ALPINE COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health Services

Mental Health Services Act
Annual Update
Fiscal Year 2011/2012

POSTED
March 4, 2011 – April 4, 2011

This MHSA Annual Update is available for public review and comment through April 4, 2011. We welcome your feedback in writing during the review period or at the Public Hearing to be held on April 4, 2011.

Public Hearing Information:
Board of Supervisor's Meeting Room
99 Water Street, Markleeville, CA 96120
Monday,April 4, 2011, 12:00 pm – 2:00 pm
Hosted by Alpine County Mental Health Board

Questions or comments? Please Contact:
Alpine County Behavioral Health
74-C diamond Valley Road
Markleeville, CA 96120
Phone 530-694-1816; Fax: 530-694-2387

Thank You!

County: Alpine

Components Included:

- [x] CSS
- [ ] WET
- [ ] CF
- [ ] TN
- [x] PEI
- [ ] INN

County Mental Health Director	Project Lead
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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, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. 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.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing[1] was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.[2]

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2011/12 annual update/update are true and correct.

Mental Health Director/Designee (PRINT) Signature Date

[1] Public Hearing only required for annual updates.
[2] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

County: Alpine **30-day Public Comment period dates:**March 4, 2011 – April 4, 2011

Date: February 21, 2011 **Date of Public Hearing (Annual update only):**April 4, 2011

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.
In conjunction with Alpine County Behavioral Health Services, Enki Health and Research Systems and Resource Development Associates (RDA) (herein the "Planning Team") facilitated an extensive Community Planning Process for this year's annual update because of a need to redirect efforts and re-engage the community. During the first phase of the CPP process, the Planning Team identified and invited the participation of key stakeholders from education, health, community based organizations, tribal council, senior organizations, early childhood, public safety and human services. Consumers and their family members were asked to participate as well. Outreach for focus groups and key informant interviews was conducted by RDA and Enki staff through email, phone calls and the posting of flyers in public spaces. Enki staff tabled at a community health fair prior to the planning process and collected contact information for those who were interested in participating. All outreach materials were prepared in English because there are no non-English speaking residents in Alpine County. To gather input for a FY 2011/12 Behavioral Health Needs Assessment, the Planning Team conducted interviews with the Behavioral Health Department staff, the School Superintendent, the Executive Director of First 5, a representative from the Sheriff's Department, the Health and Human Services Director, the County Health Officer, the Chairman of the Mental Health Board, the Chairwoman of the Hung a Lel Ti Community Council, the Coordinator of the White Bison Program, the Director of the Washoe Family Healing Center, and a representative from Child Protective Services. We also conducted focus groups with community members who responded to outreach flyers, with Hung a Lel Ti parents, with Hung a Lel Ti elders, and with students and teachers at Diamond Valley Elementary School. Following the interviews and focus groups, on January 31, 2011, the Planning Team facilitated a general Community Meeting with Alpine County residents and service providers. Over 40 individuals participated in a 3-hour meeting to review findings from the Planning Team's Needs Assessment. Breaking into small groups, the community members selected priorities for the 2011/12 Fiscal Year. Their collective priorities, listed below, became the basis for our FY 2011/12 plan. **Community Priorities:** On January 31, 2011, Alpine residents and service providers gathered to

articulate their priorities for behavioral health services and supports. The FY 2011/12 plan emerged from these top five mandates:

- **Promote Community Wellness** by maintaining, fortifying, and promoting multi-purpose community-based wellness centers, hiring local paraprofessional providers/cultural brokers, and offering a wide range of wellness-oriented activities.
- **Promote Youth Prevention Services and Activities** in a safe environment free from bullying.
- **Provide Transportation** to behavioral health services, particularly for isolated individuals.
- **Conduct a Mental Health Outreach Campaign** that gets the word out about available services and supports.
- **Expand Home-Based Services** for the homebound and those who benefit from private rather than group supports.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

The Planning Team considered the CPP process a success. In a County of approximately 1,200 residents, we engaged 56 individuals. Of the 40 individuals who attended the Community Meeting, for example, 12 (30%) were Native American, which is representative of the community in general. The remaining 28 were White/Caucasian. Thirteen of the 40 were male (33%) and 27 (66%) were female. Six were consumers of behavioral health services and one identified as a family member. The following key stakeholders contributed to the planning process:

- Tracy Cassity, LCSW, Alpine County Behavioral Health Services
- Pamela Knorr, Alpine County Behavioral Health Director
- Lisa Fontana, Alpine County School Superintendent
- Phillip Bennett, Chair of Mental Health Board and Alpine County Board of Supervisor
- DeAnn Roberts, Chairwoman of Washoe Community Council
- Geoffrey Ellis, Washoe Community Council
- Beverly Caldera, White Bison Coordinator
- Chris Atine, Director of Washoe Family Healing Center
- John Fisher, Executive Director of First 5
- Ron Mitchitarian, Sheriff's Department
- Stacy Olson, Health and Human Services Department
- Dr. Richard Harvey, County Health Officer

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

Last year's PEI strategies were not implemented. Staff turnover and a lack of community support impacted our ability to implement our 2009 PEI Component Plan. We had planned to implement two programs: Strengthening Families and Second Step. While these programs are well-targeted to the types of issues that we see in the County, mistrust across communities diminished buy-in for the programs, and the lengthy classroom-based format made it difficult to recruit families. These programs also rely on a dedicated clinician and so implementation was impacted by our problems with staff turnover and recruitment.

