with Alpine County Unified School District (ACUSD), BHS intended to place a dedicated licensed mental health therapist in the school on a part-time basis. An on-site therapist would be able to provide mental health assessment and treatment services; observe and intervene behavioral problems as they occur; and provide consultation to staff, teachers, parents, and administrators. BHS and ACUSD were unable to reach a contract agreement for these services, and the School-based Mental Health Clinician program was not implemented in FY 2019-20, nor will the program be included in the Alpine County MHSA 3-Year Plan for FY 2020-21 through 2022-23.

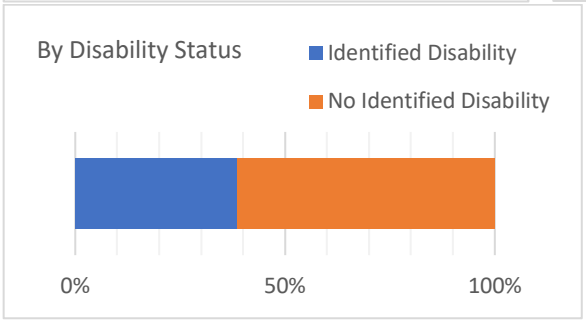
CSS Successes and Challenges

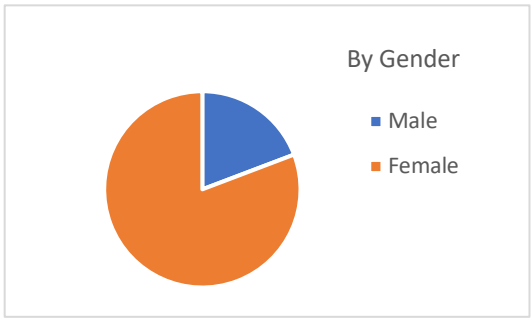
Successes:

- Field Capable Clinical Services (FCCS) are consistently offered and available to clients of all ages who are better served with home or community-based treatment. Clinicians have found that most treatment intervention strategies, excluding psychiatric services, can be provided in community-based settings. Furthermore, client participation in this program is notably diverse:









- Play therapy interventions are widely accepted by youth in therapy. BHS implemented use of the Child Session Rating Scale[7] and collected a total of 61 completed evaluations from children aged 6 to 13 who participated in a play therapy session between September 2019 and February 2020. The Child Session Rating Scale (CSRS) is a very brief, four-item measure that is used to monitor progress and engagement in therapy; the score for each item ranges from 0 to 10. Total scores can range from a low of 0 to a high of 40; the average score from children participating in play therapy sessions was 39.8.

0 ---------- 10

1. Did not always listen to me.	Listened to me.
2. What we did and talked about was not really that important to me.	What we did and talked about were important to me.
3. I did not like what we did today.	I liked what we did today.
4. I wish we could do something different.	I hope we do the same kind of things next time.

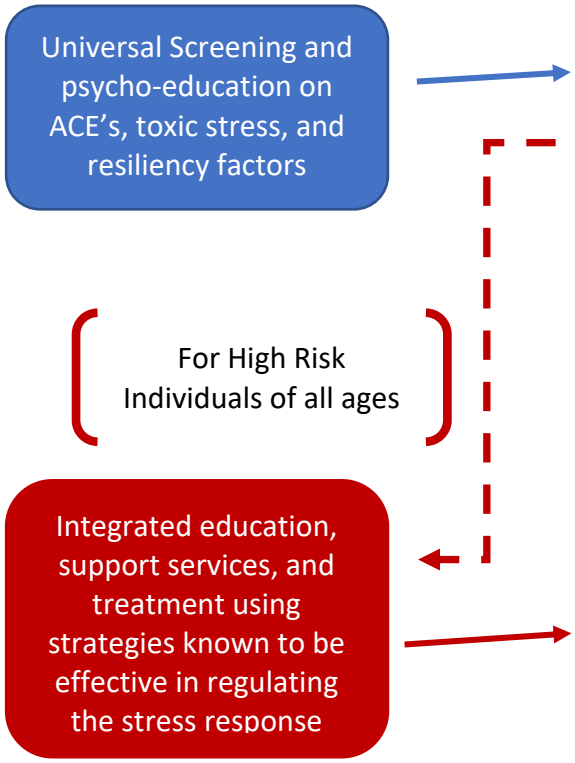
[7] Miller, S. Child Session Rating Scale. Available at: https://www.corc.uk.net/outcome-experience-measures/session-rating-scale/

Challenges and Mitigation Efforts:

- FSP legislative and regulatory restrictions limit the ability of BHS to maximize funding to benefit adult clients with emergent needs. Social problems and risk factors that are common in larger counties – for example, mental health hospitalizations, out-of-home placement, and homelessness – are rare in Alpine County. As a result, few clients meet eligibility requirements, and the County chronically under-spends its FSP allocation. We will continue to explore options for engaging this level of client care.
- Alpine County was unable to implement three (3) CSS Programs that were initially planned in the MHSA 2019-20 Update. Social Emotional Learning Groups, Clinically Coordinated Case Management, and School-based Mental Health Clinician programs were intended to expand clinical and supportive services available to individuals with a diagnosed mental illness or emotional disorder. While we were unable to implement each of these programs for somewhat different reasons, we also recognize common challenges to beginning new programs. New programs require a commitment of time and planning prior to implementation; they are often dependent on collaborating internal and external partners; and they may be time-sensitive. In the County's MHSA 3-Year Plan for FY 2020-21 through 2022-23, we are proposing only one new program: Healing Trauma. The intent is that this program will be widely applicable to Alpine County clients, and that it will provide clients with a holistic array of treatment and support services.
- Public health restrictions on group meetings and individual face-to-face contact have presented difficult challenges in Alpine County. Key interventions in the County's CSS program – particularly play therapy and field capable clinical services – can no longer be implemented and may need to fundamentally change in order to adapt to long-term public health concerns. Funding losses at the State and County level are concerning as well. We expect that the Alpine County MHSA 3-Year Plan will be revised and updated as our understanding of both the clinical and the financial implications of COVID-19 become clearer.

CSS Changes for the MHSA 3-Year Plan

Healing Trauma: This new program will be based on growing awareness that adverse childhood experiences and toxic stress increase the risk of negative health and social outcomes throughout one's life. Following guidelines established by the Office of the California Surgeon General and the Department of Health Care Services[8], the Healing Trauma program will provide age-appropriate screening of clients, and will offer integrated education, supportive services, and treatment for individuals at high risk for negative outcomes related to toxic stress, based on the ACEs Aware Risk Assessment Algorithm[9]. The following assessment and intervention strategies will be implemented and monitored through the Healing Trauma program:



- Pediatric ACEs Screening and Related Life-events Screener (PEARLS) Tool at intake and at annual re-assessment for youth aged 0-19
- ACE Assessment Tool adapted from the work of Kaiser Permanente and the CDC, at intake (new clients) or at first annual re-assessment (current clients).

- Attachment-based clinical services, family therapy and support, parenting support, and other services as needed to develop and maintain supportive relationships and community involvement.
- Exercise support through individualized assistance, incentives, and linkage to MHSA PEI Healthy Lifestyles activities.
- Sleep Hygiene psycho-education and clinical treatment as needed, using CBTi for clients with symptoms of insomnia.
- Nutritional coaching and skills development to improve mind-body awareness, develop wellness goals, and implement strategies to improve overall health.
- Mindfulness and Meditation skills development.
- Trauma-Informed Mental Health services and referral to substance-use treatment if appropriate.

In FY 2020-21, Alpine County Behavioral Health anticipates that the Healing Trauma Program will serve 20 clients with an average cost per client of $2000, and total cost to MHSA of $40,000. We anticipate that Medi-Cal funding will also support this program.

[8] ACEs Aware. Available at: https://www.acesaware.org/about-aces-aware/aces-aware/

[9] Adverse Childhood Experiences (ACEs) and Toxic Stress Risk Assessment Algorithm. Available at https://www.acesaware.org/about-aces-aware/aces-aware/

Prevention and Early Intervention (PEI)

PEI Overview of Current 2019-20 Programs

#	Program Name	PEI Strategy	Outcome Measure[10]
1	School-based Primary Intervention Program (PIP)	Access and Linkage to Treatment Program	Program Terminated[11]
2	Positive Behavior Interventions and Supports (PBIS)	Early Intervention	Program Specific Outcome Measures
3	Honoring Past & Present Through Traditional Knowledge	Early Intervention	Sense of Community Index
4	Social Emotional Learning Groups for Youth Outreach	Early Intervention	Program Not Implemented[12]
5	Alpine Kids	Prevention	Family Quality of Life
6	Bike Fix-It & Bike-to-School	Prevention	Child Session Rating Scale (age 5-10) or Youth Quality of Life -SF (age 11-18)
7	Community Trips	Prevention	Child Session Rating Scale or Youth Quality of Life -SF or Assessment of Quality of Life (AQoL-8D) (adults)
8	Family Night	Prevention	Sense of Community Index
9	Movie Nights & Archery Tag	Prevention	Child Session Rating Scale or Youth Quality of Life -SF or Assessment of Quality of Life (AQoL-8D)
10	Play Group	Prevention	Family Quality of Life
11	TAY Outreach	Prevention	Youth Quality of Life -SF
12	Suicide Prevention	Suicide Prevention	Program Specific Outcome Measures
15	Senior Socialization & Exercise	Outreach for Increasing Recognition of Early Signs of Mental Illness	Assessment of Quality of Life (AQoL-8D)
16	Yoga (& Tai Chi)	Outreach for Increasing Recognition of Early Signs of Mental Illness	Assessment of Quality of Life (AQoL-8D)
17	Create the Good	Stigma and Discrimination Reduction	Self- Rated Abilities for Health Practices (HLT) Sense of Community Index (BV)
18	Mental Health First Aid (MHFA)	Stigma and Discrimination Reduction	Program Specific Post-Test and Evaluation
19	Annual Outreach Events – speakers, MH awareness	Stigma and Discrimination Reduction	Child Session Rating Scale or Youth Quality of Life -SF or Assessment of Quality of Life (AQoL-8D)

[10] See Appendix (A) for outcome measure references

[11] The School-based Primary Intervention Program (PIP) was inactive in the 2019-20 academic year because the anticipated program provider was unable to deliver services.

[12] These were intended to be summer groups. Due to delays in the 2019-20 Plan Update, they were not implemented in 2019-20. Tentatively planned for summer 2020.

PEI Program Goals, Participation, and Outcomes

PEI funding categories include Prevention, Early Intervention, Outreach, Access/Linkage, Stigma Reduction, and Suicide Prevention. Programs that are funded from each of these categories are discussed below. This section also incorporates the required PEI Evaluation Report, analyzing at least one (1) year of PEI data. Outcomes are reported for Early Intervention programs. Due to the size of Alpine County, client demographic data for this component is considered confidential, and will only be released to the State in a confidential document.

- **ACCESS AND LINKAGE TO TREATMENT**

  #1 – School-Based Primary Intervention Program (PIP)

  At the time of the 2019-20 MHSA Plan Update, Alpine County BHS planned for the school-based Primary Intervention Program (PIP) to facilitate referrals and link children with higher emotional or behavioral needs to treatment. PIP services had been provided through a contract with Tahoe Youth and Family Services (TYFS), which was expected to continue. At the beginning of the 2019-20 school year, Tahoe Youth and Family Services no longer had staff available to lead the PIP Program, and the contract was discontinued.

  Access and Linkage to Treatment services were instead provided through the Positive Behavioral Interventions and Supports (PBIS) Program, which was in place as an Early Intervention strategy but was not originally planned to be a strategy for Access and Linkage to Treatment. Since both the Primary Intervention Program (PIP) and the PBIS Program were planned as school-based interventions, this adjustment did not have significant impact on the intent or focus of Access and Linkage to Treatment services. Between August 2019 and February 2020, eight (8) referrals had been made through the PBIS Program to BHS clinicians.

- **EARLY INTERVENTION:**

  The Alpine County BHS MHSA Plan implemented one Early Intervention program, which is designed to identify and provide services to children under the age of 15 who are experiencing emotional or behavioral problems at school. This program (Positive Behavioral Interventions and Supports, described below) provides school-based services and interventions as children begin to demonstrate problems, and includes referral and linkage to mental health treatment for children who may be experiencing the emergence of an emotional disorder, or who may be engaged in risky behaviors including aggression, frequent truancy, or substance use.

  #2 – Positive Behavioral Interventions and Supports (PBIS)

  Strategy: School-wide behavioral indicators; early intervention for children with identified behavioral problems, and linkage to treatment as needed. Alpine County BHS contracted with Alpine County Unified School District (ACUSD) to improve overall mental health outcomes of children, families and communities through Positive Behavioral

Interventions and Supports (PBIS). Within the PBIS model[13], Tier 1 practices provide universal supports to all children, emphasizing prosocial skills and expectations by teaching and acknowledging appropriate student behavior, and monitoring progress. Tier 2 practices focus is on early intervention for students who are not successful with Tier 1 supports alone, and are at risk for developing more serious problem behavior. Specific Tier 2 interventions include practices such as social skills groups, self-management, and academic supports. At Tier 3, students receive more intensive, individualized support to improve their behavioral and academic outcomes. Tier 3 strategies work for students with developmental, emotional and behavioral disorders, and for students without a diagnosed disorder; interventions include functional behavior assessment, and wraparound supports. ACUSD refers students for further services as a Tier 3 (intensive) intervention.

Fifteen referrals were made during the 2018-19 school year and eight (8) referrals were made between August 2019 and February 2020 in the 2019-20 school year.

