

Alpine County Behavioral Health Services: Mental Health Services Act Annual Update

Fiscal Year 2016/17



Prepared by:

Resource Development Associates

June 13, 2016





ACKNOWLEDGMENTS

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 MHSA Annual Update:

- Alpine County Board of Supervisors
- Alpine County First 5 Commission
- Alpine County Health and Human Services
- Alpine County Mental Health Board
- Alpine County Office of Education
- Alpine County Unified School District
- Alpine Kids
- Alpine Native TANF
- Hung-A-Lel-Ti Community
- Live Violence Free
- Suicide Prevention Network
- Tahoe Youth & Family Services
- Woodfords Indian Education Center
- Woodfords Washoe Community Council

As the preparers of this plan, Resource Development Associates (RDA) is particularly appreciative of the vision and commitment provided by the MHSA Planning Committee, comprised of Alissa Nourse, Director of Behavioral Health; Amy Broadhurst, MHSA Program Specialist; and Kristy Vann, Native Wellness Advocate.

RDA Team:

- Amalia Egri Freedman
- Linda A. Hua, PhD
- Kelechi Ubozoh
- Ryan Wythe
- Lark Baum, MSW, MS



MHSA COUNTY COMPLIANCE CERTIFICATION

County: Alpine

- Three-Year Program and Expenditure Plan
 Annual Update

| | |
|--|---|
| Local Mental Health Director Name: Alissa R. Nourse Behavioral Health Director Telephone Number: (530) 694-1816 E-mail: anourse@alpinecountyca.gov | Program Lead Name: Amy Broadhurst MHSA Specialist Telephone Number: (530) 694-1320 E-mail: abroadhurst@alpinecountyca.gov |
| Local Mental Health Mailing Address: 75 C Diamond Valley Rd. Markleeville, CA 96120 | |

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the county/city 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 or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update 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 or Annual Update 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 annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 21, 2016.

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 annual update are true and correct.

Alissa R. Nourse
 Mental Health Director/Designee (PRINT)

[Signature]
 Signature

7/21/16
 Date



MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Alpine

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

| | |
|--|--|
| Local Mental Health Director Name: Alissa R. Nourse Behavioral Health Director Telephone Number: (530) 694-1816 E-mail: anourse@alpinecountyca.gov | County Auditor-Controller/City Financial Officer Name: Telephone Number: E-mail: |
| Local Mental Health Mailing Address: 75 C Diamond Valley Rd. Markleeville, CA 96120 | |

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

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

Alissa R. Nourse
 Mental Health Director/Designee (PRINT)

[Signature] 7/21/16
 Signature Date

I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Carol McElroy
 County Auditor Controller/City Financial Officer (PRINT)

[Signature] 7/25/16
 Signature Date



I. Project Overview

About Alpine County

Alpine County, California lies along the crest of central Sierra Nevada, south of Lake Tahoe, and north of Yosemite. Alpine County is rural and the smallest California County with a population of 1,202¹. Most of the population is concentrated around a few mountain communities: Markleeville, Hung-A-Lel-Ti, Woodfords, Bear Valley, and Kirkwood. Markleeville is the County seat and home to many of the County's offices. County departments and agencies provide direct services, and Alpine County has no incorporated cities.

Alpine County is a "Small County" which is defined as a California county with a population of less than 200,000 as determined by the most recent census data. The population in Alpine County is comprised of 69.1% White, 17.3% American Indian/Alaskan Native, 7.2% Hispanic/Latino, 3.4% with two or more non-Hispanic races, 1.2% Native Hawaiian/Pacific Islander, 1.0% Asian, and 0.9% Black/African American.² About 19.0% of Alpine County residents live below the poverty level³. 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 is concentrated in the Hung-A-Lel-Ti community.

Annual Update Contents

Alpine County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Annual Update for FY 2016/17 in February 2016. Alpine County Behavioral Health Services (ACBHS) contracted with Resource Development Associates (RDA) to facilitate the CPP activities that culminated in this plan. The purpose of this plan is to describe Alpine County's CPP process, provide an assessment of the needs identified and prioritized via an inclusive stakeholder process, and describe the proposed programs and expenditures to support a robust mental health system based in wellness and recovery. The Annual Update is intended to review programs and services provided in FY 2014/15 and to provide programming, service, and funding updates to the County's MHSA Three-Year Program and Expenditure Plan for FY 2014–2017, projecting anticipated programming and services in FY 2016/17. This Annual Update includes the following sections:

- **Assessment of mental health needs** that identifies both strengths and opportunities to improve the mental health service system in Alpine County. The needs assessment used multiple data

¹ U.S. Census Bureau. (2014). 2010–2014 American Community Survey 5-Year Estimates.

² Ibid.

³ U.S. Census Bureau. (2014). 2010–2014 QuickFacts. Retrieved from:
<http://www.census.gov/quickfacts/table/PST045215/06003>



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sources—including service data, key informant interviews, open office hours discussions, a focus group, a community survey, community work sessions, and public comments—to identify the service gaps that will be addressed by Alpine County’s proposed MHSA programs for FY 2016/17.

- **Overview of the community planning process** that took place in Alpine County from February through May 2016. Alpine County’s CPP was built upon the meaningful involvement and participation of behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations as set forth by the MHSA CPP guidelines.
- **Description of Alpine County’s MHSA programs** by component, including a detailed explanation of each program, its target population, the mental health needs it addresses, and the goals and objectives of the program. This section of the plan also provides information on the expected number of unduplicated clients served and the program budget amount.

This plan is required by Proposition 63 (Mental Health Services Act), approved by California voters in 2004 to expand and transform the public mental health system. The MHSA represents a statewide movement to provide a better-coordinated and more comprehensive system of care for those with serious mental illness, and to define an approach to the planning and the delivery of mental health services that are embedded in the MHSA Values (see Figure 1). MHSA planning and programming is funded through a 1% tax on individual annual incomes at or exceeding one million dollars.

Since completing the needs assessment and community program planning phase of the Annual Update, stakeholders focused on addressing gaps that have emerged and enhancing the services offered by current MHSA programs. Examples of new services or enhancements made to MHSA programs include:

- ❖ Increase education outreach and engagement to all community members;
- ❖ Explore the needs for transition-age youth programs and services;
- ❖ Continue to improve outreach and engagement in Bear Valley and Kirkwood by slowly implementing strategies that have been successful in Markleeville, Woodfords, and Hung-A-Lel-Ti; and
- ❖ Adding Grief Support services based on stakeholder needs.

Figure 1: MHSA Values





This plan reflects the deep commitment of ACBHS leadership, staff, providers, consumers, family members, and other stakeholders to the meaningful participation of the community as a whole in designing, implementing, and evaluating MHSA programs that are wellness and recovery focused, client and family driven, culturally competent, integrated, and collaborative.

Approach/Methodology

In February of 2016, ACBHS initiated a planning process for the MHSA Annual Update for FY 2016–2017. The MHSA Planning Committee was led by Alissa Nourse, Director of Behavioral Health Services; Amy Broadhurst, MHSA Coordinator; Kristy Vann, Native Wellness Advocate; and Resource Development Associates (RDA), a consulting firm with mental health planning expertise.

The planning team utilized a participatory framework to encourage buy-in and participation from stakeholders as set forth by the MHSA CPP guidelines, including behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations. The planning process consisted of three distinct phases: 1) Needs Assessment, 2) Community Engagement, and 3) Program Updates, as detailed in Figure 2.

Figure 2: Community Program Planning Process



Throughout the planning process, the planning team presented findings and strategies to the Alpine County Mental Health Board (MHB), which reviewed and commented on all recommendations made by the MHSA planning team. All meetings of the MHB were open to the public.



II. Needs Assessment Findings

Data Collection Activities

To ensure sufficient opportunities for community input, RDA and ACBHS collected data across a variety of activities. These efforts took place from September 2015 through March 2016, and included two administrations of a countywide survey, interviews with a wide range of stakeholders, a focus group with Bear Valley stakeholders, and updates from ACBHS staff on MHSA programs and populations served. Table 1 provides more details for each data source.

Table 1. Data Collection Activities and Participants

| Activity | Date | Total Participants |
|--------------------------------------|---------------------------------------|--------------------|
| <i>MHSA Program and Service Data</i> | FY 2014/15 | n/a |
| <i>Key Informant Interviews</i> | February–March, 2016 | 6 |
| <i>Bear Valley Focus Group</i> | March 31, 2016 | 13 |
| <i>Countywide Stakeholder Survey</i> | September 2015 & February–March, 2016 | 59 |

MHSA Program and Service Data

In February 2016, ACBHS compiled service data for each of its programs in FY 2014/15 and submitted them to RDA for analysis and incorporation into the Annual Update. These data detailed the numbers of individuals and families served per program as well as the funding of said service.

In addition to reviewing the service data, RDA interviewed several ACBHS staff to assess the program implementation status of each of their planned programs in FY 2014/15. As a part of this interview, RDA also worked with ACBHS to identify each program’s successes and barriers. These interviews provided the foundation for the community program planning process and informed the program updates.

Key Informant Interviews

In February and March 2016, RDA interviewed six Alpine County stakeholders to assess the current strengths and areas for improvement in MHSA services for the county. ACBHS leadership identified key informants based on their connection or familiarity with ACBHS programming. Key informants had a broad range of affiliations with ACBHS, including behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, and representatives of underserved populations as set forth by the MHSA CPP guidelines. RDA asked those interviewed to express their needs and concerns related to public mental health services, share their experiences with the current system of services, and provide suggestions for improved programming and services.



Bear Valley Focus Group

In an effort to solicit the feedback of residents living in geographically-isolated regions of the County, RDA developed a facilitator’s guide that ACBHS used to conduct a focus group in Bear Valley. The 13 participants were asked questions around the following areas:

1. Of the existing MHSA programs in Bear Valley, what is working well?
2. What changes would you make to existing programs to address the community’s areas for growth?
3. If you could improve the current mental health programs in the county, what would you do?
4. Are there any mental health programs/services you feel are missing or could be beneficial for people in the county?

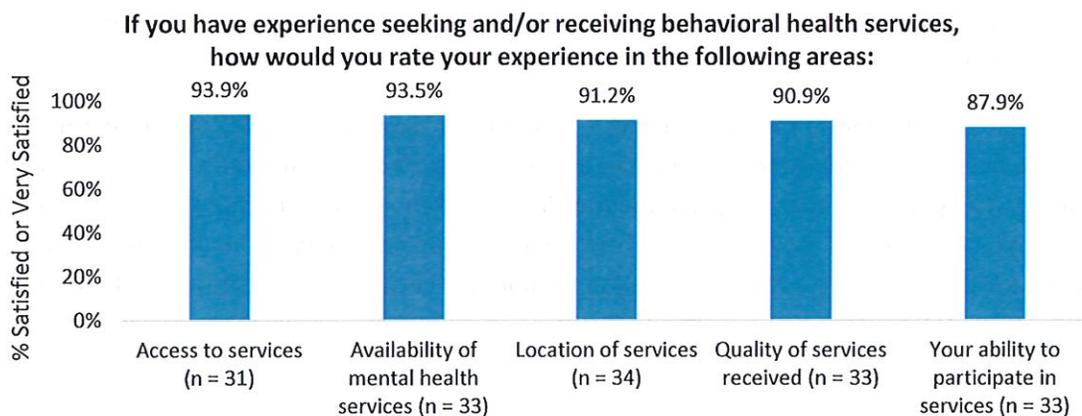
Countywide Stakeholder Survey

In an effort to reach more MHSA stakeholders, particularly those who are geographically isolated, the MHSA Planning Team administered an online and paper-based survey countywide. ACBHS first implemented the survey at a health fair in September 2015, and the MHSA Planning Team re-administered the survey across the County in March. Fifty-nine individuals completed the survey, sharing their awareness of behavioral health services in the County. Those who completed the survey were also asked to rate their satisfaction with the availability of services and the extent to which services met their needs. Survey participants were also asked to identify populations who were in particular need of behavioral health services.