During this year's Planning Process, community members widely expressed the desire for PEI strategies to focus on community wellness rather than on programs which target a narrow age range and which

require intensive commitments on the part of classroom teachers and parents. Specifically, the participants in the planning process expressed hope that by bringing individuals together in welcoming community-oriented activities, we will build a sense of mutual trust and reduce the stigma associated with receiving County services. In future years, this may lead to the development of more formal and prescribed programming and a commitment and capacity to implement such intensive programming, but for now, there is little support for the original PEI programs.

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The Annual Update was posted on the County website on March 4, 2011,and emailed to all CPP participants who had provided email addresses. Additionally, a copy of the update was posted at the Hung a Lel Ti Wellness Center, and in the reception area of Behavioral Health, Health and Human Services, and the County Administrative Offices. The plan was posted with a request for written feedback. The cover page included date, time and location of the Annual Update Public Hearing, hosted by the Mental Health Board.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

To be inserted following public hearing

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

County: Alpine
Date: 2/21/11

Instructions: Welfare and Institutions Codesection 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, WET, PEI, and INNcomponents during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

   Please check box if your county did NOT begin implementation of the following components in 09/10:
   ☒WET
   ☒PEI
   ☒INN

Alpine County continues to build our capacity to fully implement MHSA components.

CSS: Our CSS plan was approved initially in 2008. In FY 2008/09, the Plan was expanded to provide more intensive services to high-need clients, and separate work plans for Children, TAYs, Adults and Older Adults were consolidated into one CSS Program. In addition the Full Service Partnerships (FSPs) were expanded to serve individuals of all ages. During FY 2009/10, the Department experienced several roadblocks, which reduced our capacity to fully operationalize the CSS Plan. Specifically, with an already small staff, Behavioral Health has faced significant turnover and difficulty recruiting qualified candidates. Nonetheless, we continue to provide FSPs (3 clients), maintain a Wellness Center on Hung a Lel Ti tribal land; participate in MHSA-related trainings; and perform outreach and engagement activities.

One focus of staff training was cultural competency. Trainings in FY 2009/10 included: "Strengthening Relationships in Tribal Communities," sponsored by the Inter-Tribal Council; and "Cultural Competence Mental Health Summit XVI:Embracing Social Justice and Equity to Build Healthier Communities" held in San Francisco.

Additionally, Outreach and Engagement activities increased during FY 09/10. For example, Behavioral Health staff conducted outreach to Native American elders, bringing them firewood as a demonstration of goodwill. They attended Community Dinners; offered knitting and cooking classes at the Wellness Center; held separate talking circles for men, women, girls and boys, and provided transportation to Behavioral Health-related activities on an as-requested basis. In addition staff organized several Meet and Greet dinners and monthly MHSA luncheons. Staff also conducted outreach at events like the 50-Plus monthly lunches; presented to the Board of Supervisors about available services; and conducted outreach to Diamond Valley Elementary School, Board of Education, Early Childhood Learning Center and the Hung a Lel Ti Community Council.

The geographical isolation of Alpine County mandates hiring employees who live outside the County. Finding California licensed individuals is especially challenging. The result has been a stalling of progress with MHSA activities such as bringing the Wellness Center to full capacity. Currently, Wellness Center activities are limited and there is a need for re-engagement of the community in defining the type of services that they need and want.

PEI: The PEI Component was approved by the State at the beginning of FY 2009/10. However, due to significant staff turnover and the complex requirements of the evidence-based practices that were selected, the programs did not get off the ground. The decision was made to resume the PEI planning process with stakeholders in FY2010/11, and the current PEI Plan described in this Annual Update (see Exhibit F3) is the result of that effort.

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

No other MHSA Components were implemented during FY2009/10.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

The following community issues were identified in the CSS Program and Expenditure Plan of 2008, and were selected at that time to be the focus for the subsequent three years:

Age Group	Issues Identified in CSS-CPP	How MHSA funding is addressing these issues
Children 0 – 4	Behavior problems and a need for behavior modification	Since Behavioral Health Services considers these issues to be predominantly PEI-related, no specific CSS activities were developed to address these issues. During the Planning Process for this annual update, there were in-depth conversations with First 5, Early Childhood Learning Center and community members. The ECLC is currently providing screening and services and do not feel that there is a significant gap in services. However, the proposed PEI plan seeks to improve outcomes for this age group through parent classes and parenting support groups at the Wellness Centers.
Children 5 – 17	School behavior problems and a need for an after-school program	To address school behavior problems, the initial PEI plan selected Second Step, a classroom-based social skills program for children 4 – 14. However, following staff turnover at the schools, there was no longer support for the implementation of the program, and due to significant difficulty retaining qualified clinicians to implement the program, the program did not get off the ground. The current PEI plan will target bullying, which has more recently been identified as the most significant issue affecting children and youth in Alpine County. The proposed Safe School Ambassadors Program is supported by the School District, and is currently being implemented in Douglas County, Nevada, where many of Alpine County students attend school. The consistency in programming is intended to provide a common language and culture to reduce bullying, violence, prejudice and hatred in both schools and the greater community.
TAYs	Need for substance abuse services for TAY clients with co-occurring disorders	CSS provides resources for FSPs to serve any transitional age youth with SMI and co-occurring substance use disorders. Outreach and engagement activities, such as meeting with school personnel and tribal leadership, are designed to help identify individuals who would qualify for services.
Families	Need for parenting classes and family relationship development	The proposed PEI plan to enhance the Wellness Centers and provide prevention-related activities will enable Alpine County to offer parenting classes and parent support groups as well as family-oriented pro-social activities.
Adults	Need for services for persons with mental health and substance abuse problems; and need for skills development for managing life's problems	The CSS and proposed PEI programs will create an integrated seamless prevention and service delivery system for all residents of Alpine County. Persons with SMI and co-occurring substance use disorders are currently eligible for FSPs or a full range of psychiatric/psychological/substance abuse treatment services. Regardless of diagnosis, following adoption of our proposed PEI plan, all residents will be eligible for Wellness Center services, including drop-in counseling, support groups and skills-building classes.
Older Adults	Need for mental health services for older adults and transportation to services	Through MHSA, Behavioral Health Services currently offers Field Capable Clinical Services as well as transportation to Behavioral Health related programming and services. The PEI plan will provide funding for Prevention Case Managers to visit homebound seniors as well.