Positive Behavioral Intervention and Support (PBIS)	FY 2017-2018	FY 2018-2019	July - Dec. 2019 (6-month total)
Unduplicated Total Number of Individuals Served	90	84	76
Contract Total	$32,000	$32,000	$32,000
Cost per student	$356	$381	$421

Key outcomes of the PBIS Program include:

- Reduced reactive, aversive, and exclusionary practices
- Reduced rates of major behavior incidents and absenteeism
- Increased engaging, responsive, preventive and productive practices
- Improved classroom management, student attendance, and prosocial behavior
- Improved supports for students whose behaviors require more specialized assistance
- Increased engagement and achievement for all students
- Increased positive connections to school and peers

During the 2019-20 academic year, Diamond Valley Elementary School staff have continued to implement the core PBIS strategies to reach program goals:

- Social Emotional Learning and Character Building: The district counselor implemented a character-building strategy schoolwide (Tier 1) including monthly HAWK character traits: Generosity, Unity and Empathy/Compassion. Lessons were taught on Growth Mindset, Anger Management, Emotional Awareness, Anti-bullying Curriculum and School Climate Survey, as appropriate for each grade level.
- Check-in systems: The weekly check-in blue slips have been completed and turned in to the counselor consistently every Thursday. Some use blue slips to identify another student(s) who is engaging in inappropriate behavior. Others use blue

[13] Center on PBIS, 2019. *Tiered Framework*. Available at: https://www.pbis.org/pbis/tiered-framework

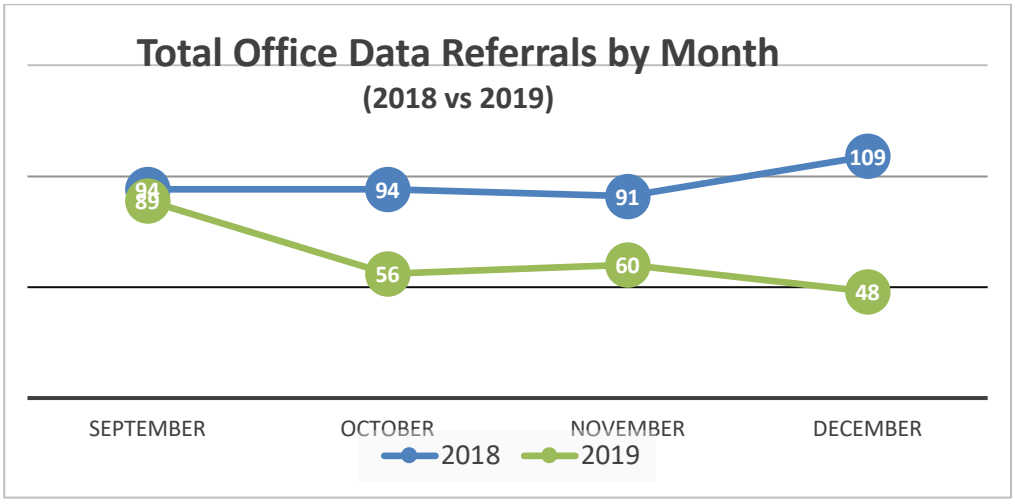
slips as a way to ask the counselor to facilitate peer mediation or conflict resolution between students.

- Check-in/Check-out (grades 2-8) and Daily Charts (grades K-1) are Tier 2 interventions implemented to provide increased positive adult contact, social skills training, and frequent feedback. During the 2018-19 school year, 14 students received Check In/Check Out supports. Of these students, one student successfully graduated from the program, two moved away from the district, and three dropped their participation. Of the remaining seven students, 71% demonstrated moderate to high success, 29% experienced declining success.
- Multi-Tiered System of Support (MTSS): MTSS meetings have been held consistently three times per month, utilizing the Team-Initiated Problem Solving (TIPS) model, which helps the team identify, address and resolve students' social, behavioral and academic problems.
- A Tier 3 dedicated classroom was initiated in February 2020 to provide more intensive, individualized support younger elementary-aged children in order to improve their behavioral and academic outcomes. Unfortunately, this intervention was abruptly disrupted by the mandated school closing due to COVID-19.

Success of the PBIS Program is evidenced by decreasing frequency and intensity of office referrals for behavioral problems:

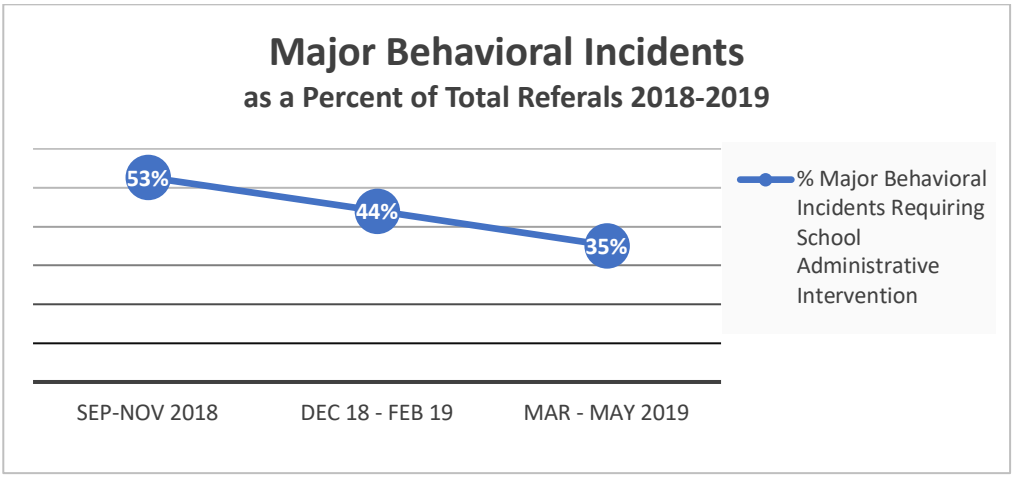
A. Table A compares School-Wide Information System data for the total number of Office Data Referrals by month, during the equivalent report period last year (September to December 2018) and the current report year (2019), illustrating a 35% reduction in overall referrals (from 388 in 2018; to 253 in 2019).

Table A



B. Table B tracks major behavioral incidents as a percentage of total office referrals by quarter, through the 2018-2019 academic year. "Major Incidents" are defined as incidents that required school administrators to be involved; minor referrals are managed by staff present at the time of the incident. Over the course of the year, behavioral problems were more often able to be directly managed within the classroom/playground setting in which they occurred.

Table B



#3 – Honoring Past & Present Through Traditional Knowledge (also known as Combining Past & Present)

Honoring Past and Present Through Traditional Knowledge is a culturally-based program for Alpine County residents of all ages. The program seeks to preserve cultural traditions, build community, and address early symptoms of depression and anxiety related to social isolation and unstable resources for support among members of the Hung A Lel Ti community. Through community dialogue and activities, the program also addresses trauma-related mental health topics specific to Tribal communities, such as historical trauma and identity confusion. The Native Wellness Advocate provided culturally-based integrated behavioral health services developed in collaboration with the Washoe Tribal Cultural Resource Department and Tribal elders. Many activities were scheduled during drop-in hours at the Wellness Center; other activities were scheduled independently:

- Beading activities included making jewelry, collars for dolls, and moccasins. Classes included discussion of family and Tribal histories and traditions.
- Basketry excursions included traditional gathering practices, mindfulness, and connections between people, the traditional Washoe lands, and native plants.
- Throughout the year, program participants gathered many indigenous plants, including onions, pine nuts, and berries. A youth program focused on native berries - their medicinal properties, traditional usage, and how to make jelly. A separate summer outing along the river allowed participants to enjoy the water; use the language in prayer and for protection; and gather plants for a plant essence class.

- Traditional knowledge includes sewing. In 2019-20, program participants made Spa Bags for elders; they also worked on traditional women's skirts, men's ribbon shirts, and shawls for use in tribal dances and social gatherings. Community members lead many of these classes.
- Storytelling is a vehicle to bring people together, connect people to their ancestral lands, establish norms, and document tribal history. Through this program, youth learned and shared traditional stories at Family Night, often utilizing the Washoe language while gaining leadership skills, public speaking skills, and self-confidence.
- Native-based movies were shown monthly in collaboration with Live Violence Free at the Wellness Center as a vehicle to discuss domestic violence and sexual assault for prevention and to heal from the abuse.
- The Native Wellness Advocate collaborated with the Washoe Tribe's Cultural Resource Department and with community volunteers to enhance the singing, storytelling, hand-games, basketry, drum making, and dance activities included in "Culture Camp" – an annual Washoe event for local families.
- Included in the Honoring Past and Present Program, BHS provided transportation that allowed local youth to participate in a summer equine therapy program. The therapeutic program was provided by Between Horse & Humans, a local non-profit organization. This program builds leadership and communication skills, and assists participants with social, personal and emotional issues.

Honoring Past & Present Through Traditional Knowledge	FY 2018-2019	FY 2018-2019	July 2019 - Feb. 2020 (8-month total)
Unduplicated Total Number of Individuals Served	160	110	115

#4 – Social Emotional Learning Groups for Youth Outreach

In the 2019-20 MHSA Update, Alpine County Behavioral Health Services proposed implementing a program of Social and Emotional Learning Groups for Youth Outreach as an Early Intervention strategy. Social groups for school-aged children and adolescents are semi-structured, co-ed, activity-based, and focus on building relationships and developing critical social-emotional skills in a safe and fun environment. A number of well-designed, evidence-based Social and Emotional Learning (SEL) programs have demonstrated the effectiveness of peer groups with children and adolescents in promoting cognitive, emotional, and behavioral skills. Children and teens can develop better coping skills for managing their emotions, learning more effective ways to communicate their needs and frustrations, setting and achieving positive goals, feeling and showing empathy for others, and making responsible decisions. Group members have the opportunity to connect with others and get support for their own personal difficulties through discussions as well as activities. The intent was to implement these groups during the summer and/or during school breaks. Due to unforeseen delays, we were unable to implement the Social Emotional Learning Groups in FY 2019-20. These groups are tentatively planned to begin in the summer of 2020, as a component of the PEI Wellness Program, implementing a

prevention strategy to build protective factors in children and adolescence at risk due to adverse childhood experiences or other factors impacting mental health. (See page 49 for details).

- **PREVENTION**

  The Alpine County BHS Prevention Programs are universal community wellness projects that welcome and engage County residents from all age levels. These programs provide continued support to prevent the development and onset of mental health issues among Alpine County residents, improve quality of life, and engage residents in programming to decrease barriers to accessing services for serious mental illness (SMI) and severe emotional disturbance (SED).

  Stakeholders have identified common risk factors among residents in Alpine County that demonstrate the need for universal prevention programs designed to build protective factors; these include:

  - The common experience of prolonged isolation due to the County's rural character, mountainous terrain, and lack of transportation and other amenities;
  - A higher than average percentage of people 65 years of age and older as well as a higher percentage of people under age 65 with a disability;
  - A large underserved Native America community (approximately 24% of the County population) with experiences of racism and social inequality, historical trauma, serious chronic medical conditions, and intergenerational poverty.

  In the 2019-20 MHSA Update, the following were identified as prevention programs, intended to mitigate risk factors that are associated with the development of a potentially serious mental illness:

  #5 – Alpine Kids

  The mission of the Alpine Children's Center Corporation (also referred to as "Alpine Kids") is to prevent child abuse, neglect, and domestic violence while strengthening families and building a supportive community. By providing support for children and parents, the program seeks to reduce the impact of adverse childhood experiences. Alpine Kids provides families with opportunities to play together through drug-and-alcohol-free family and teen outings; expands life experiences for families who may be isolated or living in poverty; and promotes lifestyle changes that encourage parents and children to enjoy activities together.

  Through a contract with Alpine County BHS, Alpine Kids hosts a variety of community events to bring together people of differing cultural, generational, and economic groups, as well as those with medical and developmental disabilities. Events include two fishing derbies (in Bear Valley and Markleeville); a New Year's Eve Family event; Bingo night in Bear Valley; two Rainbow Awards ceremonies (in Bear Valley and Markleeville); and a Teddy Bear Parade at the library with crafts, activities, and local agency information booths.

Alpine Kids	FY 2017-2018	FY 2018-2019	July – Dec. 2019 (6-month total)
Unduplicated Total Number of Individuals Served	609	465	405
Contract Total	$20,000	$20,000	$20,000
Cost per participant	$30	$43	$49

#6 – Bike Fix-It & Bike-to-School

Bike Fix-It and Bike-to-School events are youth-centered wellness activities that promote safe and healthy exercise along with community collaboration, and occur annually in May and June. In 2019, Diamond Valley Elementary School celebrated the last day of school by hosting bike-a-thon and family potluck BBQ, in collaboration with many agencies including Alpine Sheriff's Department, California Highway Patrol, and Tribal Police. Kindergarten thru second graders participated in a bike rodeo set up on the playground, while older students rode five to ten miles on a closed road between the school and the Hung A Lel Ti Community.

- The Bike Fix-It portion of this program provides bike supplies and coordinates community volunteers to ensure that local youth have a safe and working bicycle. Much of the bicycle repair occurs on a "Bike Fix It" Day at the Wellness Center.
- Bike-to-School encourages local youth to prepare for the bike-a-thon by organizing before-school group rides from the Hung A Lel Ti community to Diamond Valley School. In May of 2019, MHSA staff met with a group of eleven youth for a series of four (4) preparatory rides prior to the bike-a-thon event.

Bike Fix-It and Bike-to-School	FY 2017-2018	FY 2018-2019	July 2019 - Feb. 2020 (8-month total)
Unduplicated Total Number of Individuals Served	28	15	Occurs Annually in May

#7 – Community Trips

Community trips are intended to decrease social isolation, offering individuals an opportunity to get out, explore surrounding points of interest, and socialize with others. Many County residents living in underserved communities do not have their own transportation; they may also be living alone, have a fixed income, or have a physical disability that contributes to their social isolation. One-day community trips were scheduled monthly, and were open to clients and community members. In FY 2018-19 and 2019-20, destinations included Virginia City; Black Chasm Caverns; Apple Hill; shopping at thrifts stores; the Sacramento Zoo; and many local museums. Beyond providing a day-outing, these community trips provide the opportunity for participants to engage with others and build a stronger social network.