Key Findings

Across the various stakeholder engagement efforts, community feedback was very positive, noting that ACBHS has improved over the past few years. Among survey respondents who had experience accessing ACBHS programs and services, about 88–94% were satisfied with access, availability, and quality of services (see Figure 3).

Figure 3. Countywide Survey: Stakeholder Satisfaction with ACBHS Programs and Services





Throughout the needs assessment activities, many stakeholders also pointed to examples where services were responsive to needs identified by stakeholders through past needs assessment and planning efforts. When asked for persisting needs or gaps in services, stakeholders identified key areas:

Support for transition-age youth (TAY) in the areas of advocacy, peer mentorship, and life skills. Stakeholders identified a variety of needs and desires for TAY services in Alpine County. These include emotional and life skills supports for youth making major life transitions (e.g., exiting the foster care system, moving to/from the very small community); prevention services for youth supporting adults and/or younger family members; early intervention services for youth exposed to neglect, violence, and substance abuse; and a desire for more interactive, creative, and expressive youth programming in Bear Valley, where the youth and TAY populations are very small.

Grief support group for all ages. Stakeholders, particularly those in the Hung-A-Lel-Ti community, recently experienced a series of community member losses and found themselves in need of grief support. While stakeholders know that group socialization and individual treatment options are available, they noted that there were no services explicitly dedicated to grief support and expressed a desire for group support and cultural healing circles.

Support for caretakers. In such a small community, family members are often responsible for serving as caretakers to other family members. Predominantly, caretakers are grandparents who are responsible for raising their grandchildren, youth and TAY who shoulder many household responsibilities, or adults who provide care for their family members with special needs and/or those who are in recovery. Stakeholders noted that such responsibility is taxing and can lead to second-hand trauma. They expressed a need for caregiver support and prevention services such as socialization and self-care.

Childcare options to improve access to services. Several stakeholders noted a specific need for childcare so that parents are more able to attend meetings, programs, and services. Stakeholders clarified that the needs are greater for programs that are geared toward adult exercise and socialization, where children would disrupt parents' ability to fully participate (e.g., yoga).

Other concerns. Some stakeholders also raised a need for improved transportation to services; however, ACBHS provides transportation to and from all of its services. It was determined that the need for improved transportation services likely arose from other, non-MHSA programming provided by other County or Tribal entities.

A few stakeholders also raised a need for recovery supports for those transitioning out of treatment. They expressed concerns for helping these individuals transition back into the community and workplace given the community's persisting stigma against mental illness. Stakeholders concluded that these individuals need transitional housing as they leave treatment. However, Alpine County has no individuals enrolled in treatment and does not have a threshold need to support a transitional and/or long-term housing plan.



III. Community Program Planning and Review

In addition to making opportunities for various ACBHS stakeholders to participate in the needs assessment, the MHSA Planning Team also provided opportunities for diverse ACBHS stakeholders to participate in the program planning and review process. These stakeholders included behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations as set forth by the MHSA CPP guidelines. The details of these opportunities are further described below.

Table 2. Community Participation in Strategy Development and Review

| Activity | Date | Total Participants |
|-------------------------------|----------------|--------------------|
| <i>Community Work Session</i> | March 11, 2016 | 14 |
| <i>30-Day Review Period</i> | May 2–31, 2016 | n/a |
| <i>Public Hearing</i> | June 6, 2016 | 6 |

Community Work Session

Following the conclusion of the Needs Assessment, RDA synthesized the results of stakeholder interviews, the countywide survey, and the program and service data analysis to identify key strengths and challenges in Alpine County’s mental health services as experienced by a variety of stakeholders. Through this process, RDA also identified program and services needs and gaps. RDA then presented this information during a one-day community work session on March 11, 2016 held at the Firehouse Wellness Center in the Hung-A-Lel-Ti community. The team designed the work session to discuss the results of the needs assessment and to identify strategies to address these needs and gaps and maximize resources.

ACBHS publicized the community work session via flyers posted at the Firehouse Wellness Center, Behavioral Health Services offices, and other public locations throughout the county (including Health & Human Services, Post Office, Library, and other business locations with exterior bulletin boards). ACBHS also sent the flyer via email to about 200 ACBHS stakeholders and posted it on both the ACBHS and Alpine County websites. Additionally, the Director spoke to the public about it at several Board of Supervisor meetings. The MHSA Program Specialist and Native Wellness Advocate also conducted door-to-door outreach to inform community members of the date, time, and location of the community work session. Fourteen stakeholders attended the community work session.

The community work session provided an opportunity for participants to corroborate service gaps and needs from the needs assessment and expand this list based on their knowledge and experience of mental health services in Alpine County. RDA facilitated a work session to brainstorm strategies that would help address these needs and gaps in which stakeholders were asked the following questions:

1. Of the existing MHSA programs, what programs or services are working well?



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2. What changes would you make to existing programs to address the community’s areas for growth (e.g., changes or modifications)?
3. What existing resources from the county or community-based organizations could be leveraged to make the changes identified above?
4. What new programs or strategies would need to be implemented (if any) to address the community’s areas for growth?
5. Of the strategies you listed above, would any of them address other gaps? If so, please list the strategies and areas for growth.

Stakeholders agreed that ACBHS has made great strides to address the community’s mental health needs and encouraged ACBHS to continue these efforts. In addition, work session participants developed the following strategies, which primarily consist of slight program modifications as summarized in Table 3.

Table 3: Programming Strategies by MHSA Component as Identified during Community Work Session

| MHSA Component | Program Expansion or Modifications |
|----------------|--|
| CSS | <ul style="list-style-type: none"> • Keep and expand all current programs • Increase outreach and engagement and educating community members about ACBHS programming and services, particularly in Bear Valley and Kirkwood • Provide grief support services for community members |
| PEI | <ul style="list-style-type: none"> • Focus more programming on TAY in a variety of prevention and early intervention strategies, including foster care transition and supports for other life changes; peer mentorship for TAY who are exposed to neglect, violence, and substance abuse; and advocacy for TAY who have large household responsibilities • Provide support and socialization services for caretakers, particularly grandparents who raise grandchildren • Improve access to services by providing childcare so that parents can fully participate |
| WET | Alpine County developed a WET component plan in FY 2015/16 for FY 2016/2017 that has had separate needs assessments and stakeholder engagement processes. The WET Plan will be reviewed in a concurrent process with the MHSA Plan Update. |
| CFTN | <ul style="list-style-type: none"> • Continue to develop additional space for expanded/new services and ACBHS administrative offices (in progress) • Continue to implement and support an electronic health record system |
| INN | N/A – Alpine does not have an INN project nor does it currently have capacity to implement an INN project |

Following the community work session, the MHSA Planning Team met to review the proposed strategies. The principle criteria in reviewing the proposed strategies were applicability to existing MHSA programs, ability to address service needs, resources required, and adherence to MHSA requirements. Ultimately, the planning team decided to incorporate most of the proposed strategies that adhered to these requirements into the MHSA Annual Update. As TAY-focused programming and caregiver support were larger topics that need further exploration, ACBHS plans to make a concerted effort to learn more about those specific needs in FY 2016/17 so ACBHS can be targeted and responsive in developing said programming in FY 2017/18.



Local Review Process

ACBHS posted the Annual Update publicly on the County website on May 2, 2016 and emailed it to all CPP participants who provided email addresses. Additionally, ACBHS posted a copy of the update at the Firehouse Wellness Center, in the reception areas of Behavioral Health, Health and Human Services, and the County Administrative Offices, and the Markleeville Post Office. Each posting included 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.

The Mental Health Board hosted a Public Hearing June 6, 2016 to present the drafted plan and gather feedback. The MHSA planning team received no public comments since the May 2 posting and stakeholders at the Public Hearing felt that the drafted Annual Update was reflective of and responsive to the needs of the community. Given that there were no public comments or requests for revisions to the Annual Update, the Mental Health Board held a special meeting on June 9, 2016 to review and vote upon the Annual Update. The Mental Health Board approved the Annual Update during the special meeting.

Summary of Stakeholder Participation

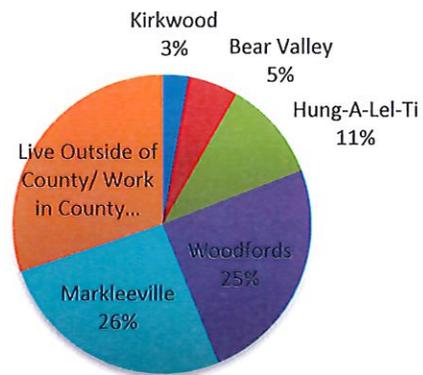
A total of 73 unique stakeholders participated in various needs assessment and CPP activities from September 2015 through June 2016⁴. Several stakeholders participated in more than one activity, and all who participated in needs assessment activities were also invited to participate in the CPP process.

The participants represented a diverse age range (4% TAY, 53% adults, and 43% older adults); 71% of the participants identified as female, while 23% identified as male and 6% reported other or preferred not to answer; and 79% of participants identified as White/Caucasian, while 16% identified as American Indian/Native American, and 4% identified as other⁵.

The majority of participants were from either Markleeville (26%) or Woodfords (25%). About one-third (30%) of the participants were residents of another county who worked in Alpine County.

The MHSA planning team was successful in engaging diverse stakeholders as set forth by MHSA CPP guidelines, including behavioral health service consumers and their family members, service providers, members of law enforcement, education

Figure 4. Stakeholder Locations



⁴ Total participation was tallied based on sign-in sheets. It is possible that some participants did not sign in at all events.

⁵ Not every participant reported every demographic category. Percentage categories reflect those who did respond.



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representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations. Participants were asked to complete anonymous demographic forms to self-identify their stakeholder affiliations; their responses are reported in Table 4.