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

All Ages-Culturally Competent Services	Alpine County has taken steps to increase the cultural competency of services through all-staff trainings and increased outreach to Hung a Lel Ti tribal leaders. There is still quite a bit of work to do in this area, and during FY11/12, Behavioral Health Services will recruit paraprofessional staff from the tribe to serve as cultural brokers (CSS and PEI funded). Staff training in cultural competency and engagement activities will continue and intensify. The Wellness Center, located in the Hung a Lel Ti community, will be enhanced and an additional center will be located in the County seat of Markleeville. Both Native and non-Native participants in the Planning Process overwhelmingly spoke of the need to build trust between Native and Non-Native residents. Therefore, both Wellness Centers will take steps to integrate and provide welcoming and vital activities such as exercise classes, luncheons, and community-wide celebrations on alternating days of the week. Transportation to both Wellness Centers will play a vital role in bridging the cultural divide.

PEI

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	0	English	0	LGBTQ	0
Transition Age Youth (16-25)	0	African American	0	Spanish	0	Veteran	0
Adult (18-59)	0	Asian	0	Vietnamese	0	Other	0
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	0	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

2. Provide the name of the PEI program selected for the local evaluation[3].
N/A

PEI Statewide Training, Technical Assistance, and CapacityBuilding (TTACB)	
1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.	
Activity Name; Brief Description; Estimated Funding Amount[4]	**Target Audience/Participants[5]**
N/A	

[3] Note that very small counties (population less than 100,000) are exempt from this requirement.
[4] Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
[5] Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

2011/12 ANNUAL UPDATE
EXHIBIT D

ELIMINATION OF PROGRAM/PROJECT

County: Alpine

Program/Project Number/ Name: Strengthening Families & Second Step

Date: 2/21/11

Select one:

- ☐ CSS
- ☐ WET
- ☐ CF
- ☐ TN
- ☒ PEI[6]
- ☐ INN

1. Clearly identify the program/project proposed for elimination.
We propose to eliminate the two PEI programs that have not yet been implemented: Strengthening Families and Second Step.
2. Describe the rationale for eliminating the program/project.
The original PEI Plan was to implement two very specific evidence-based strategies in the Public Schools—Second Step and Strengthening Families. An updated behavioral health needs assessment conducted by our Planning Team in Winter 2010/11 suggested that these strategies were no longer supported by the schools nor feasible given the complex fidelity requirements and consistently high staff turnover/recruitment challenges common in remote and isolated regions of the State. Furthermore, given historical divisions between community interests and the resulting mistrust, community stakeholders were dubious that parents/guardians would commit and follow-through with the multi-session requirements of these programs. During the community planning process for Fiscal Year 2011/12, stakeholders widely expressed the desire for PEI strategies to focus on family and community wellness rather than on programs which target a narrow age range and require intensive commitments on the part of classroom teachers. Specifically, the participants in the planning process expressed hope that by bringing individuals together in welcoming community-oriented activities, we will build a sense of mutual trust and reduce the stigma associated with receiving County services. In future years, this community-building effort may lead to the development of more formal and prescribed programming for specific target populations and a commitment and the capacity to implement such intensive programming. In the meantime, however, we are very excited about providing age-specific as well as cross-age PEI services in several wellness-oriented community centers, including: • Parenting Classes and parenting support groups • Youth counseling and pro-social activities • Age-specific workshops and skills-building classes • Cross-generational mentoring • Talking circles and traditional healing • Senior socialization and exercise • Grief and trauma support for youth and/or adults • Conflict resolution and communication • Luncheons and community-wide celebrations • Home visitation and outreach • Referrals to more intensive Behavioral Health services • Advocacy

[6] For PEI only – Counties eliminating a project with funds targeted toward Children, Youth, and Transitional-Aged Youth, the PEI Funding Request (Exhibit E3) should reflect that at least 51% of PEI funds are directed towards individuals under age 25. Small counties are exempt from this requirement. The PEI Program selected for local evaluation may not be eliminated.