Community Trips	FY 2018-2019	FY 2018-2019	July 2019 - Feb. 2020 (8-month total)
Unduplicated Total Number of Individuals Served	54	38	18

#8 – Family Night

Family Night is a strengths and community-based program intended to build the natural support network available to residents of the Hung A Lel Ti community; this network includes the extent to which people can rely on one another and the extent to which they feel connected to others living in the community. Beyond this intent to strengthen the social support network, Family Night is also intended to support the capacity of the community to develop ways and means to care for one another; to nurture the talents and leadership skills of the residents; and to create an environment in which individuals and families can talk about and resolve common problems. Family Night began more than five years ago as a small social support network of individuals and families from the Hung A Lel Ti community who were experiencing problems related to substance use. Initial attendance at the weekly-scheduled dinners was typically less than 10 people. Over the years, one outcome of Family Night has been an ever-increasing number of people participating in the program, and an expansion of the program focus beyond topics related to substance use to include community-wide housing issues, preservation of customs and culture, story-telling, and youth support. Average attendance in 30 Family Night events held between July 2019 and Feb 2020 was slightly over 42 people per week.

Community capacity-building efforts can encompass a range of activities, including a wide variety of semi-structured and informal activities that build trust and camaraderie among citizens. The Family Night program consists of an informal community dinner provided by BHS, often convened by a prayer offered by a community elder, and sometimes including a story-telling presentation or other activity. Over the past year, there has been an increase in the number of youths who have attended, and youths who assist with routine tasks such as setting up of table and chairs, serving dessert, and cleanup. BHS will be tracking outcomes in the Family Night Program using the Sense of Community Index 2 (SCI-2).[14]

Family Night	FY 2017-2018	FY 2018-2019	July 2019 - Feb. 2020 (8-month total)
Unduplicated Total Number of Individuals Served	50	238	184

#9 – Movie Nights & Archery Tag

Movie Nights and Archery Tag are healthy activities intended to support children, transitional-aged youth, and families. Prior to 2019-20, Movie Nights were included in the CSS Outreach and Engagement Program, and the unduplicated number of individuals

[14] Community Science, nd. Sense of Community Index 2 (SCI-2): Background, Instrument, and Scoring Instructions. Available at: http://dl.icdst.org/pdfs/files/f458f0f15016819295377e5a979b1893.pdf

served was reported as a part of that program. Over the past year, both nights and archery tag have struggled with low attendance, despite efforts to adjust scheduling, provide transportation, and link to other programs. In FY 2019-20, it was decided to only schedule movies during winter months, when individuals and families are most isolated to home. BHS hosted one movie in November 2019, with 12 people in attendance. Similarly, Archery Tag was popular with youth when it first began in FY 2018-19, but attendance dropped during summer months and has not rebounded. In planning for the County's MHSA 3-Year Plan for FY 2020-21 through 2022-23, Movie Nights and Archery Tag will be considered for one-time or intermittent special events, but will not be planned as regular monthly events.

Movie Nights & Archery Tag	July 2019- Feb. 2020 (8-month total)
Unduplicated Total Number of Individuals Served	22

#10 – Play Group

Play Group is a collaborative activity scheduled weekly between September and May, and is facilitated by Choices for Children, First 5, Live Violence Free, and Alpine County BHS. Two of these agencies partner each week to provide a craft activity, parent education, and lunch for young children (aged 0-5 years) and their parent or guardian. As planned in the 2019-20 MHSA Update, Play Group has been a Wellness (prevention focused) program, and the groups have had a dual function of serving as a parent support group and in providing developmentally-appropriate fun activities for children.

Play Group	FY 2017-2018	FY 2018-2019	July 2019 - Feb. 2020 (8-month total)
Unduplicated Total Number of Individuals Served	69	39	33

#11 – TAY Outreach

Teens and TAY in Alpine County typically attend high school out-of-county; and many times, the supportive relationships that were built with younger students in elementary school are disrupted when the students move on to high school. This challenge contributes to the difficulty that Alpine County BHS staff have had in engaging youth in prevention, early intervention, and treatment services. In an effort to connect with Alpine youth, the TAY Outreach Program starts with "meeting teens where they're at" – literally, checking-in weekly with Alpine high school students during their lunch break at Douglas High School in Nevada. The program also provides lunch once each month, and serves, on average, 22 of the 36 Alpine students (61%) who attend Douglas High School. The TAY Outreach Program also includes day-trips to events of interest to youth: in FY 2019-20, students completed a college tour at the University Nevada, Reno campus; met with Job Core staff; and attended a college basketball game. In response to youth and other stakeholder feedback, the TAY Outreach Program was expanded to include monthly "High School Hangout Nights" at the Wellness Center. In both February and March 2020, 14

high school students participated in the "Hang Out" events, which featured games, art supplies, music, and metal stamping. As described in the 2019-20 MHSA Plan Update, the TAY Outreach has implemented prevention strategies: strengthening engagement; building rapport with youth; offering healthy activities to reduce the risk of early substance use; and strengthening resiliency factors.

TAY Outreach	FY 2017-2018	FY 2018-2019	July 2019 - Feb. 2020 (8-month total)
Unduplicated Total Number of Individuals Served	54	61	39

- **SUICIDE PREVENTION**

#12 – Suicide Prevention Network

Alpine County BHS has contracted with the Suicide Prevention Network of Douglas County (Nevada), which provides community-based prevention and awareness activities, as well as formal training for Behavioral Health staff, partner agency staff, and County residents. Over the past year, suicide awareness and stigma reduction activities have reached specific at-risk populations, including Seniors (Senior Health Fair), Transition Age Youth (Youth Empowerment Days), and Native American families (contributing to the AC BHS 'Create the Good' Program). Suicide Prevention Network staff members also make monthly presentations to students at Diamond Valley Elementary (Alpine County) on subjects that include an anti-bullying curriculum; strategies for creating a positive school environment; coping skills; suicide prevention; and recognition of signs and symptoms of depression and anxiety. The staff shares information about suicide loss, provides support to individuals who have experienced trauma, facilitates teen leadership activities, and contributes to the Alpine Threads Newsletter and Cub Reporter in Bear Valley in order to reach all Alpine County residents.

In addition, Suicide Prevention Network provides evidence-based training for staff and residents of Alpine, including Applied Suicide Intervention Skills Training (ASIST) and safeTALK. In February of 2020, safeTALK training was provided to Behavioral Health and partner agency staff; in March, the same training was offered to the community at Kirkwood. A total of 23 individuals completed this three-hour training program that prepares helpers to identify persons with thoughts of suicide and connect them to suicide first aid resources. An additional community training was scheduled for March 17, 2020; however, due to COVID-19 restrictions, this training was cancelled.

Participation in activities facilitated by Suicide Prevention Network staff is presented below:

Suicide Prevention Network	FY 2017-2018	FY 2018-2019	July- Dec. 2019 (6-month total)
Unduplicated Total Number of Individuals Served	202	238	186
Contract Total	$40,000	$40,000	$40,000
Cost per person	$198	$168	To Be Determined

Alpine County BHS has also contracted with Crisis Support Services of Alameda County to ensure that a well-staffed and trained crisis hotline response team is available 24 hour per day, 7 days per week. The program provides risk assessment and brief intervention for people in crisis and people suffering from chronic mental illness, and links callers to local emergency services as needed. Crisis Support Services of Alameda County is accredited by the American Association of Suicidology and is a member of the National Suicide Prevention Lifeline.

- **OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS**

  #15 – Senior Socialization & Exercise

  Activities planned and implemented within the Senior Socialization and Exercise program focus on improving the healthy attitudes, beliefs, skills, and lifestyles of older adults. These activities include: Chair Exercises & Holistic Health classes; Senior Soak; and 50+ Club and Elders' luncheons. The Senior Socialization and Exercise Program serves to reduce isolation, depression, fear, anxiety, and loneliness among seniors and increase referrals to and knowledge about supportive services. Activities within this program provide warm and caring environments where seniors can develop a sense of connection and belonging; and they support active, healthy lifestyles.

  As described in the 2019-20 MHSA Plan Update, Senior Socialization and Exercise has been a PEI program designed to implement a strategy of outreach for increasing recognition of early signs of mental illness. Exercise classes occur at the community gym in Hung A Lel Ti; Senior Soak takes place at Grover Hot Springs State Park; and monthly luncheons are held in the community room of the Learning Center in Woodfords. Potential responders – those in a position to identify early signs of mental illness and provide support or referral – include the certified instructor who leads the exercise classes, and the peer group of attendees, who generally look after one another. In addition, MHSA staff maintain regular contact with park staff at Grover Hot Springs and with community leaders who help to organize the 50+ Club and Elders' luncheons. This strategy facilitates recognition and referral for individuals who may need mental health services.

Senior Socialization & Exercise Program by activity	FY 2017-2018	FY 2018-2019	July 2019-Feb. 2020 (8-month total)
Chair Exercise & Holistic Health: Unduplicated Number Served	32	33	24
50+ Club and Elders' luncheon: Unduplicated Number Served	233	241	133
Senior Soak: Unduplicated Number Served	105	109	60
Total: Senior Socialization & Exercise Program Unduplicated Totals	310	343	183

#16 – Yoga

The practice of yoga is widely known for reducing stress; improving flexibility and concentration; and promoting a sense of calmness. It is adaptable to people of different levels of fitness, and classes can range from gentle to strenuous. Alpine County BHS has included yoga classes in MHSA programing for several years, and it remains popular among stakeholder groups. During FY 2019-20, Tai Chi classes were added to supplement the Yoga program in Bear Valley; these classes also focused on mind-body connection and were appropriate for all fitness levels. Classes are taught by contracted instructors who are certified and insured. Participants attend on a drop-in basis; and during fiscal years 2018-19 and 2019-20, attendance in Yoga activities was inconsistent due to seasonal scheduling and weather-related issues (particularly in Bear Valley), and the loss of facility space for classes offered in Kirkwood.

As with the Senior Socialization and Exercise Program, Yoga has also been a PEI program designed to implement a strategy of outreach for increasing recognition of early signs of mental illness. Classes are taught in the community room at the Learning Center in Woodfords or during the summer months outside on the grass at the Markleeville library. In Bear Valley, classes are held in the community room in the library. Potential responders include the certified instructors who direct the classes and the peer group of attendees.

Yoga Program	Bear Valley* July 2019- Feb. 2020: (8-mo. total)	Markleeville July 2019- Feb. 2020: (8-mo. total)
Unduplicated Total Number of Individuals Served	66	64

***** Bear Valley Yoga program includes 4 months of Tai Chi classes in FY 2019-20

- **STIGMA AND DISCRIMINATION REDUCTION**

#17 – Create the Good

Create the Good features a meal and programing for adults and seniors, with presentations focused on health and wellness. These events occur weekly in the BHS Wellness Center, located in the Hung A Lel Ti community; and twice-monthly at the elementary school in Bear Valley. Create the Good offers an opportunity for BHS clients and community members to come together and enjoy healthy, balanced meals. Participants socialize, learn new skills, and build relationships with neighbors. As a stigma reduction program, Create the Good promotes socialization, person-first awareness of mental and physical health issues, promotion of wellness subjects, and multicultural learning opportunities. In addition, the program has created opportunities for "meet and greets" between participants and Alpine County BHS staff, including the geographically-isolated communities.

Create the Good Program	FY 2017-2018	FY 2018-2019	July 2019- Feb. 2020 (8-month total)
Bear Valley Unduplicated Total Number of Individuals Served	192	228	109
Hung A Lel Ti Unduplicated Total Number of Individuals Served	177	222	139

#18 – Mental Health First Aid (MHFA)

Mental Health First Aid (MHFA)[15] is an internationally-recognized training program that is evidence-based and proven to be effective. The program has separate Youth and Adult curriculum; instructors must complete an intensive certification course for each of these modules. Once certified, MHFA instructors present an eight-hour course for community members that teaches how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps community members identify, understand, and respond to signs of mental illnesses and substance use disorders in a way that is helpful and respectful. Community members are introduced to risk factors and warning signs for mental health or substance use problems; they engage in experiential activities that build understanding of the impact of illness on individuals and families; and they learn about evidence-supported treatment and self-help strategies. A core goal of the program is to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and studies have shown that the program reduces the social distance created by negative attitudes and perceptions of individuals with mental illnesses.

Alpine County BHS staff members were certified to teach both the MHFA Youth and Adult curriculum in 2019, and classes were offered as follows:

	6/21/2019	6/26/2019	7/8/2019	12/5/2019
Curriculum	Youth	Youth	Adult	Adult
Location	Bear Valley	Hung A Lel Ti	Hung A Lel Ti	Kirkwood
Total Participants	14	9	6	10
"Course goals and objective were achieved" 1=Strongly Disagree 5=Strongly Agree	4.36	4.67	4.67	5.0

Two additional courses were scheduled in May 2020, but cancelled due to COVID-19.