Table 4. Participants' Self-Identified Stakeholder Group Affiliations

| Affiliation | Count |
|---|------------|
| Community Member | 31 |
| County Government Agency | 14 |
| Contracted Service Provider or Community-Based Organization | 8 |
| Consumer of Mental Health Services | 8 |
| Law Enforcement | 5 |
| Education Agency | 4 |
| Family Member of Consumer of Mental Health Services | 4 |
| Social Service Agency | 4 |
| Participant in Substance Abuse Prevention Programs | 3 or fewer |
| Family Member of Participant in Substance Abuse Treatment | 3 or fewer |
| Participant in Substance Abuse Treatment Programs | 3 or fewer |
| Medical or Health Care Organization | 3 or fewer |
| Other | 9 |



IV. MHSA Project Overviews and Plan Modifications

This document is a year-end report of all Alpine County MHSA projects implemented during FY 2014/15. Data for this report is self-reported by the agency/organization responsible for implementation. This report also describes proposed activities, project modifications, and project budgets for FY 2016/17. The following projects are described in this report:

| Component | Program |
|-----------|---|
| CSS | Outreach and Engagement |
| | Full Service Partnerships |
| | Field Capable Clinical Services |
| | School-Based Mental Health Clinician |
| | Play Therapy |
| PEI | Senior Socialization and Exercise |
| | Positive Behavior Intervention Supports |
| | Create the Good |
| | Combining Past and Present |
| | Wellness Projects |
| | School-Based Primary Intervention Program |
| | Mental Health First Aid Training |
| | Suicide Prevention Program |
| CFTN | Capital Facilities Development |
| | Electronic Health Record Implementation |

Additionally, as a result of community input, ACBHS proposes the addition of a new CSS program: Grief Support for Community Members of All Ages. Concurrently, ACBHS has drafted a WET component plan, which has been developed through a separate community program planning process and is under review.

Community Services and Supports (CSS)

Outreach and Engagement

Program Description

Outreach and Engagement activities focus on identification, education, and support of individuals in need of mental health services. Outreach and Engagement activities also seek to reduce barriers to participation in behavioral health services and programs.

The objectives of Outreach and Engagement are 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





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- Reduce stigma through education about mental illness and psychological wellness
- Educate community members about available services and supports
- Improve relations between providers, overlapping jurisdictions, and different cultures and communities
- Reduce barriers to participation in Behavioral Health services

Populations Served in FY 2014/15

During FY 2014/15, ACBHS conducted Outreach and Engagement activities that reached 186 unique individuals. Of those reached, nearly half (48%) were children/youth, over one-third were adults (34%), 9% were TAY, and 9% were older adults. The per-person cost for ACBHS to run this program in FY 2014/15 was \$290. ACBHS anticipates reaching 200 individuals in FY 2016/17.

Key Activities in FY 2014/15

Outreach and Engagement efforts aimed to increase the community's awareness of the County's mental health services and were conducted through a range of community and cultural programs. These included the continuation of a bi-monthly Family Movie Night with opportunities to meet and greet ACBHS staff, the addition of Yoga twice a week in Bear Valley and Kirkwood to increase engagement in ACBHS, and ACBHS participation and service promotion in a Countywide Health Fair.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** All Outreach and Engagement activities incorporated the principles of wellness, recovery, and resiliency by increasing community knowledge of available behavioral health services and engaging individuals and families in community-based activities and events.
- **Consumer/Family-Driven Services.** Outreach and Engagement activities served to inform community members of available services and improve communication between BHS staff and consumers. Additionally, most programs were conceived by the public and implemented by ACBHS.
- **Cultural Competency.** Outreach and Engagement activities were conducted in partnership with the Hung-A-Lel-Ti community and with an understanding of cultural differences within the community. Staff actively encouraged participation in local activities and services by community members of all cultures.
- **Community Involvement.** Community members of all ages were invited to attend events and participate in activities.
- **Integrated Service Delivery.** Whenever possible and appropriate, BHS staff worked with other agencies to provide educational resources and offer support to individuals in need of behavioral health services. Local agencies, such as Native TANF, Live Violence Free, and Tahoe Youth & Family Services, attended community events and presented on topics of interest to the community.



Key Successes

ACBHS collaborated closely with Kirkwood Mountain Resort to arrange a location and publicize yoga and ACBHS services to Kirkwood residents. ACBHS added a monthly drop-in service in partnership with Tahoe Youth & Family Services at the Firehouse Wellness Center to provide a hot meal, hygiene kits, and supplies to homeless and vulnerable Transitional-Aged Youth (TAY). To increase availability of services and stakeholders' access, ACBHS hired several new staff members, including a driver to provide client transportation to and from all ACBHS appointments and activities. As a result of these efforts, consistency in the number and attendance of participants improved.

Barriers or Challenges

ACBHS has tried to provide outreach to the entire community to bring new participants into programs to augment the regular attendees. In an effort to increase awareness, ACBHS has modified the events calendar to place all events onto one flyer with additional space for event advertising and community highlights. The calendars are then delivered door to door in the County and made available at all community locations.

FY 2014/15 Partners

To conduct their many Outreach and Engagement activities, ACBHS collaborated with Kirkwood Mountain Resort, Tahoe Youth & Family Services, Woodfords Washoe Community Council, Woodfords Washoe Recreation, Choices for Children, Diamond Valley School, Live Violence Free, Elder Centers of Carson and Dresslerville, and Bear Valley and Markleeville Library sites.

Planned Activities and Modifications for FY 2016/17

As movie nights have been successful and continue to see increased attendance, ACBHS plans to introduce program and service related trivia as a part of the program to reduce community stigma against mental illness and increase stakeholder engagement in treatment services. In addition, ACBHS will conduct outreach regarding all of their clinical and prevention services.

In FY 2015/16, ACBHS created a Facebook page to publicize ACBHS programs and community events and reduce the stigma associated with engaging in services. So far, Facebook has been a great vehicle to promote mental health, reduce stigma, and conduct outreach, so ACBHS plans to continue using Facebook in FY 2016/17. In addition to Facebook, ACBHS staff is exploring how they might improve flyers for events so they are more targeted and impactful, particularly for events that ACBHS hopes to draw a larger or more specific group.

ACBHS plans to continue implementing Outreach and Engagement efforts that have been successful in Markleeville, Kirkwood, and Bear Valley on a smaller scale and slower pace as a means to build community awareness and trust. As such, based on community feedback, ACBHS will add a community calendar in Bear Valley that mirrors the calendar in Markleeville.



Full Service Partnerships

Program Description

The Full Service Partnerships (FSP) program is designed to expand mental health services and supports to residents of all ages who have severe mental illness (SMI) or identified as severe emotional disturbance (SED) and assist these residents in achieving their goals. ACBHS 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. A team composed of ACBHS clinical staff offers strength-based, client/family-directed, individualized mental health and wrap-around services, and supportive funding to:

- *Children and Youth* with serious emotional disturbances (SED) who have experienced school disciplinary problems or academic failure, are in or are at risk of out-of-home placement, or are 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 disorders, are involved in the 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, have reduced functioning due to health problems, or are isolated or at risk of suicide.

Populations Served in FY 2014/15

During FY 2014/15, the FSP program provided six individuals with the highest level of care through individualized and coordinated behavioral health services. The per-person cost for ACBHS to run this program in FY 2014/15 ranged from \$315 to \$6,000. ACBHS anticipates serving eight individuals in FY 2016/17.

Key Activities in FY 2014/15

Key activities for FY 2014/15 included providing a higher level of care and support for the six clients with SMI/SED. This higher level of care included strengthening wrap-around services for clients, and providing access to case management, psychiatry, as well as a continuum of services across the county. Service providers conducted comprehensive, strength-based assessments, including mental health, social, physical health, and substance abuse trauma assessments, and focused on client/family member engagement.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** The FSP program emphasized wellness, recovery, and resiliency by supporting individuals in obtaining coordinated, individualized care, and by providing



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funding to support their care and wellbeing. Coordinated care also promoted cross-disciplinary learning, which ultimately improved consumer care and wellbeing.

- **Consumer/Family-Driven Services.** Coordinated service delivery minimized the time and energy consumers spent navigating the mental health system. It also optimized consumer experience by promoting cross-disciplinary learning and, as a result, improved consumer care.
- **Cultural Competency.** FSP staff members are continually expanding their knowledge of culturally-competent, evidenced-based practices to better meet the diverse needs of Alpine County residents. Staff have attended cultural competency trainings held by the Washoe Tribe, and have also worked to address geographic isolation by bringing services to clients where they are, such as in the home environment.
- **Community Involvement.** Coordinated care for FSPs involved coordination and cooperation among diverse service providers and community members.
- **Integrated Service Delivery.** The FSP program utilized all available resources and opportunities to support consumers in addressing their psychosocial and behavioral health needs, including partnering with other agencies when appropriate.

Key Successes

Service providers worked closely with participants experiencing psychosis, medical consequences of psychotropic medications, homelessness, and financial challenges with individualized interventions aimed to assist them to live independently and sustainably in a safe manner. Interventions included provision of food and energy assistance, temporary housing, and support to engage with mental health services.

Barriers or Challenges

The lack of affordable housing and transitional housing is a significant issue for ACBHS clients. Rental assistance provided through FSP has been helpful in reducing homelessness and alleviating mental health symptoms for some clients. The housing shortage has forced ACBHS to house some clients across the state line in Nevada. Given the difficulties in finding permanent housing, transportation for these clients to come to services and appointments has been challenging, despite having a full-time driver.

FY 2014/15 Partners

ACBHS did not collaborate with any other agencies during FY 2014/15.

Planned Activities and Modifications for FY 2016/17

The FSP program will continue to provide and expand mental health services and supports to SMI/SED residents of all ages, and to assist these residents in achieving their goals.



Field Capable Clinical Services

Program Description

As part of general systems development in FY 2010/11, ACBHS began extending clinical services to schools, homes, and community locations throughout the county. The FCCS program increases behavioral health services utilization rates, supports isolated and homebound individuals, and increases behavioral health collaboration with the Hung-A-Lel-Ti community through these in-field services. The FCCS program ensures that therapeutic support and case management can be provided where the client feels most comfortable in the community.

The objectives for FCCS are to:

- Increase access to behavioral health services within Alpine County
- Support individuals who live in isolated communities, who are homebound, or who prefer to receive services in private settings
- Increase behavioral health coordination with the Hung-A-Lel-Ti community and continue to build community-wide trust

Populations Served in FY 2014/15

The FCCS program served 36 individuals, 39% were youth, 39% were adults, 19% were older adults, and 6% were TAY. The per-person cost for ACBHS to run this program in FY 2014/15 was \$2,250. ACBHS anticipates serving 57 individuals in FY 2016/17.

Key Activities in FY 2014/15

ACBHS has expanded its provision of in-home and school-based services. These services augment ACBHS office sites where traditional services as well as play therapy and yoga are offered. Expanded hours of service delivery and clinicians willingness to be flexible on location of service delivery have allowed clinicians to serve participants at convenient times and in a wide range of locations.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** The FCCS program directly addressed wellness, recovery, and resiliency by increasing behavioral health services utilization rates throughout the county. The program increased rates by providing services to homebound and isolated individuals, as well as to individuals who were less comfortable seeking services in a formal office setting. Home-based services also allowed for unique insight into the consumers' social and physical environment, assisting with provision of individualized services.
- **Consumer/Family-Driven Services.** The FCCS program was developed to address, and continues to be driven by, the mobility needs of consumers lacking transportation options, including homebound consumers or those preferring to receive services from the comfort of their homes.



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- **Cultural Competency.** All clinical staff members continued to expand their knowledge of the County's culture, including Native American culture and traditions. The staff treated all consumers with respect and understanding. Staff also traveled to consumer homes throughout the county, which fostered trust between clinicians and consumers, and provided opportunities for additional cultural understanding within the context of service delivery.
- **Community Involvement.** Consumers' family members were often involved in service delivery where such delivery occurred in the home. Clinical staff also had diverse opportunities for community interaction and involvement as they travelled throughout the community to provide services.
- **Integrated Service Delivery.** The FCCS program partners with other agencies whenever possible and appropriate to improve field-based service delivery to Alpine County consumers.