ELIMINATION OF PROGRAM/PROJECT

3. Describe how the funding for the eliminated program/project will be used.

The recently updated needs assessment and FY 2011/12 planning process revealed that Alpine County Behavioral Health Department and the community it serves would benefit from a seamless and integrated MHSA plan. The CSS plan had already been consolidated for the FY 2010/11 Annual Update. For this annual update, we seek to better integrate the CSS and PEI components. Particularly, by offering community-based services at two Wellness Centers—jointly funded by CSS and PEI—we hope that all community members feel increasingly confident seeking prevention-oriented services and that those with mental illness can seek support in a stigma-free environment.

Therefore, the PEI program will leverage the CSS investment in the Wellness Centers by delivering therein an expanded array of services designed to prevent mental illness; support mental health; and provide a supportive and stigma-free environment for those experiencing an onset of mental illness to seek treatment. The Wellness Centers will be open to all, and PEI funded activities will be offered based on community preference according to PEI guidelines (see example above). PEI funded staff will be responsible for implementing these activities.

In addition, the needs assessment revealed a high degree of bullying within the schools and communities, and many participants expressed that this bullying extends into the homes, resulting in domestic violence and neighbor-against-neighbor discord. PEI will be used to fund an Anti-Bullying program that targets youth, parents, and educators, and that works to reduce bullying, cyberbullying, homophobia, racism and hatred.

4. Describe how the population that was being served by this program will continue to be served.

The PEI programs from the last update were not implemented so there would be no reduction of service. However, the proposed strategy will serve the target population—school-aged youth—but in community-based settings and through less formal structures that proved un-implementable in the schools.

County: Alpine ☐ **No funding is being requested for this program.**

Program Number/Name: Alpine CSS Program

Date: 2/21/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD (General System Development)	# of individuals OE (Outreach & Engage)	Cost per Client FSP Only
Child and Youth	0	12	22	
TAY	1	7	10	$17,000
Adults	2	8	20	$17,000
Older Adults	0	8	10	
Total	3	35	62	$51,000

Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 100

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	2	English	3	LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	1	Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			

Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

[Excerpt from Exhibit C.1] Our CSS plan was approved initially in 2008. In FY 2008/09, the plan was expanded to provide more intensive services to high-need clients, and separate work plans for Children, TAYs, Adults and Older Adults were consolidated into one CSS Program. In addition the Full Service Partnerships (FSPs) were expanded to serve individuals of all ages. During FY 2009/10, the Department experienced several roadblocks, which reduced our capacity to fully operationalize our plan. Specifically, with an extremely small staff, we have faced significant turnover and difficulty recruiting qualified candidates. Nonetheless, we continue to provide FSPs (3 clients), maintain a Wellness Center on Hung a Lel Ti tribal land; we conduct MHSA related trainings for staff; and perform outreach and engagement activities.

One focus of staff training was cultural competency. Trainings in FY 2009/10 included: "Strengthening Relationships in Tribal Communities," sponsored by the Inter-Tribal Council; and Cultural Competence Mental Health Summit XVI: "Embracing Social Justice and Equity to Build Healthier Communities" held in San Francisco. Outreach and Engagement activities increased during FY 09/10. Behavioral Health staff conducted outreach to Native American Elders and attended a Community Dinner; offered knitting and cooking classes at the Wellness Center; held separate talking circles for men, women, girls and boys and provided transportation to Behavioral Health related activities on an as requested basis. In addition we offered two Meet and Greet dinners and monthly MHSA luncheons. We also conducted outreach at events like the 50+ monthly lunches; presented to the Board of Supervisors about available services; and conducted outreach to Diamond Valley School, Board of Education, Early Childhood Learning Center and the Hung a Lel Ti Community Council.

As referenced above, the geographical isolation of Alpine County makes hiring and retaining employees from outside the County difficult, and finding licensed individuals is especially challenging. The result has been a stalling of progress with MHSA activities such as bringing the Wellness Center to full capacity. Currently, activities are limited and there is a need for re-engagement of the community in defining the type of services that they need and want.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

To date, there have been no major challenges associated with fluctuations in MHSA funding because our planning process began slowly and we are still using funds from prior year allocations.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$1,016,924	$803,893	21% reduction

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	3	20	30	$32,156
TAY	3	20	30	$32,156
Adults	2	15	40	$32,156
Older Adults	2	20	30	$32,156
Total	10	75	130	$321,557
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				150 (unduplicated)

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Alpine County Behavioral Health Department runs an all-ages MHSA CSS Program that includes Full Service Partnerships, Wellness Center(s), Outreach and Engagement, and Field Capable Clinical Services.

- **Full Service Partnerships:**FSP services and supports are available to residents of all ages. A team made up of a licensed MHSA Services Coordinator, Clinician, Case Manager, Contract Psychiatrist (and when appropriate Parent Partner, Peer Mentor or Consumer Advocate) offer strength-based, client/family-directed, individualized mental health and wrap-around services and flex funds to:
  - *Children and Youth* with SED who have experienced school disciplinary problems or academic failure, are in or are at-risk of out of home placement or are involvement or at risk of involvement in juvenile justice.
  - *Transitional Age Youth* with SED who are at risk of or have juvenile justice involvement, co-occurring disorders, risk of homelessness or involuntary hospitalization or institutionalization.
  - *Adults* with SMI who are homeless or at risk of homelessness, have co-occurring substance use disorder, are involved in criminal justice system or have had frequent hospitalizations or use of emergency room services for psychiatric problems.
  - *Older adults* with SMI who are homeless or at risk of homelessness, are frequent users of emergency psychiatric services or hospitalizations, who have reduced functioning due to health problems, or are isolated or at risk of suicide.