[15] National Council for Behavioral Health, 2020. Mental Health First Aid. Available at: https://www.mentalhealthfirstaid.org/about/research/

Alpine County will use a subset of MHFA course evaluation questions to report outcomes on the efficacy of MHFA as an intervention to reduce stigma and discrimination. Scored on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree), the MHFA evaluation asks participants to rate their confidence and abilities, as follows:

Adult Mental Health First Aid **As a result of this training, I feel more confident that I can...**	**N=**	**Average Score**
Recognize the signs that someone may be dealing with a mental health problem or crisis.	16	4.88
Reach out to someone who may be dealing with a mental health problem or crisis.	16	4.69
Actively and compassionately listen to someone in distress.	16	4.88
Offer a distressed person basic "first aid" level information and reassurance about mental health problems.	16	4.88
Assist a person who may be dealing with a mental health problem or crisis to seek professional help.	16	4.81
Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer, and personal supports.	16	4.81
Be aware of my own views and feelings about mental health problems and disorders.	16	4.88
Recognize and correct misconceptions about mental health and mental illness as I encounter them.	16	4.88

Youth Mental Health First Aid **As a result of this training, I feel more confident that I can...**	**N=**	**Average Score**
Recognize the signs that a young person may be dealing with a mental health challenge or crisis.	23	4.35
Reach out to a young person who may be dealing with a mental health challenge.	23	4.13
Actively and compassionately listen to a young person in distress.	23	4.39
Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	23	4.35
Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	23	4.26
Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports.	23	4.22
Be aware of my own views and feelings about mental health problems and disorders.	23	4.35

#19 – Annual Outreach Events – Speakers, MH Awareness

Alpine County BHS sponsors several annual events that contribute to community wellness; support mental health awareness and outreach efforts; increase collaboration with partner organizations; and reduce stigma and discrimination with positive messaging. Prior to the MHSA 2019-20 Plan Update, these events were included in the CSS Outreach and Engagement Program, with the number of participants and the event costs tallied there. (See page 24 for further information). In FY 2019-20, these activities included:

- The annual Halloween Bash is a collaborative community event made possible by the efforts of multiple local agencies. The event welcomes all families of Alpine County, and includes games, dinner and costume contest.
- During Mental Health Awareness Month, BHS traditionally brings a guest speaker to the community to share a positive mental health message. In May 2019, BHS invited LoVina Louie, creator of "Powwow Sweat," and co-director of the American Film Festival award winning video "We Shall Remain," to provide an

interactive presentation at Diamond Valley Elementary School. Her presentation was upbeat, energizing, and powerful; in addition, BHS provided students and staff with T-shirts and sunglasses promoting mental health awareness.

- LoVina Louie was also the guest speaker at the BHS Honoring Our Mothers event. This annual event provides school-age youth with the opportunity to invite their mother, grandmother, or aunt to a special evening dinner; in May 2019, the event included interactive table activities and professional family portraits, along with the guest presentation.
- In October 2019, five miles of Highway 88 was dedicated in honor of Vietnam veterans; the event began with a resolution at the Board of Supervisors meeting, followed by a ceremony and highway sign unveiling, guest speakers, and a lunch celebration. Multiple departments within Alpine County collaborated to host the event, which brought together County officials, veterans' organizations, Tribal representatives, and local veterans and their families.

Annual Outreach Events	**July 2019- Feb. 2020 (8-month total)**
Unduplicated Total Number of Individuals Served	260

Prevention and Early Intervention (PEI) Overall Successes, Challenges, and Partner Agency Information

Successes:

- PEI Programs in Bear Valley – including special events and ongoing programs – occurred more frequently and with fewer disruptions than in prior years. Alpine Kids succeeded in hosting a winter gathering in Bear Valley; Tai Chi classes were added to the Yoga program; and Create the Good programing maintained consistent scheduling and participation despite some staffing challenges.
- The monthly Interagency meeting with community agencies has increased communication, collaboration and partnerships to better serve residents of Alpine. As a result, Community Service Solutions now shares Diabetes Education and Nutritional Food sampling at Create the Good. Partnering agencies have begun discussing how to restructure Play Group, with a goal of including more parent education, modeling the importance of play, and supporting individual and family wellness.
- BHS now has two staff members who are certified to present the MHFA Adult and Youth modules in the County. This curriculum has been taught in each area of the County, received with positive results, and is a core component of stigma and discrimination reduction strategy in the upcoming MHSA 3-Year Plan.
- Positive Behavioral Interventions and Supports (PBIS) was expanded from Diamond Valley Elementary School to include the Bear Valley Elementary School, which reopened in August 2018. Teachers and staff have been trained on how to respond to behaviors, and what constitutes as a class-managed and office-managed behavior. Consistency in PBIS implementation have yielded positive results, including a decrease in behavioral problems.
- The positive monthly message provided by Suicide Prevention Network includes content in the Washoe language. In addition, Suicide Prevention Network staff were certified and began offer safeTALK training in Alpine County.
- Yoga programs in Bear Valley and Markleeville have established consistent attendance, and participants are reporting a positive experience with new instructors in both locations. Classes were able to continue via Zoom after in-person gatherings were curtailed due to COVID-19 restrictions.
- Family Night continues to welcome new participants and has demonstrated an increase in youth attendance and involvement.
- During the 2018-19 school year and in 2019-20 to date, TAY Outreach has demonstrated success with Alpine County students on the Douglas High School campus and via age-specific activities: youth participants toured a college campus and Job Core program; attended a college basketball game; completed a team-building Escape Room activity; went skiing together; and participated in two successful High School Hang out nights at the Wellness Center.

Challenges and Mitigation Efforts:

- Implementing activities in support of the Honoring Past & Present through Traditional Knowledge program has been challenging since December 2019, when the Native Wellness Advocate resigned. Alpine County BHS has not replaced this position. The intent is that community members will continue to share Native American teachings as peer-facilitated activities, and in collaboration with the Cultural Resource Department of the Washoe Tribe during their scheduled activities at Hung A Lel Ti.
- The Alpine County Unified School District (ACUSD) counselor began a maternity leave in March 2019 and was unavailable for the remainder of the school year. ACUSD had no applicants for the position of interim counselor. Staff members at both Diamond Valley and Bear Valley Elementary Schools assumed as much of the preventative intervention responsibilities as possible during that interim.
- Alpine County BHS staff and contract providers continue to struggle with the development and implementation of policies and procedures to fulfill reporting requirements. The data process includes tracking unduplicated demographic data for participants in each program; selecting, implementing, and monitoring performance outcome measures; and integrating data from multiple events and activities. The consolidation of PEI Programs in the MHSA 3-Year Plan is expected to simplify some of these reporting issues; in addition, the County has also selected outcome measures for each of the PEI Programs, and recently began implementation. We recognize the need for continuous improvement in this area, which will allow BHS to make decisions for future programing based on results.
- The social distancing that is necessary as the result of COVID-19 directly impacts virtually all PEI programming, including programs that are centered at the school, those that provide group socialization or exercise, as well as community education, training, stigma reduction, and wellness programs. To date, our PEI Programs have been primarily designed to provide group activities rather than individual services. We are proceeding with plan development for these PEI Programs with the knowledge that implementation may be delayed, modified, or cancelled as the result of current and likely ongoing public health concerns. Nevertheless, through PEI and other MHSA programs, BHS intends to help county residents stay emotionally well and socially connected while maintaining necessary precautions. The intent is to meet the program and strategic goals identified in this plan; to do so, some changes in *how* the programs will be implemented may occur.

PEI Partner Agencies in 2019-20:

Alpine County Health & Human Services; Alpine County Public Health; Alpine Parents Group; Alpine County Probation Department; Alpine County Unified School District; Alpine Kids; Alpine Sheriff Department; Alpine Watershed Group; Choices for Children; Douglas High School; First 5; Health & Wellness Coalition; Libraries in Bear Valley and Markleeville; Live Violence Free; Suicide Prevention Network; Tahoe; Washoe Indian Education Center; Washoe Native TANF; Washoe Tribal Cultural Resources; Washoe Tribal Domestic Violence; Washoe Tribal Health Center; Washoe Tribal Police Department; and the Woodfords Community Council.

PEI Changes for the MHSA 3-Year Plan

Alpine County is proposing a consolidation of the PEI Plan. As described in the 2019-20 MHSA Update, the PEI plan consisted of 17 work programs, each with its own budget line for purposes of budgeting, claiming, and reporting – but with overlapping goals, practices, and participants. The consolidation of these 19 work plans into just five (5) work plans represents a direct correspondence between PEI programs and the implementation of strategies on which counties are required to report. We expect that this consolidation will provide greater clarity of purpose; improve service continuity; increase reporting accuracy; and simplify administration of the PEI Plan, without reducing the quality or capacity of services provided.

2019-20 PEI Program (17)		MHSA 3-Year Plan Consolidated Programs		PEI Strategy
Program #	Program Name	Program #	Program Name	
3	Honoring Past & Present through Traditional Knowledge (aka Combining Past & Present)	1	Wellness	Prevention
4	Social Emotional Learning Groups for Youth Outreach[16]			
5	Alpine Kids			
6	Bike Fix-It & Bike-to-School			
7	Community Trips			
8	Family Night			
9	Movie Nights & Archery Tag			
15	Senior Socialization & Exercise			
16	Yoga			
19	Annual Outreach Events - Speakers, MH awareness			
1	School-Based Primary Intervention Program[17]	2	Early Intervention and Linkage	Combined program: Early Intervention and Access and Linkage to Treatment
2	Positive Behavior Interventions and Supports (PBIS)			
10	Play Group			
11	TAY Outreach	3	TAY Outreach	Outreach for Increasing Recognition of Early Signs of Mental Illness
17	Create the Good	4	Anti-Stigma	Stigma and Discrimination Reduction
18	Mental Health First Aid			
12	Suicide Prevention Network	5	Suicide Prevention	Suicide Prevention

[16] Program was not implemented in 2019-20; it is tentatively planned for summer 2020. See page 36 for details.
[17] Program discontinued, as previously noted. See page 32 for details.

Summary of PEI Programs Planned for Fiscal Years 20-2021 through 2022-23

PEI Program #1: Wellness

- Strategy: Prevention
- Methods: Wellness activities included in this Program have met the community and practice-based evidence standards: these are projects that have been ongoing in the County for the past three years; they have earned praise from participants and stakeholders, and have yielded positive results by community consensus over time.
- Indicators and Outcome Measures: Wellness activities included in this Program are intended to improve health and psycho-social protective factors that are commonly associated with improved quality of life. These protective factors include mobility and self-care, energy level, sleep, stress management, positive mood, self-worth, ability to cope, and family, social and community connection. Alpine County BHS intends to use an age-appropriate measure of quality of life or a measure of community connectedness, depending upon the focus of the activity, as follows:

Program Focus and/or Age Served	Outcome Measure[18]
Young Children (ages 5 - 10) and Families	Child Sessions Rating Scale (CSRS) Family Quality of Life (FQOL)
Adolescents (11 -18)	Youth Quality of Life – Short Form (YQOL-SF)
Adults and Older Adults	Assessment of Quality of Life -8D (AQOL-8D)
Community	Sense of Community Index (SCI-2)

- Program Description: The Alpine County BHS Wellness Program implements a universal prevention strategy – meaning that activities require no prior screening and are open to all County residents who wish to participate. Wellness activities are intended to mitigate the common risk factors associated with higher probability of mental illness, as previously cited and consistently identified by stakeholders; specifically, these are:
  - The common experience of prolonged isolation due to the County's rural character, mountainous terrain, and lack of transportation and other amenities;
  - A higher-than-average percentage of people 65 years of age and older, as well as a higher percentage of people under age 65 with a disability;
  - A large underserved Native America community (approximately 24% of the County population) with experiences of racism and social inequality; historical trauma; serious chronic medical conditions; and intergenerational poverty.
- Program Activities: In the 2019-20 MHSA Update, the County identified a total of nine (9) independent programs in which the primary strategy was prevention. The 3-Year MHSA Plan for 2020-21 through 2022-23 consolidates of these into a single, cohesive Wellness Program. The Alpine County MHSA 3-Year Plan includes activities related to improving health and psycho-social protective factors for individuals, families, social groups, and communities, as follows:

[18] See Appendix A for outcome measure references

2019-20 PEI Prevention Programs	PEI Primary Objectives •	Outcome Measures - administered quarterly -	2020-21 through 2022-23 MHSA 3-Year Plan
Bike Fix-It & Bike-to-School	Physical Wellbeing	Child Session Rating Scale (CRSR) (ages 5-10) or Youth Quality of Life – Short Form (YQOL-SF) (ages 11-18) or Assessment of Quality of Life (AQOL-8D) (adult)	**Program #1 Wellness**
Senior Socialization & Exercise[19]			
Yoga[20]			
Alpine Kids	Family Strengthening	Family Quality of Life (FQOL)	
Movie Nights & Archery Tag			
Social Emotional Learning Groups for Youth Outreach (ages 3-18)[21]	Social Connection	Child Session Rating Scale or Youth Quality of Life –Short Form or Assessment of Quality of Life	
Community Trips			
Annual Outreach Events[22] - Speakers, MH awareness			
Honoring Past & Present through Traditional Knowledge[23]	Cultural & Community Connection	Sense of Community Index (SCI-2)	
Family Night			

- Physical Wellbeing: Activities focus on mobility, exercise, and nutrition.
  Family Strengthening: Focus of parent-child bonding and healthy events or activities.
  Social Connection: Support social relationships and reduce isolation for all ages.
  Cultural & Community Connection: Promote cultural and community strengths.

[19] In the 2019-20 MHSA Plan Update, Senior Socialization & Exercise was intended as an Outreach strategy for Increasing Recognition of Early Signs of Mental Illness. We have found that these activities are better characterized as prevention as they reduce the risk of depression in older adults by promoting physical health, regular exercise, and by reducing social isolation.

[20] Similar to Senior Socialization and Exercise, in the 2019-20 MHSA Plan Update, Yoga was also intended as an Outreach program for Increasing Recognition of Early Signs of Mental Illness. These activities also are better characterized as a prevention strategy.

[21] in the 2019-20 MHSA Plan Update, Social Emotional Learning Groups were intended as an Early Intervention strategy. In the current MHSA Three-Year Plan, these activities are intended as a prevention strategy to build protective factors in children and adolescents at risk due to adverse childhood experiences or other factors impacting mental health.

[22] In the 2019-20 MHSA Plan Update, Annual Outreach Events were intended as a Stigma and Discrimination Reduction strategy. While these events have helped to build trust and rapport between community members and BHS staff, we have found that more direct anti-stigma education and mental health awareness training is likely to have a greater impact on stigma and discrimination reduction. Annual Outreach Events are better characterized as a prevention activity, intended to build protective factors in the community, including mental health awareness, willingness to seek treatment, and social connection.