Key Successes

Through targeted outreach and engagement services as well as expansion of the FCCS program to isolated regions, ACBHS increased access to behavioral health services across the County.

Barriers or Challenges

Many services delivered by ACBHS are in homes in the Hung-A-Lel-Ti community with large families, which can pose barriers to locating an appropriately private place to work. Additionally, clinicians cannot access the internet in the field and must be prepared to modify any approach that may have otherwise used a computer or the internet. Transportation has sometimes been a challenge for clinicians. Though a driver is available to transport clients to and from the office for services, after-hours appointments must be accommodated by the clinicians themselves.

FY 2014/15 Partners

ACBHS collaborated with the Woodfords Washoe Community Council to lease office and clinical space in the Hung-A-Lel-Ti community.

Planned Activities and Modifications for FY 2016/17

To address the need for increased after hours transportation services, ACBHS will increase the Driver's hours to 40 hours per week.

School-Based Mental Health Clinician

Program Description

When ACBHS established this program, they intended for a school-based mental health clinician to be stationed at Diamond Valley School. The clinician would assist with early detection and intervention for students struggling with personal, academic, and mental and emotional health issues, all within the low-threat school setting. The clinician would also provide referrals and linkages to other resources as needed and engage in family or group counseling when appropriate. However, ACBHS has recognized that at this



time there is not a need to employ an additional clinician to work exclusively at the school. Instead, ACBHS has been more successful engaging youth through the Field Capable Clinical Services, given that the ACBHS office and school are within walking distance of one another. While a clinician is regularly on campus to conduct early detections, outreach and engagement ACBHS Clinicians typically provide intervention and treatment services either at the home, in the field, or at ACBHS offices.

Populations Served in FY 2014/15

See combined service numbers in *Field Capable Clinical Services* section above.

Key Activities in FY 2014/15

During FY 2014/15, a mental health clinician conducted school-based assessments of youth. Through these on-site assessments, the clinician was able to evaluate youth in the school setting and coordinate services with the school psychologist, school counselor, and school administration.

See other key activities in *Field Capable Clinical Services* section above.

MHSA Principles Addressed

See combined MHSA principles addressed in *Field Capable Clinical Services* section above.

Key Successes

Due to difficulties acquiring times and appropriate locations for services on campus during school hours, ACBHS clinical staff have been more successful engaging youth through their Field Capable Clinical Services or meeting youth at ACBHS offices or in their homes. In this way, ACBHS is working toward reducing community stigma against seeking mental health services.

Barriers or Challenges

Due to students' limited availability during school time, on-site service appointments were limited. To address this, ACBHS provided these youth with services outside of school under Field Capable Clinical Services. ACBHS has been able to provide youth with Field Capable Clinical Services, responding to children's needs and parental concerns by providing home visits.

FY 2014/15 Partners

ACBHS collaborated with Diamond Valley School , Alpine Unified School District, and Alpine County Office of Education during FY 2014/15.

Planned Activities and Modifications for FY 2016/17

Based on the success of moving youth services to Field Capable Clinical Services, ACBHS will consider closing down School-Based Mental Health Clinician services in FY 2016/17. In the absence of the School-Based Mental Health Clinician, ACBHS will continue to collaborate with Diamond Valley School to implement the School-Based Primary Intervention Program and coordinate youth screenings and



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referrals. ACBHS will also explore the possibility of implementing an early intervention behavioral therapy group at Diamond Valey School as an additional entrée into clinical services, particularly for parents who recognize that their children need support but may be hesitant to engage in clinical treatment.

Play Therapy

Program Description

Play Therapy is an evidence-based program designed to deliver clinical services to children in a low-stakes environment with the goals to help children decrease anxiety, increase confidence, make healthier choices, and decrease behavior issues through the expression of play.

Populations Served in FY 2014/15

Play Therapy served five youth during FY 2014/15, spending \$16,780 on direct services. Due to lack of space in ACBHS' current facilities, Play Therapy incurred \$100,000 in leasing space and purchasing equipment. ACBHS looks forward to constructing a new building that would mitigate these costs moving forward. ACBHS anticipates serving 15 youth in FY 2016/17.

Key Activities in FY 2014/15

Play Therapy was implemented in response to community needs and has helped children decrease anxiety, increase confidence, and improve behavior issues.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** By imbedding behavioral health services as a part of Play Therapy, the clinician was able to assess and address youth wellness, recovery, and resiliency in an effective manner. The clinician was also able to provide mental health services to youth, and support youth and family wellness and resiliency on an ongoing basis.
- **Consumer/Family-Driven Services.** Housing Play Therapy in the same room as the very popular MHSA Yoga built upon parents' established trust and familiarity with services already provided at that location.
- **Cultural Competency.** The clinician demonstrated understanding of cultural traditions and incorporated this understanding into service delivery.
- **Community Involvement.** This service was developed and implemented as a strategy developed by community members in previous MHSA program planning processes. The program continues to evolve based on community engagement and feedback of program effectiveness.
- **Integrated Service Delivery.** Play Therapy is provided at the Learning Center, a location where several social and family services are provided by various agencies. This co-location allows for cross-service referrals and increased partnership.



Key Successes

FY 2014/15 was a successful year for Play Therapy, engaging a consistent cohort of participants. So far in FY 2015/16, ACBHS has hired and trained an additional clinician in the program and garnered more consistent program participation.

Barriers or Challenges

Transportation to services had been a primary barrier to service for clients. ACBHS addressed this challenge by expanding its driver services early in FY 2014/15.

FY 2014/15 Partners

ACBHS collaborated with Live Violence Free, Alpine County Office of Education, Tahoe Youth & Family Services, Alpine County First 5, and Choices for Children at the Play Therapy co-location during FY 2014/15.

Planned Activities and Modifications for FY 2016/17

ACBHS plans to explore collaborating with Live Violence Free to engage youth who have been exposed to domestic violence in Play Therapy services.

Grief Support

Based on community needs identified during the community program planning process in FY 2015/16, ACBHS proposes the development of a Grief Support program for community members in FY 2016/17.

Program Description

Grief Support provides support for those who have experienced the loss of a loved one. Services may include outreach, crisis support, bereavement groups, individual support, and training on end of life issues as they relate to mental health issues, suicide prevention and intervention, substance use disorder issues, illness, and others depending on the current needs of the community. Culturally-competent follow-up interventions, education, referrals, and support target those who require assistance to address their emotions and needs as survivors. The service may also be designed to improve family functioning/communication in the wake of loss, identify and understand the factors that promote a survivor's resilience and strength, provide bereavement services and support, and address issues of stigma and shame. Services will be delivered monthly at minimum, and more often if needed and requested by community members. Services will be delivered through Barton Health and further referrals will be given to ACBHS as needed.

Populations to be Served in FY 2016/17

ACBHS will serve any resident of Alpine County who has experienced a loss.



MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** Grief Support is meant to promote wellness, recovery, and resiliency through community awareness and assistance. Trained community members will be able to recognize when someone is experiencing a crisis and connect them with appropriate care in a timely matter.
- **Consumer/Family-Driven Services.** Grief Support services are targeted and customized to work directly with individuals, families, and groups suffering from recent loss. Additionally, integrated suicide prevention services would also deliver family-oriented services to raise awareness and build families' capacity to support one another in times of grief.
- **Cultural Competency.** ACBHS' Native Wellness Advocate will work with the service provider to ensure the program incorporates culturally-competent engagement efforts and trainings for the Native community.
- **Community Involvement.** The program implementation results directly from community members' expressed needs and desire for specific grief support services. As such, ACBHS will implement programming targeted toward these needs and desires, seeking participant feedback as they are implemented.
- **Integrated Service Delivery.** Barton Health will link participants with ACBHS and other behavioral health services as appropriate.

Intended Partners

ACBHS plans to collaborate with Barton Health to make this service available to residents.

Prevention and Early Intervention

Senior Socialization and Exercise Program

Program Description

The Senior Socialization and Exercise Program focuses on improving the healthy attitudes, beliefs, skills, and lifestyles of older adults in Alpine County; reducing stigma associated with seeking behavioral health services; reducing isolation, depression, fear, anxiety, and loneliness among seniors; and increasing referrals to and knowledge about supportive services.

The objectives for the Senior Socialization and Exercise Program are to:

- Increase the health and wellness of older adults within the community
- Provide meaningful activity for older adults
- Inspire hope among older adults
- Increase community cohesion, trust, respect, appreciation, knowledge of cultural diversity, mutual aid, and local pride
- Increase Alpine County's older adults' knowledge of available supports and services



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- Increase social skills and resiliency of older adults
- Increase referrals to ACBHS and other supportive services
- Improve healthy attitudes, beliefs, skills, and lifestyles
- Reduce stigma associated with seeking behavioral health services or peer support
- Reduce isolation, depression, fear, anxiety, loneliness, and suicidal thoughts among older adults

Populations Served in FY 2014/15

The Senior Socialization program served 283 unique individuals. The majority of those served were older adults (50%); however, the program was also popular among adults (46%). The per-person cost for ACBHS to run this program in FY 2014/15 was \$54. ACBHS anticipates serving 290 individuals in FY 2016/17.

Key Activities in FY 2014/15

ACBHS continued twice-weekly chair exercise and yoga programming as well as monthly elders' luncheons and potlucks. For seniors, ACBHS continued a weekly hot springs Senior Soak and conducted a dinner and show event in Reno, including transportation. In addition, ACBHS adjusted the Elder's Luncheon activity in response to participant feedback and now alternates between bingo and crafts activities.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** The Senior Socialization and Exercise Program supported the emotional and physical wellness, ongoing health and recovery, as well as resiliency of local seniors. Activities provided seniors occasions to leave the house and opportunities to engage with others in group discussions, social activities, and physical fitness classes.
- **Consumer/Family-Driven Services.** Stakeholders identified senior outreach and engagement as a particular priority within the community. Senior Socialization and Exercise Program Activities responded directly to this need, providing seniors with opportunities to socialize with each other as well as with the larger community.
- **Cultural Competency.** Senior Socialization and Exercise Programs actively sought to include and engage seniors from all cultures.
- **Community Involvement.** Activities offered through the Senior Socialization and Exercise Program were highly attended. The yoga classes and chair exercise classes were especially popular among older adults.
- **Integrated Service Delivery.** Senior Socialization and Exercise Program activities were conducted in coordination with other ACBHS programs. Program staff worked to engage and support older adults with behavioral health needs through the socialization and exercise activities, and through partnerships with other agencies where feasible and appropriate.

Key Successes

Senior Socialization and Exercise is one of ACBHS' most popular programs. A primary success of the Senior Socialization and Exercise Program has been increased engagement with the 50+ Club, resulting in more participant involvement in steering activities and more consistency in attendance. Along with the





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luncheons and associated activities, seniors are connecting and building new relationships and networks of community support via the Senior Soak program. Due to these relationships and the consistency of the transportation provided by ACBHS, more seniors have been able to attend programs regularly, as well as explore other socialization opportunities. The participants are becoming more integrated into one another's networks both inside the county as well as within the greater geographical region.

Barriers or Challenges

ACBHS has experienced no barriers to the provision of services.

FY 2014/15 Partners

ACBHS has collaborated with the Elder Centers of Carson and Dresslerville, Woodfords Washoe Community Council, Hung-A-Lel-Ti Recreation, 50+ Club, and Grover Hot Springs State Park.