  Our goals for FY11/12 are to increase the outreach, improve public perception and staffing capacity and cultural competency, and reduce stigma so that all individuals who meet the criteria above are enrolled in FSPs. To achieve our goals, we will continue to offer flex funds and behavioral health-related transportation, and will provide ongoing training to staff involved FSPs. We will also serve as active partners in County Multi-Disciplinary Teams so that we may increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning.

- **Wellness Center(s):** CSS currently funds a Wellness Center at the Hung a Lel Ti tribal location. The original CSS plan called for up to two Wellness Centers. CSS pays for rent, one-time start-up funds for furniture and office equipment, general operating expenses, and staffing. The objectives for the Wellness Center in FY2011/12 are to:
  - Operationalize two locations (3 days of service at Hung a Lel Ti and 2 days of service at another location near Markleeville)
  - Fully staff the Wellness Centers (with CSS and PEI funds)
  - Increase and integrate PEI and CSS services and activities to provide a seamless continuum of services (see PEI Proposal, Exhibit F3)
  - Increase outreach to inform the population about Wellness Center services and about transportation options
  - Increase integration between Native and Non-Native residents through community-oriented activities. Make the Wellness Centers a safe, welcoming, and stigma-free environment that is responsive to the needs and interests of all community members.

- **Outreach and Engagement:** CSS will continue to fund outreach and engagement activities. During FY 2011/12, an Outreach Case Manager will be

housed at the Wellness Center(s). The objectives of outreach and engagement will be to:

- Identify individuals in need of services and supports and link them to existing services at Behavioral Health, Wellness Centers and other service delivery locations
- Reduce stigma through education about mental illness and psychological wellness
- Educate community about available services and supports
- Improve relations between providers, cross-jurisdictions and between different cultures and communities.
- Reduce barriers to participation in Behavioral Health services

- **Field Capable Clinical Services:** As part of general systems development, in FY 10/11, the Behavioral Health Department began extending clinical services to schools, homes and community locations throughout the County. During FY 11/12, staff will increase the degree to which they are providing services in the field. Field Capable Clinical Services will be provided by clinicians as well as paraprofessionals, depending on the service. Services will include psychological assessments, individual or family treatments, peer counseling or family education, and treatment for co-occurring services. The objectives for FY 2011/12 will be to:
  - Increase service utilization rates
  - Support individuals who live in isolated communities, who are homebound, or who prefer services in private settings
  - Increase Behavioral Health integration into the community and improve community relations

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

2011/12 ANNUAL UPDATE

EXHIBIT E

MHSA SUMMARY FUNDING REQUEST

County: Alpine County **Date:**

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	$718,399			$126,265		
2. Transfer from FY 11/12[a/]						
3. Adjusted Component Allocation	$718,399					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	$803,893			$225,000		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	$703,600					
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)						
c. Unexpended Funds from FY 10/11	$569,775			$159,369		
d. Total Net Available Unexpended Funds	$1,273,375	$0		$159,369	$0	
4. Total FY 2011/12 Funding Request	**-$469,482**	**$0**	**$0**	**$65,631**	**$0**	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations [b/]						
5. Unapproved FY 10/11 Component Allocations [b/]				$65,631		
6. Unapproved FY 11/12 Component Allocations [b/]						
Sub-total	**$0**	**$0**	**$0**	**$65,631**	**$0**	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation [c/]	**$0**	**$0**	**$0**	**$65,631**	**$0**	

NOTE:

1. Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
2. Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
3. Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
4. Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
5. Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

[a/] Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

[b/] For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

[c/] Must equal line B.4. for each component.

FY 2011/12 ANNUAL UPDATE

EXHIBIT E1

CSS FUNDING REQUEST

County: Alpine County

Date: _____

	CSS Programs		FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs												
1.		Alpine CSS Program	$643,114	$321,557	$252,100	$69,457						
2.			$0									
3.			$0									
4.			$0									
5.			$0									
6.			$0									
7.			$0									
8.			$0									
9.			$0									
10.			$0									
11.			$0									
12.			$0									
13.			$0									
14.			$0									
15.			$0									
16.	Subtotal: Programs [a/]		$643,114	$321,557	$252,100	$69,457	$0	$0	$0	$0	$0	Percentage
17.	Plus up to 15% Indirect Administrative Costs		$96,467									15%
18.	Plus up to 10% Operating Reserve		$64,311									8.7%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$803,893									
New Programs/Revised Previously Approved Programs												
1.			$0									
2.			$0									
3.			$0									
4.			$0									
5.			$0									
6.	Subtotal: Programs [a/]		$0	$0	$0	$0	$0	$0	$0	$0	$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs											#VALUE!
8.	Plus up to 10% Operating Reserve											#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0									
10.	**Total MHSA Funds Requested for CSS**		$803,893									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 50.00%

Additional funding sources for FSP requirement:
County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/ MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

	Other Funding Sources										
	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	$321,557	$0	$0	$35,500	$0	$0	$0	$0	$0	$357,057	56%

Revised 12/29/10

FY 2011/12 ANNUAL UPDATE

EXHIBIT E3

PEI FUNDING REQUEST

County: Alpine County

Date:

	PEI Programs		FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group				
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs										
1.			$0							
2.			$0							
3.			$0							
4.			$0							
5.			$0							
6.			$0							
7.			$0							
8.			$0							
9.			$0							
10.			$0							
11.			$0							
12.			$0							
13.			$0							
14.			$0							
15.			$0							
16.	Subtotal: Programs*		$0	$0	$0	$0	$0	$0	$0	Percentage
17.	Plus up to 15% Indirect Administrative Costs									#VALUE!
18.	Plus up to 10% Operating Reserve									#VALUE!
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0							
New/Revised Previously Approved Programs										
1.		Wellness Center	$155,000	$100,000	$55,000					
2.		Anti-Bullying Program	$25,000	$25,000						
3.			$0							
4.			$0							
5.			$0							
6.	Subtotal: Programs*		$180,000	$125,000	$55,000	$0	$0	$0	$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs		$27,000							15.0%
8.	Plus up to 10% Operating Reserve		$18,000							8.7%
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$225,000							
10.	**Total MHSA Funds Requested for PEI**		$225,000							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 year: 65%

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: Alpine ☒ **Completely New Program**

Program Number/Name: Promoting Community Wellness ☐ **Revised Previously Approved Program**

Date: 2/21/11

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Disparities in Access to Mental Health Services	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☒	☒	☒	☒
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☐	☒	☒	☒
5. Suicide Risk	☐	☒	☒	☒

2. PEI Priority Population(s) **Note: All PEI programs must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Trauma Exposed Individuals	☒	☒	☒	☒
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☒	☒	☒
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		
6. Underserved Cultural Populations	☒	☒	☒	☒

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

The January 31, 2011 MHSA Community Meeting (described in Exhibit B) resulted in one very clear mandate. Specifically, that Alpine County, and particularly Behavioral Health, work to develop what was described as "Community Wellness". Stakeholders spoke of splits between the non-Native and Native residents; about historic distrust of County services; about the results of bullying on school and community relations; about the lack of engaging, social activities for youth, families, single adults and seniors; about the difficulty faced by isolated or homebound individuals who lack transportation; about the stigma associated with seeking formal support. Native American stakeholders spoke of historic trauma and racism; ongoing stigma; and isolation from other members of the Washoe tribe who live in Nevada.

Therefore, the proposed PEI plan is geared towards addressing the needs of all age-groups with activities that are age-specific as well as cross-generational.

- We will focus on support groups and individual short-term therapy for **trauma exposed individuals** and reducing the incidents of violence that lead to trauma.

- Parenting classes and parenting support groups will **support youth in stressed families**.
- Anti-bullying campaigns and pro-social recreational activities for youth and skills-building classes are associated with reducing the **risk of school failure** and **juvenile justice involvement.**
- Wellness center staff will be trained to identify signs of **onset of psychiatric illness** among those to whom they outreach and those who participate in wellness center activities and will help provide a warm hand-off to behavioral health clinicians for further assessment.

The only underserved ethnic community in Alpine County is Native American (approximately 1/3 of the population). The existing Wellness Center is located on Hung a Lel Ti tribal lands. A minimum of one paraprofessional will be recruited from the Native American Community. This individual will serve as a cultural broker. The Wellness Center activities are intended to be flexible and respond to the requests of participants, who will be surveyed on at least an annual basis. All staff will receive ongoing cultural competency training.

3. PEI Program Description (attach additional pages, if necessary).

Promoting Community Wellness

The priorities identified by stakeholders at the January 31, 2011 Community Meeting suggest that community members need and want prevention strategies that are flexible, welcoming, and build a sense of community cohesion. Therefore, in Fiscal Year 2011/12 we will implement a new PEI program that includes the following:

Community-wide Wellness Center: This strategy builds on a former and future CSS investment in two Wellness Centers—one of which is currently in operation (but underutilized), and another, which has yet to be identified and operationalized. CSS funds will be used for outreach, rent, maintenance and start-up costs, as well as funding a portion of the Wellness Center Coordinator's salary and for services directed towards individuals with severe mental illness and severe emotional disturbances. PEI funds will be used to deliver an expanded array of services designed to prevent mental illness; support mental health; and provide a supportive and stigma-free environment for those experiencing an onset of mental illness to seek treatment.

The Wellness Centers will be open to all, and activities will be offered based on community preference according to PEI guidelines. Activities may include the following[7]:

- Age-specific workshops and skill-building classes
- Parenting classes and parenting support groups
- Youth counseling and pro-social enrichment activities
- Cross-generational mentoring
- Talking circles and traditional healing
- Senior socialization and exercise
- Conflict resolution and communication
- Grief and trauma support for youth, adults and older adults
- Luncheons and community-wide celebrations
- Referrals and advocacy

The CSS-funded Wellness Center staff will be joined by two full-time prevention-oriented paraprofessionals. At a minimum, one of these paraprofessionals will be from the Hung a Lel Ti community. Their job will be to provide PEI services under the supervision of the Wellness Center Coordinator. PEI funded staff will assist the CSS staff in engaging the community, including going to Kirkwood and Bear Valley and other remote locations, and surveying

[7] Note: these activities were identified by stakeholders engaged in the FY 2011/12 MHSA Planning Process.

community members about their PEI activity preferences. They will provide as-needed transportation to and from Behavioral Health sponsored services and activities.