[23] In the 2019-20 MHSA Plan Update, Honoring Past and Present through Traditional Knowledge was intended as a culturally-specific treatment strategy. We have found that these activities are more appropriately classified as prevention, in that they serve to reduce risk factors associated with historical trauma, experiences of racism, and social inequality in the Native American community.

- The Alpine County BHS Wellness Program will continue to offer:
  - Activities to Improve Physical Wellbeing such as Senior Socialization and Exercise, Yoga, and/or Tai Chi. Additional short-term activities, similar to bike-to-school, may also meet the objective of improving physical wellbeing, and could be included in the Wellness Program.
  - Activities focused on Family Strengthening: Alpine Kids is currently the County's primary prevention activity focused on family strengthening. Movie Nights and Archery tag may be scheduled intermittently.
  - Activities focused on Social Connection: These are groups and special events, scheduled annually or intermittently, that may interest children and adolescents, adults, or families. Past activities have included the Halloween Bash, Honoring Our Mothers, and various community day trips. Stakeholders identified the need to include more educational events and guest speakers; these activities would be included here in the Wellness Program.
  - Activities focused on Cultural and Community Connection: Cultural and community-based programs, such as Family Night and Honoring Past and Present through Traditional Knowledge, are recognized as essential to prevention. They celebrate, strengthen, and sustain the capacity of our local communities to come together; learn; address common problems; reconcile differences; and expand existing natural supports. Particularly in underserved communities, cultural- and community-based programs are critical to enhancing protective factors and reducing the risk of mental illness among residents.

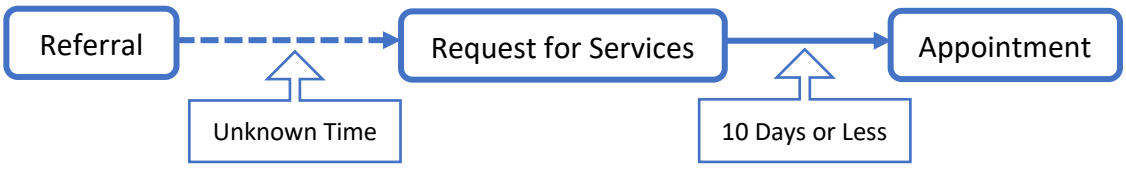
PEI Program #2: Early Intervention and Linkage

- Strategy: Combined program: Early Intervention and Access and Linkage to Treatment
- Methods:
  - Positive Behavior Interventions and Supports (PBIS) is an evidence-based, three-tiered system that has been demonstrated to improve student academic outcomes, behavior, and social-emotional competence. As an intervention for students with higher needs, PBIS Tier 2 and Tier 3 interventions have been shown to reduce problem behavior and associated school suspensions. PBIS is appropriate as a methodology to improve access and linkage to treatment, as school staff are continually collecting data to identify children with higher needs.
  - Play Group functions as a combined parent support and parent education activity. Research demonstrates that peer support groups for parents can best be described as a promising practice: evaluation research demonstrates the effectiveness in decreasing parents' isolation, increasing sources of support, increasing parental use of healthy coping skills, decreasing parenting-related stress, and increasing parents' knowledge of healthy child development.[24]

[24] First 5 LA, 2012. Peer Support Groups for Parents: Literature Review. Available at https://www.first5la.org/files/08226_2.3PSG%20Exploratory%20Study%20-%20Lit%20Review%20FINAL_08312012.pdf

- Indicators and Outcome Measures: PBIS uses program-defined measures to evaluate the frequency and intensity of behavioral problems school-wide and for individual children; these are tracked and reported quarterly. Play Group will also assess progress quarterly, using the Family Quality of Life Scale. Both activities will track referrals and Alpine County BHS will monitor follow-up to all referrals for mental health services.
- Program Description: The Alpine County BHS Early Intervention and Linkage Program is focused on providing treatment, school, and family support for youth who may be developing a serious emotional disorder and for caregivers of young children who may be in distress or experiencing the onset of a mental illness.
- Program Activities: The program provides early intervention services for students in grades K through 8 who attend the local public school; PBIS is implemented by school personnel through contract with Alpine County Unified School District. Play Group meetings are offered weekly from September through May, and jointly sponsored by Choices for Children, First 5, Live Violence Free and Alpine County BHS. A network of interagency professionals provides parent education, intervention, referral, and support in addition to age-appropriate activities for children.
- Program Changes: Three significant changes in the Early Intervention and Linkage Program are proposed in the Alpine County 3-Year MHSA Plan:

  1) Early Intervention and Access and Linkage to Treatment strategies will be provided in a combined program that will include the Positive Behavioral Interventions and Supports (PBIS) project and Play Group[25].
  2) School-Based Primary Intervention Program[26] is no longer included in the County's MHSA Plan. Social Emotional Learning Groups for Youth Outreach have shifted to the PEI Wellness Program, and are tentatively planned to begin in summer 2020.
  3) Alpine County BHS will also use this Program to assess and improve timely access to care for individuals from underserved populations. Our Policies and Procedures stipulate that appointments must be scheduled within 10 business days of the potential client's initial request for services, and this timeliness standard is consistently met. Timeliness, however, is defined as the interval from referral (not request for services) to first appointment attended. Through this Program, we will systematically collect referral data and improve timeliness of care by evaluating barriers that may cause delay between referral the initial request for services.



[25] In the 2019-20 MHSA Plan Update, Play Group was intended as a Prevention Program; the focus of this program is shifting to Early Intervention and Access and Linkage to Treatment in order to align with the more trauma-informed treatment approach of the Healing Trauma Program, and will provide more direct intervention with young children and families in order to reduce impairments related to inter-generational adverse childhood experiences.
[26] Program discontinued, as previously noted. See page 32 for details.

PEI Program #3: TAY Outreach

- Strategy: Outreach for Increasing Recognition of Early Signs of Mental Illness
- Methods: TAY Outreach activities included in this Program have met the community and practice-based evidence standards: they are based on strategies of youth empowerment; building rapport; creating supportive environments; having an orientation toward positive outcomes; and developing program activities that are experiential, relevant, and challenging.
- Indicators and Outcome Measures: TAY Outreach will use the Youth Quality of Life – Short Form, administered quarterly, to monitor program outcomes.
- Program Description: Alpine County BHS has struggled to engage youth in prevention, early intervention, and treatment services. The TAY Outreach Program starts with "meeting teens where they're at" – strengthening engagement, building rapport with youth, offering healthy activities to reduce the risk of early substance use, and strengthening resiliency factors. By improving engagement, the Program aims to also facilitate the recognition of early signs of mental illness in youth and those who regularly interact with youth.
- Program Activities: Youth are seen at school and in the community; they participate in monthly "High School Hangout Nights" at the Wellness Center; and they attend day trips and activity-based outings during school breaks. The youth themselves are potential responders who may recognize early signs of mental illness in themselves and their peers; school staff will also have regular opportunity to interact with MHSA staff, and may be responders as well.
- Program Changes: In response to youth and other stakeholder feedback, "High School Hangout Nights" were added to the TAY Outreach Program activities in February of 2020.

PEI Program #4: Anti-Stigma

- Strategy: Stigma and Discrimination Reduction
- Methods:
  - Mental Health First Aid (MHFA) is an evidence-based intervention, with research that demonstrates effectiveness in reducing the social distance created by negative attitudes and stereotypes about mental illnesses. MHFA also increases knowledge of signs, symptoms and risk factors of mental illnesses, and increases participants' willingness to help an individual in distress.
  - Create the Good has been centered on increasing social contact – via a regularly-scheduled shared meal – that brings people with and without mental health problems together. Beginning with this MHSA 3-Year Plan, Create the Good will implement additional promising practices for reducing stigma and discrimination, including anti-stigma education; the development of presentation topics that promote community engagement with mental health issues; and advocacy for holistic health.
- Indicators and Outcome Measures: Outcomes for the Mental Health First Aid sessions will be evaluated based on a subset of MHFA course evaluation questions to report outcomes

on the efficacy of MHFA as an intervention to reduce stigma and discrimination, as noted on page 49. A quarterly assessment of community attitudes and beliefs about mental illness will be conducted in Create the Good, using a written version of the Attitudes to Mental Illness Questionnaire[27].

- Program Description: The Alpine County BHS PEI Anti-Stigma Program will implement one-time training events (Mental Health First Aid and Youth Mental Health First Aid) in combination with ongoing social contact, anti-stigma education, and structured discussion (occurring in Create the Good) to reduce stigma and discrimination against people with a mental illness.
- Program Activities: The Anti-Stigma Program is comprised of two independent activities:
  - Mental Health First Aid and Youth Mental Health First Aid are 8-hour interact courses for youth aged 16 and over, adults, and older adults. Alpine County BHS has two staff members who are trained and certified to offer both the adult and the youth MHFA curricula, and classes have been offered in all areas of the county.
  - Create the Good is a regularly-scheduled community meal that includes a health-related presentation and shared discussion. Discussions have been facilitated by MHSA and clinical staff; Suicide Prevention Network staff; County Public Health staff; SNAP-Ed; Alpine Watershed Group; Community Service Solutions staff; Live Violence Free staff; and other health and wellness professionals.
- Program Changes: The National Council for Behavioral Health, which administers and oversees Mental Health First Aid USA, is currently developing virtual options for teaching MHFA courses. Alpine County BHS instructors may offer virtual classes in order to provide this program while there are ongoing COVID-19 health concerns related to group events. Once group events are allowed to resume, changes in Create the Good activities are minor: the events will include a more structured agenda of mental health and anti-stigma education, and outcomes at both locations (in Bear Valley and at the BHS Wellness Center in the Hung A Lel Ti community) will be evaluated using the written version of the Attitudes to Mental Illness Questionnaire.

PEI Program #5: Suicide Prevention

- Strategy: Suicide Prevention
- Methods: Suicide Prevention Programs are intended to be universal or targeted intervention programs that are designed to prevent suicide as a consequence of mental illness, rather than individual services intended to reduce suicidality for specific individuals at risk. Through a combination evidence-based training (safeTALK, ASIST) and promising practices (educational and awareness activities and events), Alpine County maintains an active Suicide Prevention Program.
- Indicators and Outcome Measures: Training programs and educational activities within the Suicide Prevention Program use program specific outcome measures. Measures

[27] Time to Change, 2015. Attitudes to Mental Illness 2014 Research Report. Available at https://www.time-to-change.org.uk/sites/default/files/Attitudes_to_mental_illness_2014_report_final_0.pdf

assess knowledge, attitudes, and awareness of risk factors; signs and symptoms of suicidality; strategies for preventions; and coping skills, as appropriate for the audience and the material presented.

- Program Description: The Alpine County BHS Suicide Prevention Program provides education and supportive services that include suicide prevention awareness activities; staff and community trainings; youth events; and wellness fairs. Programs may be implemented by contracted providers or by BHS staff, and are regularly scheduled throughout the year.
- Program Activities: Suicide prevention activities are provided on-site, in multiple community locations and as a part of local events. In addition to regular presentations on suicide awareness and prevention, the Program also includes collaboration with school personnel to support a positive school environment and to promote students' use of healthy coping skills. The Program offers information about suicide loss, provides support to individuals who have experienced trauma, and facilitates teen leadership activities. Suicide prevention trainings, utilizing both the safeTALK and ASIST curricula, have been offered annually to Behavioral Health staff, partner agency staff, and County residents.
- Program Changes: No significant changes in suicide prevention services are anticipated. Some shifts in program staffing may be implemented as the BHS team is increasingly able to assume these responsibilities.

PEI Estimated Participation and Budgeting Summary

Program #	Program Name	Budget	Estimated Number of Unique Individuals to be Served	Estimated Cost per Person
1	Wellness	$115,000	600	$190
2	Early Intervention and Linkage	$48,000	125	$385
3	TAY Outreach	$20,172	75	$270
4	Anti-Stigma	$23,700	300	$80
5	Suicide Prevention	$40,000	200	$200

Workforce Education and Training (WET)

Alpine County BHS dedicated Workforce Education and Training (WET) funds through the Fundamental Learning Program to further promote the professional development and growth of existing personnel and stakeholders. In a partnership with Relias, a training company that supplies online trainings, the team completed a variety of core training programs needed to satisfy compliance, certification, and licensing requirements, including cultural competence, Health Insurance Portability and Accountability Act (HIPAA), client/patient rights, and the role of behavioral health interpreter.

Other key training successes within the Fundamental Learning Program:

- **Strengths Model Learning Collaborative**: In collaboration with Inyo and Mono Counties, Alpine County BHS clinical and MHSA staff participated in this ongoing training and mentoring program from January 2017 through January 2019. The Strengths Model shifts the focus of engagement and treatment to individual, family, and community strengths and goals, and combines concepts of recovery, empowerment, and interpersonal connection. Strengths Assessments increase engagement and assist with treatment planning.
- **Mental Health First Aid (MHFA)**: Two of Alpine County Behavioral Health staff members successfully completed the certification training required both the youth and adult curriculum for MHFA. This training was needed in order for the County to resume the MHFA Program in the MHSA PEI Component
- **Cultural Training and Partnership:** The Alpine County BHS Native Wellness Advocate attended and spoke at the Men and Woman's Native Wellness Conference in San Diego in March 2019. She also attended the National Sexual Assault Conference and Cultural Competence summit in April 2019. The majority of Alpine County BHS staff attended Washoe Cultural Competency Training in October 2019. The Alpine County BHS office and Wellness Center are located at the Hung A Lel Ti Washoe Community. Alpine County BHS is grateful for collaboration with the Washoe Tribe in providing services and trainings.
- **Nutritional Coaching:** The MHSA Program Specialist is trained in nutrition and will be completing a 6-month advanced certification on Emotional Eating through the Institute for Integrated Nutrition[28] in 2020. The content of the course teaches recognition of common psychological, biological and cultural factors of emotional eating; strategies for helping clients to find nourishment beyond food through relationships, self-care, and other key areas of life; and coaching techniques that support overall health and wellness. This training will specifically benefit clients in the Healing Trauma Program proposed in the CSS Component of the County's 2020-23 MHSA 3-Year Plan.