Planned Activities and Modifications for FY 2016/17

The Senior Socialization and Exercise Program will continue to connect with more seniors in Alpine County, focusing on reaching out to the Bear Valley and Kirkwood communities where engagement is currently low. During summer months when transportation is easier, ACBHS will try to engage more seniors from Bear Valley and Kirkwood, inviting them to established programs in Markleeville, Hung-A-Lel-Ti, and Woodfords.

Positive Behavioral Interventions and Supports Program (PBIS)

Program Description

PBIS is an evidenced-based approach to student social-emotional support and behavioral management that takes place in the school setting. The approach includes systemic and individualized strategies to achieve learning and social-emotional outcomes at both the individual and the schoolwide levels. The goals are to prevent problem behaviors and emotional stress as well as to increase academic achievement. PBIS programs have been shown to effectively reduce disciplinary referrals within schools and reduce the number of out-of-school student suspensions. This is achieved by collaborating with schools, families, and communities to provide a continuum of positive behavior support that focus on designing effective and positive environments for youth to promote desired behaviors.

Populations Served in FY 2014/15

The PBIS program served 111 unique individuals, about three-quarters of whom were youth (73%) and a quarter of whom were adult teachers and parents (27%). The per-person cost for ACBHS to run this program in FY 2014/15 was \$441. ACBHS anticipates serving 130 individuals in FY 2016/17.

Key Activities in FY 2014/15

Diamond Valley School implemented PBIS in three tiers. Tier I implemented schoolwide behavioral expectations, called HAWK. Tier II provided brief intervention and supports and the Check-In/Check-Out





Program for select students. Tier III provided more intensive behavioral interventions inclusive of developing individual behavior plans.

In addition, PBIS incorporated several positive reinforcement and support techniques and strategies. These included three quarterly HAWK Honor Breakfasts that celebrated Hawks of the Month, three HAWK spirit assemblies to reinforce and re-teach behavior expectations, and a weekly formal anti-bullying process that provides all students a systematic opportunity to identify students who are potential victims of bullying. In addition, there were several education opportunities for parents and the community to learn about PBIS practices offered through a Back to School Night and Create the Good.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** The PBIS program addressed the principles of wellness, recovery, and resiliency by focusing on responsible behavior, problem solving, connecting students with adults at the school, and emphasizing prevention of bullying. Staff noted that PBIS program participants engaged in more positive and helpful behavior and fewer discipline referrals for bullying.
- **Consumer/Family-Driven Services.** The PBIS program responded directly to a community need, addressing bullying among upper grade students, and providing those students with the opportunity to develop presentation and mentoring skills when working with lower grade students. Hawk meetings are also student-driven, allowing students to address topics of their own choosing based on perceived needs.
- **Cultural Competency.** Hawk meetings provided an opportunity for students of all cultures, including both Native and non-Native students, to work together, share diverse experiences and ideas, and build trust and mutual understanding.
- **Community Involvement.** The PBIS program requires involvement from both ACBHS and school stakeholders, including administrators, teachers, parents, and students to provide a more robust spectrum of behavioral health and school climate management strategies.
- **Integrated Service Delivery.** The PBIS program planned to form connections with the Wellness Center so that youth involved with the PBIS program may attend Wellness Center activities and lead anti-bullying presentations at the Wellness Center. This has not yet occurred; however, the school-based PBIS coordinator has made efforts to initiate service integration, including presenting the PBIS purpose and approach at Create the Good luncheons.

Key Successes

Diamond Valley School reported implementing PBIS Tiers I–III in FY 2014/15 with fidelity. PBIS staff used data to drive decision making, adapting prevention and interventions by problem behavior, location, time of day, and day of the week. Staff and students became familiar and comfortable with expectations and rewards for good behavior practices. Tier I reward programs have been highly successful, with significant enthusiasm from students regarding integrating HAWK feather rewards into Class Dojo and Learning Earnings applications. Diamond Valley School eliminated formal suspensions from the previous rate of 15%. The Tier II Check-in/Check-Out Program had a 100% success rate. The Tier III team was assembled,



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trained over the course of three sessions, and certified by Placer County Office of Education in the "Prevent, Teach, Reinforce" Model program for more intensive behavior interventions, and PBIS successfully implemented the first Tier III individualized behavior plan.

Barriers or Challenges

While the PBIS program has been well received by staff, there was a lack of common understanding by all staff members regarding the referral process and procedures. Additionally, the Student Behavior Management Process lacked clear consequence options at each referral level, causing uncertainty among staff members. In order to address these concerns, Diamond Valley School held all-staff training and individualized coaching to clarify the use of the data collection referral forms. Additionally, Diamond Valley School held a PBIS meeting in collaboration with staff to rewrite and refine the referral levels between classroom and office managed behaviors, as well as create more definitive consequence options at each level.

FY 2014/15 Partners

ACBHS collaborated with Diamond Valley School, Alpine County Probation Department, Alpine Parents' Club, Woodfords Indian Education Center, and the Placer County Office of Education.

Planned Activities and Modifications for FY 2016/17

The PBIS program will continue to expand and enhance current services and activities with increased with additional "Prevent, Teach, Reinforce" model interventions and supports for identified students in need. Diamond Valley School staff will create and implement HAWK expectations for Diamond Valley sports teams in FY 16/17.

Create the Good

Program Description

Create the Good began as a weekly luncheon geared toward adults and seniors. These luncheons feature presentations on topics related to health, wellness, and parenting. The Create the Good events promote community socialization, promote awareness of current health and mental health wellness issues, and provide the possibility for further learning. Over the course of FY 2014/15, the program expanded to provide more early intervention opportunities, which were developed in an effort to thwart issues of social isolation, anxiety, and depression that were identified as pervasive concerns by community members.

Populations Served in FY 2014/15

In FY 2014/15, Create the Good served 217 unique individuals; 40% were adults, 33% were youth, 20% were older adults, and 7% TAY. The per-person cost for ACBHS to run this program in FY 2014/15 was \$74. ACBHS anticipates serving 230 individuals in FY 2016/17.





Key Activities in FY 2014/15

FY 2014/15 was the inaugural year for Create the Good as an expanded stand alone program beyond the weekly Friday luncheon for adults and seniors. Popular topics and events in FY 2014/15 included a 10-week session of Yoga & Art for Trauma Release, discussions with the district superintendent on how parents can better support academics and behaviors at home, and “meet and greets” between participants and ACBHS staff in the geographically-isolated communities. Due to increased demand by participants, ACBHS has permanently moved the Markleeville Create the Good to a larger location and added two weeks of programming specifically for youth during the summer period before other community based programs begin.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** The primary goal of Create the Good activities are to promote the principles of wellness, recovery, and resiliency. Community gatherings, discussions, and activities support both community and individual well-being and strength. In addition, these activities provided a forum for group discussions, presentations, and peer support in an open and welcoming environment.
- **Consumer/Family-Driven Services.** Create the Good activities were driven by community interests and input, and included a wide variety of activities in order to meet the needs of families and older adults within the community. Create the Good sought to engage residents in programming to build community members’ trust in service providers and decrease barriers to accessing behavioral health services.
- **Cultural Competency.** ACBHS staff strove to engage the Hung-A-Lel-Ti community and other residents of the community through communal gatherings such as Create the Good. ACBHS increased the hours of the Native Wellness Advocate to target outreach and engagement among the Tribal community, as well as provide input from the community on how to enhance activities to better meet the needs of the Hung-A-Lel-Ti community and reduce stigma against mental illness.
- **Community Involvement.** Create the Good events responded to community interests and input, and ACBHS staff members encouraged community involvement in both planning and participation to ensure activities reflected residents’ mental health needs and to maintain community engagement in the activities.
- **Integrated Service Delivery.** The broad range of topics presented during the Create the Good luncheons focused on integrated health and wellness issues and invited a broad range of community stakeholders to lead each weekly discussion/activity. As a result, participants learned everyday practices, ranging from nutrition education to physical activities in order to enhance their overall mental health and promote a healthy lifestyle. In addition, community members were able to witness and experience the strengths inherent in their own community.



Key Successes

The Create the Good program has gained consistent attendance among participants as well as behavioral health staff. The integration of staff members as participants in Create the Good has created a safe space for building rapport and trust between community members and ACBHS staff. The move from the gym to the firehouse location has allowed for more space for activities and discussion. Based on community feedback in FY 2014/15, ACBHS established Create the Good in Bear Valley in FY 2015/16.

Barriers or Challenges

Since moving from the gym to the firehouse to accommodate a wider range of activities, the ability to hold open hours, allow for meetings, or allow for people to check their e-mail has been lost.

FY 2014/15 Partners

ACBHS collaborated with Woodford Indian Education Center, Tahoe Youth & Family Services, Alpine County First 5, Native TANF (Temporary Assistance for Needy Families), Alpine County Office of Education, Live Violence Free, and Choices for Children.

Planned Activities and Modifications for FY 2016/17

Create the Good will collaborate with the Tribal Health Clinic and Diabetes Health Educator to make monthly presentations at the luncheon, and with the SNAP Education program to educate participants about food to demonstrate healthy cooking. A new MHSA Specialist serving the Bear Valley population has been conducting a lunch and dinner program for participants there. To address the challenge of no longer operating open drop in hours at the Firehouse Wellness Center, ACBHS will determine staffing and outreach needs to restart that program in FY 16/17.

Combining Past and Present

Program Description

Combining Past and Present is a culturally-based prevention program for Alpine County residents of all ages. The program seeks to preserve cultural traditions, build community, and prevent the onset of depression and anxiety related to lack of socialization for 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.

Populations Served in FY 2014/15

In FY 2014/15, Combining Past and Present served 67 unique individuals, 43% of whom were youth, 28% were adults, 16% will be TAY, and 12% were older adults. ACBHS anticipates serving 80 individuals in FY 2016/17.



Key Activities in FY 2014/15

FY 2014/15 activities included cultural crafts, following the traditional calendar of the Washoe people through gathering trips for food and materials in the surrounding area, and then preparing traditional foods and tools.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** The presentations on Tribal history and culture supported wellness and resiliency by fostering cultural awareness among families and youth in the Hung-A-Lel-Ti community about their history, while building rapport and trust among the Hung-A-Lel-Ti community, Alpine residents, as well as with ACBHS staff.
- **Consumer/Family-Driven Services.** Combining Past and Present was developed to address, and continues to be driven by, the needs of the community who expressed interest in integrating activities and building rapport between the different cultural communities of Alpine County. In addition, the need to keep traditional practices alive as an expression of resiliency was and is identified as a need by members of the Washoe tribe in Hung-A-Lel-Ti.
- **Cultural Competency.** All activities provided for families and youth were targeted to be culturally derived and driven by the knowledge and expertise of the local Washoe community. Both Native and non-Native youth and adults participated in Combining the Past and Present activities. Additionally, the Native Wellness Advocate conducted outreach for many of the program's activities with special attention to local culture and needs.
- **Community Involvement.** The core purposes of Combining Past and Present is to promote greater community involvement, particularly between community members of different cultures and generations, and to encourage the continuing presence of traditional activities among Washoe Tribal members.
- **Integrated Service Delivery.** Combining Past and Present takes place at the Firehouse Wellness Center. The program incorporated service delivery with other programs and agencies, specifically Washoe Tribal agencies, whenever feasible and appropriate.