During the start-up of the PEI program, all staff will receive extensive training on-site and out-of-county. Training will continue on an ongoing basis. Depending on the specific training needs of the employee, trainings may include: Facilitating Support Groups by California Network of Mental Health Clients; NAMI Family to Family or Peer to Peer; Psychosocial Rehabilitation by CASRA. One option we will explore is attending trainings in nearby counties, such as Amador, which offers Integrated Recovery Team trainings throughout the year to all their staff and volunteers.

Anti-Bullying Program: Based on a need identified by a wide array of community members, the PEI program will fund a community and school-based anti-bullying campaign that targets youth, parents, and educators and works to reduce bullying, cyberbullying, homophobia, racism and hatred and decrease school violence and absenteeism. Many of Alpine County youth attend school in Douglas County, Nevada. The local school district has implemented an evidence-based anti-bullying program called Safe School Ambassadors. The program identifies and selects student leaders from diverse groups across the campus and forms them into a team of Ambassadors. Ambassadors are trained in the skills of nonviolent communication to stop bullying and violence.

4. Activities

Activity Title	**Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:**			**Number of months in operation through June 2012**
		Prevention	Early Intervention	
Wellness Center(s)	Individuals: Families:	150 30	**15** **5**	12
Anti-bullying Program	Individuals: Families:	100 students 30	20 5	12
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	200 40	**30** **8**	

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.

Prevention-oriented paraprofessionals will be trained to recognize signs and symptoms of onset of mental illness; persistent mental illness; emotional disturbance; suicide risk; aggression, violence and other high-risk behaviors; child abuse and domestic violence. They will be trained to serve as a bridge between the individual and county service providers.

Many of the activities offered at the Wellness Center are designed to be fun and engaging, so that they attract a wide range of community members. This will enable staff to develop consistent and trusting relationships that will help them provide warm handoffs in the event that more intensive services are needed. Furthermore, the Prevention Case Managers will spend a portion of their week in the field, visiting homebound individuals and ensuring they are aware of behavioral health services as well as other social services. By inviting isolated individuals to come to the Wellness Center staff will open the door to both formal and informal support networks.

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

As the Behavioral Health Department seeks a new location for a Wellness Center, they may choose to locate PEI activities in existing community settings such as the Early Childhood Learning Center, elementary school, library, etc. Wellness Center staff will invite community members with unique skills, such as arts and crafts, yoga, cooking, etc. to teach workshops. Agency and CBO staff will be invited to present information about their services at Wellness Center events and luncheons.

The anti-bullying campaign will be a joint project between the school district and the Behavioral Health Department. Activities will take place at the schools, wellness centers, and other community-based locations. Anti-bullying social media will be disseminated via public health, the library, Health and Human Services, and ideally, local businesses.

7. Describe intended outcomes.

Community-Wide Wellness Center Intended Outcomes:

- Reduce stigma associated with seeking Behavioral Health or peer support
- Increase community cohesion (trust; respect; appreciation and knowledge of culture and diversity; mutual aid; local pride)
- Increase Alpine County residents' knowledge of available supports and services
- Increase social and emotional skills for all ages
- Improve behaviors for children and youth
- Improve parenting skills and family cohesion
- Reduce isolation and depression for seniors and other adults
- Increase referrals to behavioral health and other supportive services for individuals with signs and symptoms of SED/SMI
- Improve participants personal sense of wellness, resiliency and recovery
- Reduce community risks such as alcohol and substance abuse; domestic, school and community violence; crime; etc.

Anti-bullying program:

- Reduce bullying and harassment in schools, neighborhoods and home
- Reduce community, school and family violence and threats of violence
- Reduce depression, fear, anxiety, loneliness, suicidal thoughts

- Reduce truancy and absenteeism
- Improve self-esteem
- Improve school climate, including peer support, acceptance of difference, kindness

8. Describe coordination with Other MHSA Components.

The proposed PEI and existing CSS programs are intended to provide a seamless full-spectrum of services and supports to residents in Alpine County. The Wellness Center(s) will be jointly funded with PEI and CSS funds. CSS funds will provide general operating expenses for serving persons with SMI/SED and outreach and engagement, rent, maintenance and start-up costs. The PEI component will fund operating expenses for prevention related activities. Staff will be jointly funded with CSS and PEI (e.g. the Wellness Center Coordinator will be funded .25 FTE from PEI and .75 FTE from CSS). Training will be funded by PEI and CSS components. The intention of jointly funding the Wellness Center and also Outreach and Engagement activities is to reduce the stigma associated with seeking support from the Behavioral Health System. Through coordination and integration, the community will come to view participation in Wellness center and field services as wellness seeking behavior rather than indication of mental illness. This is a particularly critical objective in this small community, where privacy is rare and confidentiality breaches are perceived to be common.

9. Additional Comments (Optional).

None.