[28] Institute for Integrative Nutrition, Advanced Courses. Emotional Eating Course. Information available at: https://iinadvancedcourses.com/emotional-eating/

- **Focus on Play Therapy:** Clinical staff attended professional development training in the area of play therapy to enhance services and support for children and families. This training focus was aligned with the Play Therapy Program in the County's MHSA CSS Component, and included intensive (Level One) Theraplay [29] which is focused on strengthening family systems and attachment.

WET Challenges and Mitigation Efforts

Recruiting, hiring, and retaining mental health professionals in a small, rural, and physically isolated community remains an ongoing concern. Participation in the Fundamental Learning Program requires the allocation of workforce time as well as training funds, and some scheduling issues have occurred. Also, during 2019-20, several planned training events were either cancelled or postponed due to the COVID-19. In addition, the County budgeted $10,000 to support educational stipends for residents interested in pursuing an educational degree or certification program in a mental health field of study. This program was not implemented due to low interest and lack of potential participation. We will continue to encourage peer involvement in MHSA programming, and explore ways to use WET funding to develop, support, and retain a mental health workforce that is dedicated to providing services in this rural mountain community.

WET Changes for the MHSA 3-Year Plan

Statewide County Wet Funds are exhausted as of FY 2019/2020, and any remaining WET funding must be reverted to the State as of June 30, 2020. To maintain MHSA training priorities and address the shortage of qualified personnel in the public mental health workforce, Alpine County BHS expects to participate with the Central Regional Partnership [30] Wet Five-Year Plan. As currently proposed by the Office of Statewide Health Planning and Development (OSHPD) in coordination with the California Behavioral Health Planning Council (CBHPC), the Regional Partnership will administer programs supporting individuals at any point along the career development pathway: for example, offering scholarships to undergraduate students in exchange for service learning within BHS; supporting students in a clinical graduate program in exchange for a 12-month work commitment; or supporting current public mental health professionals working in hard-to-fill and hard-to-retain positions. The proposed plan will support grow-your-own workforce development strategies, including the selection of candidates from local peer and underserved communities, to produce and retain both non-licensed and licensed mental health professionals.

Alpine County anticipates a one-time contribution of $10,198 to the Regional Partnership, through a transfer of 2020-21 MHSA funds from the Community Services and Supports (CSS) Component. These funds will then be available for workforce development initiatives in Alpine County over the 2020-2025 term through the Regional Partnership.

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[29] The Theraplay Institute. *Level One Theraplay & Marschak Interaction Method (MIM)*. Information available at https://theraplay.org/training/training-programs/theraplay-level-one/

[30] The Regional Partnerships are five geographic regions designated by the California Behavioral Health Directors Association. Alpine County is a member of the Central Region which includes a combination of 19 large (Sacramento, Fresno), medium (Kings, Madera), and other small counties (Calaveras, El Dorado, Mono).

Capital Facilities and Technological Needs (CTFN)

Beginning in 2018, Alpine County Behavioral Health invested a combination of MHSA designated Capital Facilities and Technological Needs (CFTN) funds, in combination with other available resources, to design, plan, and construct new space for mental health services and supports.

The new BHS building is located at 40 Diamond Valley Road, near the Alpine County Community Development office, in the Woodfords area.

The 4,998 square foot building includes improved space for clinical services, group meeting space, a room for play therapy, as well as a kitchen, room for wellness activities, and a beautiful view with a circular walking path and garden area.

Ground Breaking took place on November 20, 2018 and construction was complete in March of 2020. Move-in has been delayed, but is now anticipated to occur by the beginning of the fiscal year 2020-21 (July 2020).

CFTN Changes for the MHSA 3-Year Plan:

- BHS is proposing to complete building furnishings, equip the kitchen, and upgrade older computers and other technology through a transfer of funds from the Community Services and Supports (CSS) Component. A transfer of $286,791 into CFTN is proposed; this funding will be evenly divided between building expenses (Capital Facilities) and technology upgrades (Technological Needs).

Innovation (INN)

Alpine County does not currently have an Innovation Plan and is not actively developing a plan at this time.

MHSA Three-Year Expenditure Plan: FY 2020-21 through FY 2022-23

- **Three-Year MHSA Expenditure Plan and Funding Summary**
  Note: MHSA services and programs are contingent upon the availability of MHSA funds.

	MHSA Funding					
	A	B	C	D	E	F
	Community Services & Supports	Prevention & Early Intervention	Innovation	Workforce Education & Training	Capital Facilities & Technological Needs	Prudent Reserve
A. Estimated FY 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,928,256	399,235	289,213			
2. Estimated New FY2020/21 Funding	831,569	282,139	74,247			
3. Transfer in FY2020/18a/	(296,989)			10,198	286,791	
4. Access Local Prudent Reserve in FY2020/21						
5. Estimated Available Funding for FY2020/21	3,462,836	681,374	363,460	10,198	286,791	
B. Estimated FY2020/21 MHSA Expenditures	831,569	282,139		10,198	286,791	
C. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,631,267	399,235	363,360			
2. Estimated New FY2021/22 Funding	864,832	293,425	77,217			
3. Transfer in FY2021/19a/						
4. Access Local Prudent Reserve in FY2021/22						
5. Estimated Available Funding for FY2021/22	3,496,099	692,660	440,677			
D. Estimated FY2021/22 Expenditures	864,832	293,425				
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,631,267	399,235	440,677			
2. Estimated New FY2022/23 Funding	899,425	305,162	80,306			
3. Transfer in FY2022/20a/						
4. Access Local Prudent Reserve in FY2022/23						
5. Estimated Available Funding for FY2022/23	3,530,692	704,396	520,982			
F. Estimated FY2022/23 Expenditures	899,425	305,162				
G. Estimated FY2022/23 Unspent Fund Balance	2,631,267	399,234	520,882			

- **Three-Year MHSA Changes in the Local Prudent Reserve**

H. Estimated Local Prudent Reserve Balance		
	1. Estimated Local Prudent Reserve Balance on June 30, 2020	354,639
	2. Contributions to the Local Prudent Reserve in FY 2020/21	
	3. Distributions from the Local Prudent Reserve in FY 2020/21	
	4. Estimated Local Prudent Reserve Balance on June 30, 2021	354,639
	5. Contributions to the Local Prudent Reserve in FY 2021/22	
	6. Distributions from the Local Prudent Reserve in FY 2021/22	
	7. Estimated Local Prudent Reserve Balance on June 30, 2022	354,639
	8. Contributions to the Local Prudent Reserve in FY 2022/23	
	9. Distributions from the Local Prudent Reserve in FY 2022/23	
	10. Estimated Local Prudent Reserve Balance on June 30, 2023	354,639

- **Community Services and Supports (CSS) Component Worksheet FY 2020-21**

	Fiscal Year 2020/21					
	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. Full-Service Partnership	454,545	424,100	30,445			
Program						
Non-FSP Programs						
1. Field Capable Clinical Services (FCCS)	57,493	39,913	17,580			
2. Play Therapy	58,850	40,660	17,190			
3. Healing Trauma	56,323	39,835	16,488			
4. General Systems Development	168,420	121,410	47,010			
5. Outreach & Engagement	79,964	60,705	19,259			
CSS Administration	117,972	103,946	14,026			
CSS MHSA Housing Program Assigned Funds						
Total Component Program Estimated Expenditures	993,567	831,569	161,998			
FSP Programs as Percentage of Total	55%					

- **Community Services and Supports (CSS) Component Worksheet FY 2021-22**

	Fiscal Year 2021/22					
	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. Full-Service Partnership	440,819	440,819				
Non-FSP Programs						
1. Field Capable Clinical Services (FCCS)	41,946	41,946				
2. Play Therapy	43,782	43,782				
3. Healing Trauma	41,865	41,865				
4. General Systems Development	130,057	130,057				
5. Outreach & Engagement	61,336	61,336				
CSS Administration	105,027	105,027				
MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	864,832	864,832				
FSP Programs as Percentage of Total	51%					

- **Community Services and Supports (CSS) Component Worksheet FY 2022-23**

	Fiscal Year 2022/23					
	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. Full-Service Partnership	458,203	458,203				
Non-FSP Programs						
1. Field Capable Clinical Services (FCCS)	44,065	44,065				
2. Play Therapy	45,995	45,995				
3. Healing Trauma	43,980	43,980				
4. General Systems Development	139,089	139,089				
5. Outreach & Engagement	61,974	61,974				
CSS Administration	106,119	106,119				
MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	899,425	899,425				
FSP Programs as Percentage of Total	51%					

- **Prevention and Early Intervention (PEI) Component Worksheet FY 2020-21**

	Fiscal Year 2020/21					
	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						
Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)						
1. Wellness *(P)*	115,000	115,000				
2. Early Intervention and Linkage *(EI & A)*	48,000	48,000				
3. TAY Outreach (*O)*	20,172	20,172				
4. Anti-Stigma *(SR)*	23,700	23,700				
5. Suicide Prevention *(SP)*	40,000	40,000				
PEI Administration	35,267	35,267				
Total PEI Program Estimated Expenditures	282,139	282,139				

- **Prevention and Early Intervention (PEI) Component Worksheet FY 2021-22**

	Fiscal Year 2021/22					
	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						
Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)						
1. Wellness *(P)*	117,958	117,958				
2. Early Intervention and Linkage *(EI & A)*	51,916	51,916				
3. TAY Outreach (*O)*	22,959	22,959				
4. Anti-Stigma *(SR)*	24,958	24,958				
5. Suicide Prevention *(SP)*	40,000	40,000				
PEI Administration	35,634	35,634				
Total PEI Program Estimated Expenditures	293,425	293,425				

- **Prevention and Early Intervention (PEI) Component Worksheet FY 2022-23**

	Fiscal Year 2022/23					
	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						
Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)						
1. Wellness *(P)*	121,354	121,354				
2. Early Intervention and Linkage *(EI & A)*	55,028	55,028				
3. TAY Outreach (*O)*	24,445	24,445				
4. Anti-Stigma *(SR)*	26,494	26,494				
5. Suicide Prevention *(SP)*	41,836	41,836				
PEI Administration	36,005	36,005				
Total PEI Program Estimated Expenditures	305,162	305,162				

- **Workforce Education and Training (WET) Component Worksheet FY 2020-21 through 2022-23**

	Fiscal Year 2020/21					
	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. CBHDA Regional Partnership WET Grants (1 Year Only)	8,924	8,924				
WET Administration	1,274	1,274				
Total WET Program Estimated Expenditures	10,198	10,198				

	Fiscal Year 2022/22					
	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. *None planned at this time*						
WET Administration						
Total WET Program Estimated Expenditures						

	Fiscal Year 2022/23					
	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. *None planned at this time*						
WET Administration						
Total WET Program Estimated Expenditures						

- **Capital Facilities and Technology Needs (CFTN) Component Worksheet FY 2020-21**

	Fiscal Year 2020/21					
	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. Additional Items for the New Building	143,396	143,396				
CFTN Programs – Technology Needs Projects						
1. Technology Items to Support MH services	143,396	143,396				
CFTN Administration						
Total CFTN Program Estimated Expenditures	286,791	286,791				

- **Capital Facilities and Technology Needs (CFTN) Component Worksheet FY 2021-22**

	Fiscal Year 2021/22					
	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. *None Planned at this time*						
CFTN Programs – Technology Needs Projects						
1. *None Planned at this time*						
CFTN Administration						
Total CFTN Program Estimated Expenditures						

- **Capital Facilities and Technology Needs (CFTN) Component Worksheet FY 2022-23**

	Fiscal Year 2022/23					
	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. *None Planned at this time*						
CFTN Programs – Technology Needs Projects						
1. *None Planned at this time*						
CFTN Administration						
Total CFTN Program Estimated Expenditures						

- **Innovation (INN) Component Worksheet FY 2020-21 through 2022-23**

	Fiscal Year 2020/21					
	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. *No active INN Program at this time*						
INN Administration						
Total INN Program Estimated Expenditures						

	Fiscal Year 2022/22					
	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. *None Planned at this time*						
INN Administration						
Total INN Program Estimated Expenditures						

	Fiscal Year 2022/23					
	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. *None Planned at this time*						
INN Administration						
Total INN Program Estimated Expenditures						

Appendix A: PEI Outcome Measure References

PEI Program	Measure	Reference
#1 Wellness	Child Session Rating Scale (CSRS)	Miller, S. Child Session Rating Scale. Available at: https://www.corc.uk.net/outcome-experience-measures/session-rating-scale/
	Family Quality of Life (FQOL)	Beach Center, University of Kansas, 2015. Available at: https://beachcenter.lsi.ku.edu/sites/default/files/inline-files/Family%20Quality%20of%20Life%20Psychometric%20Characteristics%20and%20Scoring%20Key.pdf
	Youth Quality of Life – Short Form (YQOL-SF)	Seattle Quality of Life Group, University of Washington, 2013. Available at: https://www.midss.org/content/youth-quality-life-instrument-short-form-yqol-sf
	Assessment of Quality of Life -8D (AQOL-8D)	Centre for Health Economics, Monash University, nd. Available at: http://www.aqol.com.au/choice-of-aqol-instrument/58.html
	Sense of Community Index (SCI-2)	Community Science, 2005. Available at https://www.senseofcommunity.com/soc-index/
#2 Early Intervention and Linkage	Mental Health First Aid – Program-specific outcome measures	n/a
	Family Quality of Life (FQOL)	(see above)
#3 TAY Outreach	Youth Quality of Life – Short Form (YQOL-SF)	(see above)
#4 Anti-Stigma	Attitudes to Mental Illness Questionnaire	Time to Change, 2015. Available at https://www.time-to-change.org.uk/sites/default/files/Attitudes_to_mental_illness_2014_report_final_0.pdf
#5 Suicide Prevention	Program-Specific Evaluation Measures	n/a

Appendix B: Public Comments and Response

A summary of the substantive comments received during the public review and comment period and the responses to those comments are presented below. Please see Appendix C for the full text of public comments. In addition, other grammatical, typographical, and non-substantive wording issues identified by staff and stakeholders have been corrected. Throughout the document, references to projects being "proposed" will be changed to reflect their status after adoption of the Alpine County Three Year Plan for Fiscal Years 2020-21 through 2022-23.