Key Successes

Combining Past and Present's outdoor activities were most successful, with high attendance rates. In response to community-identified needs, Combining Past and Present provided an opportunity for Native elders to share cultural activities that were at risk of being lost among younger generations. These activities served to improve socialization and prevent depression resulting from isolation and identity loss.

Barriers or Challenges

Combining Past and Present has had limited participation in activities, partially due to conflicts with other scheduled commitments, including clinical appointments. ACBHS is experimenting with the schedule and location so that services flow in better alignment with other standing events and appointments.



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Additionally, staff noted that indoor activities were not as successful as the more active programs held outdoors. The indoor programs consist primarily of learning and completing cultural crafts, such as beading and basket weaving, that require patience and a significant time commitment by participants to complete. ACBHS staff, including the Native Wellness Advocate, will continue to work with Washoe Elders to determine how best to engage young people in preserving and teaching the cultural crafts and traditions.

FY 2014/15 Partners

ACBHS collaborated with Hung-A-Lel-Ti Recreation, Woodfords Washoe Community Council, as well as Tahoe Youth & Family Services.

Planned Activities and Modifications for FY 2016/17

ACBHS will seek an Elder to conduct activities that may become part of a larger project to showcase a variety of Native traditions. One such planned activity is how to create traditional skirts. Additional activities may include a cultural event at Grover Hot Springs, a camp with a cultural presentation or discussion component, a cultural potluck dinner, and additional foods added to the native foods project (e.g., watercress, fresh water oysters).

Wellness Projects

Program Description

Wellness Projects are designed to provide targeted programming for a variety of distinct populations. These programs offer continued support to prevent the development and onset of mental health issues among Alpine County residents and engage residents in programming to decrease barriers to accessing SMI/SED services. The following are included within the Wellness Projects:

- Parenting Workshops: ACBHS provided targeted support for parents regarding early screening and support for children with severe emotional disturbances (SED).
- Fathers' Wellness Project: ACBHS provided this project to augment emotional relationship building between father figures and children. ACBHS will rename and revamp this project due to participant attrition.
- Women and Youth Wellness Projects: ACBHS implemented this one day event in Markleeville to mirror the outcomes of the Fathers' Wellness Project by continuing to host an annual "Honoring our Mothers" event in the spring.
- Children and TAY Wellness Project: ACBHS continued to provide summer reading program and play groups for children, and will continue to support and leverage existing children and TAY programming occurring in nearby locations and through community collaborations.
- Bike to School: Held in the spring and fall, ACBHS staff chaperone local children as they ride their bikes to school. This project promotes health, wellness, collaboration, and the Alpine County cycling spirit.



In addition to these projects, regular events to promote inclusion and wellness include a Summer Reading Program, and monthly Thrift Store Tours for adults.

Populations Served in FY 2014/15

In FY 2014/15, Wellness Projects served 125 unique individuals, 61% were youth, 22% were adults, 11% were TAY, and 6% were older adults. The cost for ACBHS to run this program in its inaugural year was about \$48 per person. ACBHS anticipates serving 135 individuals in FY 2016/17.

Key Activities in FY 2014/15

ACBHS conducted all planned activities including monthly thrift store tours with expanded stops, weekly 0-5 playgroups, a Fathers' Wellness project, an Honoring Mothers event featuring a clinician discussing self-care as it relates to the role of caregivers, an 8-week summer reading program, biking from Hung-A-Lel-Ti to elementary school in the spring and fall, and an after school bike-a-thon on the last day of school that was very successful.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** Wellness Projects will address the principles of wellness, recovery, and resiliency by providing opportunities for adults and youth to participate in positive and healthy activities and, therefore, build resiliency and coping mechanisms for life stressors.
- **Consumer/Family-Driven Services.** Wellness Project activities were established based on community input, and responded directly to the mental health needs and service gaps reported by Alpine stakeholders.
- **Cultural Competency.** All Wellness Project activities will be designed to be age appropriate and seek inclusion of both Native and non-Native stakeholders of various ages. Additionally, ACBHS' Native Wellness Advocate will conduct outreach and engagement activities with special attention to local culture and needs.
- **Community Involvement.** Planning efforts for all Wellness Projects will make sure to include close collaboration with community members. Additionally, stakeholders will provide input regarding the feasibility and continuous improvement in program implementation given the local needs of youth and adults.
- **Integrated Service Delivery.** ACBHS will work with local community based organizations and small businesses in its implementation of current and new Wellness Projects, such as the summer reading program and monthly adult outings.

Key Successes

For Wellness Projects that included children, ACBHS incorporated more hands on projects and sensory activities that successfully engaged youth. In addition, the First 5 program provided giveaway bags for children, filled with books and education materials for parents to borrow and exchange. In addition, the bike to school outings were extremely successful and well attended. Given the success and the bio-psycho-social benefits, ACBHS implemented several more bike to school events in FY 2015/16.



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Among the adult-oriented Wellness Projects, ACBHS expanded their range of thrift store touring between Garnerville, Reno, Carson, Incline Village, and South Tahoe. This encouraged new participants to attend the events in addition to the regular attendees, providing an opportunity for socialization and stakeholder input. During FY 2014/15, the Fathers' Wellness Project evolved beyond trips to include skills acquisition for participants.

Barriers or Challenges

The Fathers' Wellness Project suffered from low attendance for a variety of reasons. Given this and the shift in program interest, ACBHS plans to rename, reschedule, and retool the project in FY 2016/17.

Among Wellness Projects involving youth, attendance in the reading program suffered lower attendance in the summer when many of the youth were attending the newly implemented summer academy. ACBHS is reviewing the programming schedule and will work toward improving accessibility and engagement among youth over the summer.

FY 2014/15 Partners

ACBHS partnered with the Alpine County Library, Alpine First 5, local businesses to host wellness project functions, local volunteers to fix bikes for children, Choices for Children, Tahoe Youth & Family Services, and Live Violence Free.

Planned Activities and Modifications for FY 2016/17

As mentioned above, ACBHS plans to restructure and rename the Fathers' Wellness Project in FY 16/17. This project experienced high attrition in FY 15/16 for a variety of reasons. ACBHS plans to develop new ways to involve fathers and youth through Strong Warriors, a curriculum-based program that balances spiritual and mental health for Native and non-Native men and boys.

In response to community identified needs, ACBHS plans to add a Walking-Talking Group in Bear Valley, beginning in FY 2016/17, as a socialization and early intervention support group for women.

The County has confirmed the development of an infant/daycare center in the autumn (note: this is not associated with MHSA), so ACBHS looks forward to collaborating with the care center to identify potential Wellness Project participants. Otherwise, ACBHS is exploring ways to increase program participation and is considering projects targeted at families whose composition is changing (i.e., newly developed families and parents whose children have grown up and moved out). Further, ACBHS is reaching out to additional community members and speakers to diversify topics and enhance engagement to new families and participants.



School Based Primary Intervention Program

Program Description

The Primary Intervention Program (PIP) is an evidence-based program that provides one-to-one services to students with non-directive play therapy sessions held in a specially designed and equipped activity room at the school. Services are delivered by a child aide, with close supervision from a credentialed mental health professional. Children receive one 30–40 minute one-to-one session per week, for a period of 12–15 weeks. PIP is designed for the early intervention and prevention of mild to moderate school adjustment difficulties in primary (K-6) grade students. Through the use of a systematic screening and selection process, the program identifies students who are experiencing adjustment problems and who could benefit from early intervention. Once identified, these students receive mental health services from carefully selected, trained child aides who work under the supervision of a credentialed mental health professional. Referral services to ACBHS are provided for students whose needs are beyond the scope of PIP. ACBHS has subcontracted to Tahoe Youth & Family Services (TYFS) to provide the PIP program. PIP is designed to enhance the social, emotional, and behavioral development of young students; to build children’s self-esteem and confidence; and to encourage positive attitudes toward school and improved academic achievement.

Populations Served in FY 2014/15

FY 2014/15 was the inaugural year of PIP, serving 10 unique youth in one semester at the rate of \$1,500 per student. ACBHS anticipates that PIP will serve 12 youth in FY 2016/17.

Key Activities in FY 2014/15

Through partnership with TYFS, ACBHS implemented PIP at Diamond Valley Elementary School during Spring Semester 2015. School staff identified students in need of additional assistance with classroom adjustment, and PIP staff worked with these students in four areas of focus: teacher-preferred behaviors, peer-related social behaviors, classroom work-habits, and overall school adjustment.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** PIP addresses the principles of wellness, recovery, and resiliency by providing more targeted interventions focusing on the development of responsible behavior and problem solving, connecting students with adults at the school, and emphasizing preventive approach towards mental health and wellness.
- **Consumer/Family-Driven Services.** PIP will specifically work with a group of at-risk, high-need students and their families to develop individually-tailored services unique to the needs of each student and family.
- **Cultural Competency.** PIP screenings will provide an opportunity for staff, teachers, and students of all cultures, including both Native and non-Native students, to work together, share diverse experiences and ideas, and build trust and mutual understanding. Given PIP’s one-on-one



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targeted services, staff will have the opportunity to work with each student and their family to ensure a culturally competent approach to healthy development.

- **Community Involvement.** PIP staff will work closely with school staff and administration to strengthen coordination and to ensure proper linkages are made between the school, home, TYFS, ACBHS, and the community environment to strengthen youth resiliency and healthy socialization.
- **Integrated Service Delivery.** PIP staff will work closely with school staff and administration to strengthen coordination and to ensure proper linkages are made between the school, home, TYFS, ACBHS, and community environment in strengthening youth resiliency and healthy socialization.

Key Successes

In order to implement PIP at Diamond Valley, TYFS conducted outreach at parent's club meetings, teacher conferences, and community gatherings to raise awareness of the program and to answer any questions regarding its operations and benefits to the students. This outreach allowed the screenings and referrals for the Fall Semester of 2015 to be more efficient and effective, with increased communication between PIP staff, teachers, and ACBHS.

PIP has been effective in helping children diagnosed with ADHD to develop and maintain focus. For those children with a higher level of need, it has served as an excellent referral pathway to field capable/school-based mental health services. The referral pathway has allowed for greater communication between the PIP program and others involved in the lives of the children, such as their teachers and parents. PIP is designed to be an early intervention program to identify and intervene in early onset behavioral health issues. Students participating in PIP are often referred to ACBHS for further clinical services, including Play Therapy.

All students who participated in the program showed improvement in the four areas of focus: teacher-preferred behaviors, peer-related social behaviors, classroom work-habits, and overall school adjustment. Pre- and post-tests measuring these areas showed 85% overall improvement. The students also had a highly positive response to the program and the PIP staff.

Barriers or Challenges

PIP services were initiated midway through the Spring Semester, which created a 9-week period to work with the participants, which was short of the recommended 12-15 weeks. However, given that PIP implementation was planned for FY 2014/15 implementation, ACBHS felt that it was important to put the program in place as soon as possible.

Other challenges involved the size of the student body at Diamond Valley (80 students total from grades K-8) and services limited to a 2-3 hour daily window after the lunch hour. The small size has created difficulties in preventing repeat services, which is desirable until all students in need are served. The



limitations around the service delivery window contributed to scheduling inefficiencies in the PIP staff's work week, but this has since been adjusted somewhat successfully.