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	**County Mental Health Department**	**Other Governmental Agencies**	**Community Mental Health Contract Providers/CBO's**	**Total**
1.	**Personnel**	**$111,982**			
	.25 FTE Clinician (Wellness Center Coordinator)	$23,400			
	2.0 FTE Case Manager(s)	$88,582			
2.	Operating Expenditures (transportation, food, activities, curricula, etc., printing, office, etc.)	**$28,018**			
3.	Non-recurring Expenditures (equipment)	**$0**			
4.	Contract Services (Subcontracts/Professional Services(i.e., training and TA)	**$15,000**			
5.	Other Expenditures (anti-bullying program)	**$25,000**			
	Total Proposed Expenditures	**$180,000**			
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	$0			
C. TOTAL FUNDING REQUESTED		**$180,000**			
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

Promoting Community Wellness PEI Budget Narrative

Summary: The following is a funding request for the Promoting Community Wellness Program for Fiscal Year 2011/2012

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

A) Expenditures

a. Personnel Expenditures - $111,982

i. Personnel for this project include a .25 FTE Clinician and the equivalent of 2.0 FTE Case Manager(s).

ii. The FTE Clinician will be jointly funded with CSS and PEI component funds (.25 FTE from PEI and .75 FTE from CSS). The FTE salary of a Clinician is $60,000 and benefits, at 30%, are $18,000. Total PEI expenditures for the Clinician will be $23,400. The Clinician will be responsible for coordinating all PEI and CSS programming at the Wellness Center.

iii. PEI will fund 2.0 FTE Case Manager(s). A Case Manager's salary is $34,070 and benefits, at 30%, are $10,221. Total PEI expenditures for the Case Manager(s) will be $88,582. The Case Manager(s) will be recruited from the Hung a Lel Ti community and serve as prevention paraprofessionals. Under the supervision of the wellness center coordinator, they will lead prevention-oriented activities. They will receive intensive training in the first year and ongoing training during subsequent years.

b. Operating Expenditures - $28,018

i. Operating expenditures include transportation and auto maintenance to improve access to prevention oriented activities; food and refreshments; stipends for classes and workshop instructors; copy and office expenses; equipment and materials for activities; resource computer and maintenance.

c. Non-Reoccurring Expenditures - $0

d. Contract Services - $15,000

i. Contractors will be used to provide training to prevention staff. Trainings may be provided by CASRA, NAMI, California Network of Mental Health Clients, or a neighboring County's Behavioral Health Department. Trainings may be provided on-site or off-site. Training may include service delivery, implementation planning and management or evaluation, depending on ongoing needs assessment.

b. Other Expenditures - $25,000

i. A total of $25,000 will be used to support the implementation of the Safe School Ambassadors Program. Funds will be used to pay for start-up materials ($2,000), two day training of students, Behavioral Health and school staff ($8000), stipended parents or other community volunteers ($10,000), program support materials and technical assistance ($5,000).

B) Revenues – $0

i. No revenue is expected from this PEI program

C) Total program funding request – $180,000

D) Total in-kind contributions – $0

i. No commitments at this time

2011/12 ANNUAL UPDATE

EXHIBIT G

LOCAL PRUDENT RESERVE FUNDING REQUEST
(Transferring funds to Local Prudent Reserve is optional)

County: Alpine County **Date:** _____

Current/Most Recent Annual Funding Level Request

A. Total CSS/PEI Annual Funding Level for Services (Does not include Operating Reserve, Prudent Reserve, or Administrative Cost) $823,114

Enter total amounts of Previously Approved (line 16) and/or New Programs (line from Exhibit E1 and E3 "Subtotal: Programs" lines.

1. CSS	643114
2. PEI	180000

B. Less: Total Non-Recurring Expenditures CSS/PEI (Describe in Section K, below). This should not exceed non-recurring expenditures for new programs. - $5,000

Subtract any identified non-recurring expenditures for CSS/PEI included in A above. Non-recurring expenditures should be described in Section K below.

1. CSS	
2. PEI	5000

C. Plus: Total Indirect Administrative Costs CSS/PEI + $123,467

Enter the total indirect administrative funds requested for CSS/PEI from E1 and E3.

1. CSS	96467
2. PEI	27000

D. Sub-total $941,581

E. Maximum Local Prudent Reserve (50%) $470,791

Enter 50%, or one-half, of the line item D sub-total.

F. Local Prudent Reserve Balance from Prior Approvals $454,068

Enter the total amounts previously approved through Plan/updates for the Local Prudent Reserve.

Amounts Requested to Dedicate to Local Prudent Reserve

G. Plus: CSS Component

Enter the Sub-total amount of funding requested from CSS. Consistent with Welfare and Institutions Code section 5892, subdivision (b), an amount equal to 20 percent (20%) of the average amount of funds allocated to each County for the previous five years may be irrevocably redirected from the CSS Component Allocation to fund the County's Local Prud Reserve, Capital Facilities and Technological Needs and Workforce and Education and Training.

FY 2011/12	Unapproved CSS Funds	$
	Unexpended CSS Funds	$
FY 2010/11	Unapproved CSS Funds	$
	Unexpended CSS Funds	$
FY 2009/10	Unapproved CSS Funds	$
	Unexpended CSS Funds	$ $16,723

H. Total Amount Requested to Dedicate to Local Prudent Reserve $16,723

Enter the sum of lines G.

I. Local Prudent Reserve Balance $470,791

Enter the sum of F and G.

J. Local Prudent Reserve Shortfall to Achieving 50% $0

K. Description of all non-recurring expenditures CSS/PEI

Non-recurring expenditures are expenditures that are allowable but will not be repeated annually. If a program/project includes non-recurring expenditures, the County should provide an itemized list of these expenditures.

Start up costs for the PEI plan.