Comment #	Comment Received and Response Provided
1	*Comment:* How much did this report cost in terms of staff time, travel, and other expenses?
	Response: The MHSA 3-Year Program and Expenditure Plan and Annual PEI Evaluation Report was developed by BHS clinical, fiscal, and MHSA staff, over a nearly one-year period beginning in August 2019. Preparation of the report included development and facilitation of the Community Program Planning (CPP) process, data collection and analysis, and the development of program descriptions and budgets. All work was done within regular staff hours, with no overtime or travel charges accrued. Materials purchased to support the 13 CPP meetings totaled $2,755. Once the initial draft of this report was complete, IDEA Consulting provided content review and verified compliance with state requirements, at a cost of $710. As specified in the California Code of Regulations, Title 9, Section 3300 (d), counties are allowed to allocate up to 5% of their annual MHSA funding to the Community Program Planning (CPP) process. Over the past several years, whether it was for the MHSA 3-Year Program and Expenditure Plan or Annual Updates, Alpine had been spending between $15,000 and $30,000 for an independent consultant to coordinate all phases of our MHSA plan development. The decision this year to develop the plan in-house, using existing staff, not only conserved MHSA funds but also lead to improved integration of program planning, implementation, and reporting functions.
2	*Comment:* Is it accurate that any money not spent in a fiscal year returned to the state?
	Response: For small counties such as Alpine, unspent MHSA funds will revert to the state after 5 years.
3	*Comment:* Do you believe that more, not less money will be coming to MHSA programs each year of this plan, even when budget cuts are anticipated downturn in our economy?
	Response: BHS anticipates that a reduction in MHSA funds is likely, due to Statewide economic issues related to COVID-19. Anticipated reductions will have the greatest impact in FY 2021-22 and 2022-23, as current year MHSA funds (FY 2020-21) are based on 2019 income tax revenue. We did not project the magnitude of budget decreases for CSS and PEI funding in future years (see Budget documents on pages 61-68) as good estimates are not yet available. Budget reductions will likely impact the MHSA Annual Update in FY 2021-22, and BHS intends to facilitate an active and inclusive stakeholder process to involve Alpine residents in any difficult decisions that may be required.

Comment #	Comment Received and Response Provided
4	*Comment:* p. 59 Under PEI Budget Summary, how does the Wellness budget serve 600 people at $190/person and total only $115,000?
	Response: A total of $115,000 is budgeted for PEI Program #1, Wellness. Budget figures are an estimate; we know how much money we are allotting to the program but we can only project how many people are likely to participate. $115,000 divided by 600 (our estimate of the number of participants) would result in a cost-per-person of $191.67. BHS is reporting an approximate cost per person of $190 because that number is based on an estimated number of [future] participants – if we spend the entire budgeted amount and more people participate, the cost- per-person is less and if fewer people participate, the cost-per-person increases.
5	*Comment:* What is the current and projected budget for the yoga program?
	Response: In the MHSA Plan Update for FY 2019-20, the Yoga program (countywide) was budgeted at $50,000. Of that amount, we anticipate spending approximately $32,350 through June 30, 2020. In the MHSA 3-Year Plan beginning in FY 2020-21, yoga activities are included in the consolidated PEI Program #1, Wellness; please see pages 49-51 for consolidation details. BHS is proposing an overall budget of $115,000 to fund all of our Wellness activities, including yoga, senior socialization and exercise, social emotional learning groups for youth, family night, and other activities that share the goal of preventing mental illness and building resiliency by promoting physical, emotional, and social wellbeing.
6	*Comment:* Apart from the reduction in problems at Diamond Valley School (good), there isn't much independent evidence that any of the programs are achieving measurable improvements.
	Response: Research-validated outcome measures for PEI programs were identified during FY 2019-20, and implementation was begun just prior to the disruption of programs due to COVID-19. Once programs resume, BHS has committed to a quarterly schedule of data collection in County-facilitated programs, and we require a similar commitment from contractors providing PEI services. We expect to include preliminary data from these outcome measures in the next PEI Evaluation Report, which will be presented as a part of the FY 2021-22 MHSA Annual Update. CSS programs are typically one component of a larger, individualized treatment plan developed in collaboration with each client and, if appropriate, the client's family. It would be difficult to develop a standardized measure for treatment success and inaccurate to attribute treatment results to a specific component within the treatment plan. We have presented data demonstrating the extent to which CSS programs are consistently offered and promote client and family engagement in treatment services. (See Client and Family Survey of CSS Programs on page 18 and CSS Successes and Challenges on page 28.)

Comment #	Comment Received and Response Provided
7	*Comment:* Are you planning to continue the online [Yoga] program until it's safe to meet in person?
	Response: Yes. Yoga classes will remain on-line only until there is clearance from the Public Health Officer that classes can be conducted in-person. On-line classes will also remain as an option throughout the County after restrictions are lifted. In addition, if the need for social distancing continues, BHS will consider alternative ways to safely implement other PEI and CSS programs, in order to meet community needs while also protecting participants and staff. Implementation of some programs may be significantly delayed if public health concerns continue, and if the program cannot be modified appropriately.
8	*Comment:* Would BHS consider bringing on a different Yoga instructor this new fiscal year for Tuesday/Thursday classes? *Comment:* Would you consider a 1-hour Tuesday/Thursday yoga class rather than a 1½ hour class?
	Response: We have grouped these questions together because they both reflect concerns about the hiring and continuation of contract providers. When BHS is seeking program providers and posts a Request for Proposals (RFP), we set the terms of the contract (for example, length and frequency of classes). We also ask potential contractors to provide information on their skills, certifications, and experience, including results from participant satisfaction evaluations. Similarly, when contracts are up for renewal, past performance is reviewed – including attendance history, satisfaction surveys submitted by contractors, and any comments that BHS has received directly from participants. In addition, research-validated outcome measures for PEI programs were identified during FY 2019-20 (see response to comment #6) and this data also will contribute to the decision-making process when contracts for PEI services are considered for renew. Based on attendance records and the responses of instructors and participants, BHS intends to continue contracts with the current yoga instructors into FY 2020-21. We anticipate that yoga will be offered in a 1-hour format, twice weekly, in both Bear Valley and Markleeville (once in-person classes can safely resume). Also, as noted in the response to comment #7, yoga will continue to be available throughout the County via ZOOM in FY 2020-21.
9	*Comment:* I'd like to support more art programs for the Native American community, for both children and adults.
	Response: Stakeholders in Hung A Lel Ti identified the need for more art programs, but when community members later evaluated their full list of identified needs (on a scale of not important - somewhat important – very important), art programs were among those less frequently identified as very important. BHS anticipates that art-based activities will continue to be included in the PEI Wellness Program and as a part of CSS Outreach and Engagement services; we are not proposing art as an independent program in the County MHSA Plan.

Comment #	Comment Received and Response Provided
10	*Comment:* I also think the County should consider including a "Mindfulness" meditation program as another way of reducing anxiety.
	Response: We agree that mindfulness and meditation are important strategies for managing anxiety, and BHS offered very similar Holistic Health classes through the MHSA PEI Senior Socialization & Exercise Program during FY 2019-20. With the 3-Year MHSA Program and Expenditure Plan for FY 2020-21, mindfulness and meditation skills are included as a core component of the new CSS Healing Trauma program; Holistic Health classes are also continued in the PEI Wellness Program as a prevention strategy.
11	*Comment:* (page 27) Is the [CSS] plan for a school-based clinician to provide services to Diamond Valley School (DVS) children dead? It seems like such an important place for BHS.
	Response: The School-based Mental Health Clinician was never implemented and is not included in the current plan. BHS will continue to provide school-based mental health services to children at DVS on an as-needed basis through the Field Capable Clinical Services Program. Depending upon the needs that are demonstrated, the referrals that are facilitated through the Early Intervention and Linkage Program (PEI Program #2, the PBIS partnership with Alpine Unified School District), and school scheduling changes in response to COVID-19, the School-based Mental Health Clinician Program may remain in discussion for possible future implementation. We note that these programs have been shown to reduce rates of suspension and chronic absenteeism; in Sacramento County, the Office of Education and the Public Health Department recently announced a plan to place clinicians in all County schools over the next few years.
12	*Comment:* (page 31) Are Senior Socialization and Exercise, and Yoga really an "outreach for recognizing early signs of mental illness" or more about reducing isolation and promoting connection in our rural community?
	Response: MHSA regulations require that Counties identify and implement PEI programs that serve a variety of strategies, including outreach for recognizing early signs of mental illness. In the MHSA 2019-20 Update, Senior Socialization and Exercise, and Yoga were identified as a means for BHS to connect with adults and older adults who may be experiencing a first-onset or recurrence of depression. Certainly a Program may implement more than one strategy – and may in fact serve one purpose for the Department (we want to be aware of community members who may be developing depression because we believe that early intervention may help) and another purpose for participants (we want to feel good, connect with others, and not develop depression). In the 3-Year Plan beginning in FY 2020-21 we have included both Senior Socialization and Exercise, and Yoga as part of the PEI Program #1, Wellness, whose strategy is prevention. The Program that we have identified as a strategy for outreach for recognizing early signs of mental illness is the TAY Outreach program, because BHS wants to increase our effectiveness in reaching youth and young adults who may be experiencing early signs of mental illness including anxiety, depression, and substance use. We expect that youth will participate in this Program because they also want to feel good, connect with peers, and have fun.

Comment #	Comment Received and Response Provided
13	*Comment:* (page 51) Again, I am curious why 50+ is not specifically mentioned as a specific program, as is say Alpine Kids or Bike Fix-It & Bike to School. I see that it is consolidated with other PEI programs.
	Response: MHSA regulations have fairly extensive reporting requirements for each designated Program, including an independent budget, strategy to be implemented, an evidenced-based methodology, and outcome indicators. The MHSA 2019-20 Update included a total of 17 independent Programs, each with its own budget line for purposes of budgeting, claiming, and reporting – but with overlapping goals, practices, and participants. In addition, many of the 17 Programs did not have a clear evidence-based methodology – for example, there is no methodology for the bike programs, and we would not expect that participating in the bike programs alone would result in better mental health outcomes for youth. The 50+ Club was consolidated into the Senior Socialization and Exercise Program with Chair Exercises & Holistic Health classes; Senior Soak; and Elders' luncheons because these programs share many of the same goals, participants, and/or practices. In the 3-Year Plan beginning in FY 2020-21 we have further consolidated PEI Programs, so that we have one Prevention Program (PEI Program #1, Wellness) that includes a wide variety of activities that promote mental, physical, social and community wellness among people of all ages. We believe that the inclusion of a variety of wellness activities within a single comprehensive Wellness Program better reflects the nature of Wellness (doing different activities to promote whole-person health), reduces the administrative reporting burden, and provides more flexibility within the Program.
14	*Comment:* (page 54) I like that 50+ program and yoga objectives are physical wellness. They are probably also under social connection. *Comment:* (page 55) I support the BHS Wellness Program to continue to offer the activities listed here highlighted by bullets. *Comment:* When the 3-Year Plan is approved will you give the specific dollar amount that is allocated for the 50+ club for this next year?
	Response: We have grouped these questions together because they all reflect concerns about consolidation of PEI Program #1, Wellness, into a single Prevention Program; our response to these comments expands on the response to comment #13. As previously noted, the 3-Year Plan beginning in FY 2020-21 includes a single, consolidated Wellness Program. The intention of the Program is to offer activities that promote whole-person wellness, and include a focus on physical wellbeing, family strengthening, social connection, and cultural/community connection. We include these categories as an internal check, to ensure that we continue to promote wellness on all levels (individual, family, social, and cultural/ community) – and we agree that a single program (like yoga) can offer benefits on multiple levels (e.g., individual physical health and social connection). One benefit of having a consolidated Wellness Program is that we can continue to offer a variety of universal prevention activities that together promote whole-person wellness. The Wellness Program has a budget of $115,000 to fund all of the activities within the program; we will not be developing a specific budget for each activity. Both budgeting and outcome reporting happen at the Program level.

Comment #	Comment Received and Response Provided
15	*Comment:* Suicide Prevention Network (SPN) has been more than pleased for the past 5½ years to support Alpine County community members in the advancement of their mental wellness journey and suicide prevention and awareness education. Community members served by our staff include those living in Markleeville, Woodfords, Hung A Lel Ti, Bear Valley and Kirkwood. We were, of course, deeply disappointed when we learned we would not be able to continue this vital work in Alpine County. SPNs connections in Alpine County allowed for a successful prevention (education materials/trainings/presentations), intervention (staff responding to community individuals in distress with personal visits/calls of support) and postvention (staff personal visits/calls/materials in support of loss of a loved one) approach.
	Response: Note: This is a brief summary of a longer comment submitted by Suicide Prevention Network. Please see Appendix C for the full text of this comment. BHS contracted with Suicide Prevention Network (SPN) in FY 2015-16 to begin implementation of the MHSA Suicide Prevention Program. At that time, BHS was building a team, and these tasks were not yet filled by BHS staff. Since that time, BHS has cultivated a Prevention team (made up of our MHSA Coordinator and Program Specialist) with staff members who are involved in all aspects of the County's PEI Programs, are experienced presenters, on-site 40 hours/week, and able to provide both universal and targeted suicide prevention services in the most cost-effective manner possible. In addition, the Prevention team will work closely with BHS licensed clinical staff to provide a full range of services to individuals in acute distress. BHS expects to shift the majority of Suicide Prevention work to our current staff. Over the course of the year, we may seek program providers and post a Request for Proposals (RFP) for a much narrower range of services to be provided over a limited amount of time (e.g., perhaps a series of safeTALK or ASIST trainings once group meetings are no longer restricted). We would welcome a more targeted partnership with SPN that more closely meets the current needs of the County.
16	*Public Hearing Comment:* Funding listed in the budget [referencing estimated unspent funds from prior fiscal years, on page 61: Three-Year MHSA Expenditure Plan and Funding Summary] - can these monies be used to fill gaps?
	Response: Unspent funds are actual amounts – not estimates – and represent funds that were received within the past 5 years but not yet spent. The amount of unspent funds in CSS is much greater – because 76% of all MHSA funding is dedicated to CSS. We feel confident that we will be able to maintain CSS Programs for Clients even in the difficult economy anticipated due to COVID-19. There are fewer unspent funds available for PEI Programs.
17	*Public Hearing Comment:* Can the PEI funds be increased [using unspent CSS funds]?
	Response: Currently, MHSA regulations do not allow Counties to increase the PEI allotment above the 19% specified by law. County Mental Health Directors have asked that funding for prevention programs be increased, as this is particularly an issue in small counties. To date, the State has not approved changes to the MHSA funding distribution.