FY 2014/15 Partners

ACBHS collaborated with Diamond Valley School and TYFS to implement this program.

Planned Activities and Modifications for FY 2016/17

PIP was originally designed as a one-time participation program by students, linking students with persistent issues to more intensive behavioral health service. However, given PIP's successful outcomes with the current students served, the small size of the student body, and the persisting community stigma against seeking more intensive services, ACBHS is making allowances for students to repeat PIP. To increase service hours for PIP, and based on the community-identified need for more afterschool programming for youth, ACBHS will explore opportunities to provide PIP sessions following the afterschool program's homework hour.

Mental Health First Aid Training

Based on community needs identified in the FY 2013/14 needs assessment and through the community program planning process in FY 2014/15, ACBHS began the development and implementation of a Mental Health First Aid Training Program for Community Members in FY 2014/15.

Program Description

Mental Health First Aid is an 8-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. The goal of mental health first aid is to help support an individual until appropriate professional help arrives. Community members learn a strategy that includes assessing risk, respectfully listening to and supporting the individual in crisis, and identifying appropriate professional help and other supports. Community members are introduced to risk factors and warning signs for mental health or substance use problems, engage in experiential activities that build understanding of the impact of illness on individuals and families, and learn about evidence-supported treatment and self-help strategies.

Populations Served in FY 2014/15

In its inaugural year, Mental Health First Aid provided training for 25 diverse stakeholders.

Key Activities in FY 2014/15

ACBHS implemented Mental Health First Aid in March and April 2015. Both trainings were well attended by County staff as well as community members. The Mental Health Board Chair and the MHSA Specialist were trained as trainers and facilitated these MHFA sessions.



MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** Mental Health First Aid Training for community members is meant to promote wellness, recovery, and resiliency through community awareness and support. Trained community members will be able to recognize when someone is experiencing a mental health problem and connect him or her with appropriate care in a timely manner.
- **Consumer/Family-Driven Services.** The suggestion for this program came from the CPP process in which consumers/family members raised the need for greater community education in interacting with and responding to those who might be experiencing a mental health problem or crisis.
- **Cultural Competency.** This program is intended to increase community members' awareness of mental illness, decrease stigma against mental illness, and improve competency in responding to those experiencing a mental health issue or crisis.
- **Community Involvement.** The intention of this program is to promote community involvement, increase the number of community members involved in ACBHS programs and services, and reduce the stigma towards mental illness and substance use disorders.
- **Integrated Service Delivery.** The training will provide community members with a list of referral resources to ensure that those experiencing a mental health issue or crisis are referred and warmly handed off to the appropriate service providers.

Key Successes

ACBHS implementation of the Mental Health First Aid Training was prompt and in direct response to community-identified needs. Across the two trainings that were offered in FY 2014/15, both were well attended and participation represented a diverse group of Alpine County stakeholders.

Barriers or Challenges

ACBHS has not had any challenges in implementing Mental Health First Aid Training.

FY 2014/15 Partners

ACBHS collaborated with Alpine County's Mental Health Board to implement this evidence based program. ACBHS intends to partner with the Alpine County Unified School District, Alpine County Sheriff Department, California Highway Patrol, Alpine County Health and Human Services, Alpine County Public Health, and Kirkwood and Bear Valley Ski Resorts to provide MHFA training and ongoing support to their staff and constituents.

Planned Activities and Modifications for FY 2016/17

ACBHS intends to continue implementation through a series of trainings scheduled. ACBHS has planned four trainings in FY 2016/17 with two scheduled in Markleeville and one each scheduled in Bear Valley and Kirkwood. In addition, ACBHS plans to send staff members to additional trainings to become certified trainers to facilitate community trainings throughout Alpine County. In FY 15/16, the MHSA Program



Specialist and Mental Health Board Chair completed training in Youth Mental Health First Aid and have a training scheduled for the community in FY 16/17.

Suicide Prevention Program

During the FY 2014/15 community needs assessment and program planning process, stakeholders identified a gap in suicide prevention services, and the Woodfords Washoe Community Council expressly raised the need for such programming. Based on the identified gap and need, ACBHS proposed the development and implementation of a Suicide Prevention Program in FY 2015/16 that links to a statewide Suicide Prevention Initiative and a local Suicide Prevention Program. Program implementation and planning is underway in FY 15-16.

Program Description

The California Suicide Prevention Initiative uses a full range of strategies to engage diverse populations across the lifespan. These strategies fall under four key components:

- 1. Training.** Several training programs are currently available. Applied Suicide Intervention Strategies Training (ASIST) is a national suicide prevention training program. The training is recognized as an established best practice and is specifically popular among small and mid-size counties. Through a two-day training, stakeholders learn how to recognize the risk and how to intervene to prevent the immediate risk of suicide. The purpose of the training is to prepare participants to integrate intervention principles into everyday practice. Question, Persuade, Refer (QPR) is another suicide prevention training program. Guided by certified trainers, QPR is an interactive one-hour presentation. The QPR curriculum is nationally recognized by the Joint Commission on Accreditation of Health Care Organizations as a "Best Practices" program. As program development progresses, ACBHS will look into the possibility of implementing one of these training programs. ACBHS will contract with a local suicide prevention non-profit organization based in Douglas County, Nevada to implement this program in Alpine County.
- 2. Outreach and Engagement.** The primary goal of this component is to lead presentations to raise community awareness about suicide. Presentations are typically delivered at community groups (e.g., parent group meetings, senior luncheons, Create the Good, Youth Leadership) and in K-12 schools (e.g., school assemblies, youth groups).
- 3. Suicide Hotline.** ACBHS will contract with Crisis Support Services of Alameda County to operate a 24 hour per day, 7 days per week crisis line. In addition, the National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Individuals in crisis are connected to the closest available crisis center where a trained counselor assists the individual to connect them to necessary services and supports in their county.
- 4. Suicide Prevention Communication Materials.** The California Mental Health Services Authority (CalMHSA) has developed a health communication campaign on suicide prevention, titled *Know the Signs*. In addition, it has identified strategies for collaborating with media and schools to



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conduct a general public education campaign to promote awareness of suicide and reduce stigma around seeking help.

Populations to be Served in FY 2016/17

ACBHS has begun community outreach to promote the availability of this service for all Alpine County residents. ACBHS will contract with a local suicide prevention non-profit organization based in Douglas County, Nevada to implement this program in Alpine County.

MHSA Principles Addressed

- **Wellness, Recovery, and Resiliency.** Suicide Prevention Program is meant to promote wellness, recovery, and resiliency through community awareness and support. Trained community members should be able to recognize when someone is experiencing a crisis and connect him or her with appropriate care in a timely matter.
- **Consumer/Family-Driven Services.** Suicide prevention services are targeted and customized to work directly with individuals in crisis. Additionally, suicide prevention services would also deliver family-oriented services to raise awareness and build families' capacity to support loved ones in crisis.
- **Cultural Competency.** This program is intended to increase community members' awareness of suicide prevention, decrease stigma against suicide as well as against seeking help, and improve competency in responding to those experiencing a crisis. Additionally, ACBHS' Native Wellness Advocate will work with the Hung-A-Lel-Ti community to ensure the program incorporates culturally-competent engagement efforts and trainings.
- **Community Involvement.** The program aims to raise suicide and crisis awareness in the community. Community members will be involved in implementation through the ASIST, QPR or Know the Signs training and community presentations to promote dialogue around this issue.
- **Integrated Service Delivery.** ACBHS will work with local agencies and providers to develop targeted outreach efforts in order to promote a healthy dialogue about suicide and foster a culture of seeking help for individuals. In addition, ACBHS will work with the Crisis Support Services of Alameda County (CSS) to strengthen communication and ensure the operator providing assistance delivers accurate referrals, thus allowing the caller a warm hand-off to the appropriate service providers. To accomplish this objective, ACBHS will meet annually in person with CSS to provide up-to-date information regarding mental health resources in Alpine County. Additionally, ACBHS will meet by phone on a quarterly basis to update CSS regarding system and provider changes. ACBHS will meet monthly with Suicide Prevention Network to determine community needs and program implementation goals and progress for a county wide suicide prevention program.



Intended Partners

In January 2016, ACBHS entered into a contract with the Suicide Prevention Network to provide this service. Additionally, ACBHS contracts with Crisis Support Services of Alameda County to operate the 24/7 crisis, access, and suicide hotline for Alpine County.

Planned Activities and Modifications for FY 2016/17

ACBHS is proposing to implement this new program in FY 2016/17. As such, ACBHS intends to spend FY 2015/16 planning a feasible implementation schedule. ACBHS plans to begin implementation through a Countywide public communication campaign to raise awareness of suicide, destigmatize the issue, and offer help for those at risk of suicide. ACBHS will use the CalMHSA *Know the Signs* materials through the Suicide Prevention Network as a reference guide and tool for building a culturally appropriate outreach campaign.

Capital Facilities and Technology Needs

Capital Facilities Development

Program Description

ACBHS is using the Capital Facilities funds to acquire a new building or space for MHSA administration and services. The focus of the facility will be to offer MHSA services to children, transition-age youth, families, adults, and older adults. The site will provide a community room and specialized therapy rooms for individual and group service delivery (including Play Therapy and additional wellness programs) as well as dedicated space for ACBHS administration. During FY 2014/15, ACBHS planned this endeavor and continued planning and approval processes in FY 2015/16.

Key Activities in FY 2014/15

In FY 2014/15 ACBHS identified and contracted with an architect and engineer to work on the design and construction of the new facility. The contractor has a specialty in building physical and behavioral health facilities. ACBHS held several planning meetings with the architect and engineer and developed a vision for the space, client flow, and room utilization. ACBHS also worked with the architect and engineer to prepare a public visioning process with stakeholders in FY 2016/2017.

Key Successes

In FY 2014/15 and 2015/16, ACBHS worked with the County building, planning, and public works departments to identify, secure, and build an appropriate building site to provide expanded MHSA services and house ACBHS administrative offices.



Challenges and Barriers

ACBHS was challenged in locating a suitable building site due to limitations in available land in Alpine County. Currently, the design team is working with CalTrans to identify highway and access-related issues for the Board of Supervisor approved site.

Planned Activities and Modifications for FY 2016/17

ACBHS will continue to meet with the building planning group consisting of the Mental Health Board Chair, Board of Supervisors Chair, ACBHS Director, ACBHS Clinical Coordinator, ACBHS Behavioral Health Services Coordinator, Community Development Director, Alpine County CAO, and the architect and design team. Community stakeholder meetings will be planned and further approvals by and presentations to the Board of Supervisors are planned.

Electronic Health Record Implementation

Program Description

During FY 2010/11, Alpine conducted a technological needs assessment, and applied and received funding for implementing an electronic health record (EHR) to document services, streamline assessments, and track programmatic and client outcomes over time. In FY 2011/12, ACBHS selected and began implementing Anasazi as their EHR system. The system was also intended to monitor due dates for charting, client services plans, and other utilization review activities. Such features would expedite staff access to client information and enable them to share critical information regarding high-risk clients (e.g., allergies, drugs sensitivities, recent crisis information, as appropriate). The EHR would also ensure the privacy of protected health information by having state-of-the-art equipment and software.