Comment #	Comment Received and Response Provided
18	*Public Hearing Comment:* Yoga will be 2x/week in both Bear Valley and Markleeville?
	Response: Yes, that is the schedule that we are intending to implement after Plan approval.
19	*Public Hearing Comment:* Can yoga be held in the park?
	Response: BHS is not allowed to offer in-person groups at this time per direction from the County Public Health Director. While class offerings in the park could accommodate social distancing, wearing a mask would be difficult and may impact breathing – which is important, of course, in the practice of yoga. Classes in the park would also be more difficult to coordinate on ZOOM. We are uncertain whether the restrictions on groups were intended to apply only to indoor events because County facilities are closed. We will continue to follow the guidance of the Public Health Director in this regard, and will begin offering in-person classes once we have approval to do so.
20	*Public Hearing Comment:* Is the mindfulness program a separate program?
	Response: Mindfulness activities are included in the Holistic Health Classes as a Prevention strategy, and in the CSS Healing Trauma Program. (See Comment #10) Mindfulness Based Stress Reduction (MBSR) training is also available online. As community members noted, some people benefit from mindfulness practices, while it adds to anxiety for others.
21	*Public Hearing Comment:* On page 15 of the MHSA Plan, it says that stakeholders recommended connecting with the Washoe Tribal Resources Department, but I think the real concern in that meeting was, "What is going to happen with the Native Wellness Advocate position?" Is the Native Wellness Advocate position being filled?
	Response: The Native Wellness Advocate position is on hold at this time for two reasons: (1) There is currently a hiring freeze in Alpine County. And (2) there is change happening at the state level regarding Native American representation under MHSA, with a position at the State level under consideration. Alpine County BHS will continue to serve our Native American population as we wait for resolution of these issues. *To further clarify:* We have made the correction to "Community Feedback on MHSA Programs, Needs, and Priorities" (page 15) to more accurately state that Hung A Lel Ti stakeholders are concerned about the resignation of the Native Wellness Advocate and endorse the need for that position to be filled. In addition, under "Changes for the MHSA 3-Year Plan" (page 16) we note the Department's commitment to maintaining the Native Wellness Advocate Position, and rehiring for that position once the County's hiring freeze is lifted.
22	*Public Hearing Comment:* TAY hangout, is this program moving toward incorporating mentors?
	Response: The TAY Outreach, "High School Hangout" met twice before group activities were restricted due to COVID-19. This Program has not incorporated the use of mentors, so we are unsure about what group may have approached people about becoming a mentor.

Comment #	Comment Received and Response Provided
23	*Public Hearing Comment:* Cut backs on movie nights and archery tag?
	Response: BHS intends to be more strategic about the scheduling of both movie nights and archery tag. These will no longer be an independent program, but will be scheduled intermittently during their more well-attended times throughout the year.
24	*Public Hearing Comment:* Is the case management position being filled?
	Response: While the CSS Clinically Coordinated Case Management Program that was adopted in the MHSA Update for FY 2019-20 is not continued in this Plan, the case management position remains a goal when the County's hiring freeze is lifted. At that time a position will be developed with a job description that fits the needs of BHS, specifically those services which are billable as provided.

Appendix C: Full Text of Public Comments

See Response in Appendix B Comment #	Full Text of Comments Received
We appreciate your review and feedback. These items were corrected without substantive comment.	Comments/questions on the draft. Mostly typos. 1. Page 10, 1st para, line 11. Hung A Lel Ti is its own community and really isn't part of Woodfords. 2. Page 44, 1st line. "lpine" should be "Alpine"? 3. Page 58, Program Description, line 1. "ACHBS" should be "ACBHS" or "Alpine County BHS"? 4. Page 60, Cultural Training & Partnership, line 6. Ditto. 5. Page 61, WET Changes, line 10. "heal" should be "health"?
See Appendix B Response to Comment #1	6. General. How much did this report cost in terms of staff time, travel and other expenses?
See Appendix B Response to Comment #6	7. Apart from the reduction in problems at Diamond Valley School (good), there isn't much independent evidence that any of the programs are achieving measurable improvements.
See Appendix B Response to Comment #5	I've read through much of the 3-yr report and had a few questions: 1. What is the current and projected budget for the yoga program?
See Appendix B Response to Comment #7	2. Are you planning to continue the online program until it's safe to meet in person?
See Appendix B Response to Comment #10	Overall, the 3-Year Plan looks fine but, as you know, I'm most interested in the yoga program. I also think the County should consider including a "Mindfulness" meditation program as another way of reducing anxiety. For people to learn how to meditate 15-20 minutes per day or a few times each week is a huge benefit and programs like this are appearing in many locations.
See Appendix B Response to Comment #9	Another thing I'd like to support is more art programs for the Native American community, for both children and adults.
Thank you for you review.	These are just some thoughts. Thanks again for your work.

See Response in Appendix B Comment #	Full Text of Comments Received
We appreciate your feedback.	First of all, thank you for the guidance to absorb the main points of the plan, so it is manageable. Once there, the plan is easy to read and follow.
See Appendix B Response to Comment #11	p. 27 Is the plan for a school based clinician to provide svs. to DVS children dead? It seems like such a important place for BHS
See Appendix B Response to Comment #12	p.31 Are Senior socialization and Exercise, and Yoga really an "outreach for recognizing early signs of mental illness" or more about reducing isolation and promoting connection in our rural community?
See Appendix B Response to Comment #13	p. 51 Again, I am curious why 50+ is not specifically mentioned as a specific program, as is say Alpine Kids or Bike fix it. I see that it is consolidated with other PEI programs.
See Appendix B Response to Comment #14	p. 54 I like that 50+ program and yoga objectives are physical wellness. They are probably also under social connection.
	p.55 I support the BHS Wellness Program to continue to offer the activities listed here highlighted by bullets.
See Appendix B Response to Comment #4	p. 59 Under PEI Budget Summary, how does the Wellness budget serve 600 people at $190/person and total only $115,000?
See Appendix B Response to Comment #2	Is it still accurate that any $ not spent in a fiscal year returned to the State?
See Appendix B Response to Comment #3	Do you believe that more, not less $ will be coming to MHSA programs each year of this plan, even when budget cuts are anticipated d/t downturn in our economy?
See Appendix B Response to Comment #13	When the 3yr plan is approved will you give the specific dollar amount that is allocated for the 50+ club for this next year?
See Appendix B Response to Comment #8	Would BHS consider bringing on a different Yoga instructor this new fiscal year for Tue/Thur classes?
	Would you consider a 1 hr Tue/Thur yoga class rather than a 1 and 1/2 hr class?
We are grateful for your participation. Thank you.	Thanks for taking my comments and answering my questions. I appreciate very much all the programs that BHS offers in our community, and the input you ask from each of us.

See Response in Appendix B Comment #	Full Text of Comments Received
See Appendix B Response to Comment #15	We wanted our past history of the many years working in Alpine County to go on record. We know we touched many lives by our work. Thank you. Suicide Prevention Network (SPN) has been more than pleased for the past 5 ½ years to support Alpine County community members in the advancement of their mental wellness journey and suicide prevention and awareness education. Community members served by our staff include those living in Markleeville, Woodfords, Hung A Lel Ti, Bear Valley and Kirkwood. We were, of course, deeply disappointed when we learned we would not be able to continue this vital work in Alpine County. We are confident in our abilities (and confirmed by community members endorsements and backing of our activities) to provide valuable support in the fight for a suicide-safe county. On average, each year we have served 200-240 youth, adults and seniors in these communities, through programs such as: Adults/Seniors • Create the Good (weekly) • 50+ Potluck (monthly) • Elders lunch & bingo (monthly) • Lunch and learn (monthly) • Door to Door Outreach (May gift bags) • Senior Health Fairs • Cultural Awareness Conference • PTSD Support Group (high risk group for suicide) • PTSD home visits of veterans Youth • Douglas High School Meet and Greet (weekly/bi-weekly) • Diamond Valley School (scheduled by teachers) • Summer outings with Tahoe Youth and Family and Washoe Indian Education • Summer camp program focused on self-esteem, positivity and coping skills (annual) • Youth Empowerment Days and Youth Awareness Days • Walk in Memory, Walk for Hope (annual – youth and adults) Diamond Valley School encouraged engagement for classes in bullying, positive environment, coping skills, suicide prevention and depression identification including: • Kindness Weeks • Bike-a-Thons • Signs of Suicide training • Life Skills training SPN continually worked to reduce the stigma around suicide and mental health challenges through education, awareness presentations and trainings include ->

See Response in Appendix B Comment #	Full Text of Comments Received
	(Continued) safeTALK and Suicide Prevention by our certified staff, as well as ASIST classes facilitated by staff members. Seasonal displays and education/prevention materials were displayed and distributed at the Markleeville Library and Museum. A monthly newsletter including Washoe language content supported cultural inclusion. In addition to the groups noted above, SPN routinely collaborated with ACBHS, Washoe Tribe Recreation, Live Violence Free, Washoe Tribe Police. SPN regularly included Alpine County community members in events, trainings and educational opportunities in Douglas County, especially in conjunction with Washoe Tribe Dresslerville and Douglas County school youth. As noted in Suicide Prevention Network's Strategic Plan for Alpine County, a critical piece to a successful suicide prevention and awareness, education and training plan relies on connections – community, business, organization and individual connections. SPNs connections in Alpine County allowed for a successful prevention (education materials/trainings/presentations), intervention (staff responding to community individuals in distress with personal visits/calls of support) and postvention (staff personal visits/calls/materials in support of loss of a loved one) approach.
	The following comments were offered at the Public Hearing:
See Appendix B Response to Comment #16	Funding listed in the budget [referencing estimated unspent funds from prior fiscal years, on page 61: Three-Year MHSA Expenditure Plan and Funding Summary] - can these monies be used to fill gaps?
See Appendix B Response to Comment #17	Can the PEI funds be increased [using unspent CSS funds]?
See Appendix B Response to Comment #18	Yoga will be 2x/week in both Bear Valley and Markleeville?
See Appendix B Response to Comment #19	Can yoga be held in the park?
See Appendix B Response to Comment #20	Is the mindfulness program a separate program?
See Appendix B Response to Comment #21	On page 15 of the MHSA Plan, it says that stakeholders recommended connecting with the Washoe Tribal Resources Department, but I think the real concern in that meeting was, "What is going to happen with the Native Wellness Advocate position?" Is the Native Wellness Advocate position being filled?

	The following comments were offered at the Public Hearing:
See Appendix B Response to Comment #22	TAY hangout, is this program moving toward incorporating mentors?
See Appendix B Response to Comment #23	Cut backs on movie nights and Archery Tag?
See Appendix B Response to Comment #24	Is the case management position being filled?
Thank you. This will be corrected in the final draft.	There is a syntax error on page 56. (“…. Program is are no longer included…”)

Appendix D: Community Program Planning (CPP) Stakeholder Demographics

Demographic information about participants in community planning meetings for the development of the Alpine County MHSA Three-Year Program and Expenditure Plan is redacted for privacy purposes. DHCS De-identification Guidelines (DDG) stipulate that when participant data is released to the public, the population of potential program participants should be a minimum of 20,000 individuals.[31] Alpine County population is 1,129.

[31] California Department of Health Care Services, 11/22/2016. Data De-identification Guidelines (DDG). Available at : https://www.dhcs.ca.gov/dataandstats/Documents/DHCS-DDG-V2.0-120116.pdf

Appendix E: Community Services and Supports (CSS) Demographics for Individuals Served

Demographic information about individuals served in the County's MHSA Community Services and Supports (CSS) programs is redacted for privacy purposes. DHCS De-identification Guidelines (DDG) stipulate that when participant data is released to the public, the population of potential program participants should be a minimum of 20,000 individuals.[32] Alpine County population is 1,129.

[32] California Department of Health Care Services, 11/22/2016. Data De-identification Guidelines (DDG). Available at : https://www.dhcs.ca.gov/dataandstats/Documents/DHCS-DDG-V2.0-120116.pdf

Appendix F: Prevention and Early Intervention (PEI) Demographics for Individuals Served

Demographic information about individuals served in the County's MHSA Prevention and Early Intervention (PEI) programs is redacted for privacy purposes. DHCS De-identification Guidelines (DDG) stipulate that when participant data is released to the public, the population of potential program participants should be a minimum of 20,000 individuals.[33] Alpine County population is 1,129.

[33] California Department of Health Care Services, 11/22/2016. Data De-identification Guidelines (DDG). Available at : https://www.dhcs.ca.gov/dataandstats/Documents/DHCS-DDG-V2.0-120116.pdf