Key Activities in FY 2014/15

Due to a series of staffing transitions and challenges, ACBHS' EHR implementation began slowly. ACBHS re-focused on the implementation in FY 2013/14 with a series of hardware updates and staff trainings. In FY 2014/15, ACBHS hired a Clinical Coordinator who was able to take on EHR implementation management. In FY 2014/15, the Clinical Coordinator attended a series of trainings on Anasazi and put into place several new practices that allowed ACBHS to fully transition from paper-based work to an electronic system. By the end of FY 2014/15, ACBHS was tracking demographics, treatment plans, progress notes, documents from other agencies, and assessments in a comprehensive EHR for each client.

Key Successes

In FY 2014/15, ACBHS hired a full-time Clinical Coordinator who aided in the EHR transition process. Clinical staff moved from paper-based processes to using Anasazi to enter progress notes, assessments, related documents, and treatment plans. This allowed staff to see the electronic health record and billing process from start to finish. ACBHS also began tracking client assessments using Anasazi, which will provide clinicians with treatment outcome data over time.



Challenges and Barriers

As a rural county, Alpine suffers frequent challenges in gaining internet access. As the internet goes down, it impedes staff's access to Anasazi, impacting the timeliness of entering progress notes and updates. This is a common challenge for rural counties.

As a very small county, Alpine has a small behavioral health staff, some of whom are part-time or independently contracted. This staffing structure makes it challenging to bring all clinical staff together at once to conduct trainings on Anasazi use and reporting expectations. Because of this, staff use of Anasazi has been slowly implemented. To address this issue, ACBHS rearranged the clinical calendar to acquire a common meeting time, implemented clinical staff meeting agendas and minutes, and the Clinical Coordinator provides one-on-one follow-up for any who miss meetings. These adjustments have been successful at engaging staff in implementing new procedures with Anasazi.

FY 2014/15 Partners

ACBHS collaborated with Kings View to implement the Anasazi program and train staff.

Fiscal Year 2016/17 Planned Activities and Modifications

Clinical staff have now been trained in using Anasazi and have begun reviewing EHRs to rectify any errors that may have occurred during the implementation and training process. Staff are excited to have full implementation underway and are looking forward to review screening assessments (e.g., anxiety, strengths, alcohol and drug use, depression) to inform treatment planning. Each client completes an assessment every six months, so by FY 2016/17, clients will have taken multiple assessments over the course of treatment. Staff will be able to review clients' progress over treatment and use this feature in Anasazi as a goal-setting tool for the client.

Fiscal Year 2015/16 Mental Health Services Act Annual Update Instructions

General: Round all amounts to the nearest whole dollar.

Heading: Enter the County name and the date the worksheet is completed.

Component Worksheets:

General: Each individual component worksheet has a section for fiscal year (FY) 2015/16.

Column A represents the total estimated program expenditures for each program and represents the sum of the funding sources for the program. Counties should do their best to estimate the funding from the sources identified so as to reflect the estimated expenditures of the entire program.

Definitions:

Medi-Cal Federal Financial Participation (FFP) represents the estimated Medi-Cal FFP to be received by the program based on Medi-Cal Certified Public Expenditures (CPE) incurred by the County.

1991 Realignment represents the estimated 1991 Realignment to be used to fund the program.

Behavioral Health Subaccount represents the estimated funding from the Behavioral Health Subaccount used to fund the program. This would generally represent some of the matching funds for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) programs.

Estimated Other Funding represents the any other funds used to fund the program, which could include, but is not limited to, County General Fund, grants, patient fees, insurance, Medicare.

Community Services and Supports Worksheet:

The County should identify Community Services and Support (CSS) programs as either those with Full Service Partnership (FSP) expenditures and those without FSP expenditures (i.e., any program with a FSP expenditure would be reported under the FSP program section). Enter the program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

Enter the estimated funding for CSS Administration in columns B through F. Total estimated CSS Administration is automatically calculated as the sum of columns B through F.

Enter the estimated funding for CSS MHSA Assigned Housing Funding in columns B through F. Total estimated CSS MHSA Assigned Housing Funding is automatically calculated as the sum of columns B through F.

Total CSS estimated expenditures and funding is automatically calculated.

FSP Programs as a percent of total is automatically calculated as the sum of total estimated FSP program expenditures divided by the sum of CSS funding. Counties are required to direct a majority of CSS funding to FSP pursuant to California Code of Regulations Section 3620.

Fiscal Year 2015/16 Mental Health Services Act Annual Update Instructions

Prevention and Early Intervention Worksheet:

The County should identify Prevention and Early Intervention (PEI) programs as either those focused on prevention or those focused on early intervention. Enter the PEI program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

Enter the estimated funding for PEI Administration in columns B through F. Total estimated PEI Administration is automatically calculated as the sum of columns B through F.

Enter the estimated funding for PEI Assigned Funds in columns B through F. PEI Assigned Funds represent funds voluntarily assigned by the County to California Mental Health Services Authority (CalMHSA) or any other organization in which counties are acting jointly. Total estimated PEI Assigned Funds is automatically calculated as the sum of columns B through F.

Total PEI estimated expenditures and funding is automatically calculated.

Innovations Worksheet:

The County should enter the Innovation (INN) program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

Enter the estimated funding for INN Administration in columns B through F. Total estimated INN Administration is automatically calculated as the sum of columns B through F.

Total INN estimated expenditures and funding is automatically calculated.

Workforce, Education and Training Worksheet:

The County should enter the Workforce, Education, and Training (WET) program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

Enter the estimated funding for WET Administration in columns B through F. Total estimated WET Administration is automatically calculated as the sum of columns B through F.

Total WET estimated expenditures and funding is automatically calculated.

Capital Facilities/Technological Needs Worksheet:

The County should identify Capital Facilities/Technological Needs (CFTN) projects as either capital facilities projects or technological needs projects. Enter the CFTN program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

Enter the estimated funding for CFTN Administration in columns B through F. Total estimated CFTN Administration is automatically calculated as the sum of columns B through F.

Total CFTN estimated expenditures and funding is automatically calculated.

Fiscal Year 2015/16 Mental Health Services Act Annual Update Instructions

Funding Summary Worksheet:

General: The County should report estimated available funding and expenditures for FY 2015/16 by each component. The estimated unspent funds are automatically calculated. The County should use available forecasts of estimated Mental Health Services Act (MHSA) funding to try and determine new available MHSA funding for FY 2015/16.

Sections A, C and E

Line 1 Enter the estimated available funding from the prior fiscal years for FY 2015/16 in Section A.

Line 2 Enter the estimated new funding for FY 2015/16 for each component. The County should reduce the amount of estimated distributions by any estimated prior year reverted funding assuming the reverted funds will be offset against new distributions.

Line 3 Enter the amount of funds requested to be transferred from CSS to CFTN, WET and/or the Local Prudent Reserve. Funds requested to be transferred to CFTN, WET and/or the Local Prudent Reserve will be subtracted from the Estimated Available CSS Funding and the amount is automatically calculated in Column A (CSS). Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

Line 4 Enter the requested amount to be accessed from the Prudent Reserve for either CSS or PEI. The total is automatically summed in Column F (Prudent Reserve).

Line 5 This amount is automatically calculated and represents the estimated available funding for each component.

Sections B, D and F

This amount is automatically transferred from the CSS, PEI, INN, WET, and CFTN worksheet.

Section G

This amount is automatically calculated and represents the difference between the estimated available funding and the estimated expenditures at the end of FY 2016/17.

Section H

Enter the estimated Local Prudent Reserve balance on June 30, 2015. The rest of the cells are automatically calculated.

**FY 2016/17 Mental Health Services Act Annual Update
Funding Summary**

County: ALPINE

Date: 4/25/16

| | MHSA Funding | | | | | |
|---|---------------------------------|-----------------------------------|------------|----------------------------------|--|-----------------|
| | A | B | C | D | E | F |
| | Community Services and Supports | Prevention and Early Intervention | Innovation | Workforce Education and Training | Capital Facilities and Technological Needs | Prudent Reserve |
| A. Estimated FY 2016/17 Funding | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | | 23,233 | 0 | 450,000 | 587,820 | |
| 2. Estimated New FY 2016/17 Funding | 870,269 | 217,567 | 0 | | 46,000 | |
| 3. Transfer in FY 2016/17 ^{a/} | 0 | | | 0 | | 0 |
| 4. Access Local Prudent Reserve in FY 2016/17 | 0 | 0 | | | | 0 |
| 5. Estimated Available Funding for FY 2016/17 | 870,269 | 240,800 | 0 | 450,000 | 633,820 | |
| B. Estimated FY 2016/17 MHSA Expenditures | 870,269 | 240,800 | 0 | 150,000 | 633,820 | |
| G. Estimated FY 2016/17 Unspent Fund Balance | 0 | 0 | 0 | 300,000 | 0 | |

| H. Estimated Local Prudent Reserve Balance | |
|---|---------|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2016 | 541,901 |
| 2. Contributions to the Local Prudent Reserve in FY 2016/17 | 41,164 |
| 3. Distributions from the Local Prudent Reserve in FY 2016/17 | 0 |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2017 | 583,065 |

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

**FY 2016/17 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: ALPINE

Date: 4/25/16

| | Fiscal Year 2016/17 | | | | | |
|---|--|--------------------------|---------------------------|-------------------------------|---|----------------------------|
| | 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. FSP | 375,214 | 300,241 | 75,000 | | | |
| 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. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| Non-FSP Programs | | | | | | |
| 1. FCCS | 117,000 | 110,000 | 7,000 | | | |
| 2. OUTREACH & ENGAGEMENT | 95,000 | 95,000 | 0 | | | |
| 3. PLAY THERAPY | 72,000 | 65,000 | 7,000 | | | |
| 4. SYSTEMS DEVELOPMENT | 100,000 | 100,000 | | | | |
| 5. | | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| CSS Administration | 200,028 | 200,028 | | | | |
| CSS MHSA Housing Program Assigned Funds | 0 | | | | | |
| Total CSS Program Estimated Expenditures | 959,242 | 870,269 | 89,000 | 0 | 0 | 0 |
| FSP Programs as Percent of Total | 43.1% | | | | | |

**FY 2016/17 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: ALPINE

Date: 4/25/16

| | Fiscal Year 2016/17 | | | | | |
|---|--|--------------------------|---------------------------|-------------------------------|---|----------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated PEI Funding | Estimated Medi Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| PEI Programs - Prevention | | | | | | |
| 1. SENIOR SOCIALIZATION | 23,000 | 23,000 | | | | |
| 2. PBIS | 36,500 | 36,500 | | | | |
| 3. CREATE THE GOOD | 20,000 | 20,000 | | | | |
| 4. COMBINING PAST & PRESENT | 10,000 | 10,000 | | | | |
| 5. WELLNESS PROJECTS | 18,300 | 18,300 | | | | |
| 6. CALMHSA | 15,000 | 15,000 | | | | |
| 7. | 0 | 0 | | | | |
| 8. | 0 | 0 | | | | |
| 9. | 0 | 0 | | | | |
| 10. | 0 | 0 | | | | |
| PEI Programs - Early Intervention | | | | | | |
| 11. PIP | 65,000 | 65,000 | | | | |
| 12. CREATE THE GOOD | 13,000 | 13,000 | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| PEI Administration | 40,000 | 40,000 | | | | |
| PEI Assigned Funds | 0 | | | | | |
| Total PEI Program Estimated Expenditures | 240,800 | 240,800 | 0 | 0 | 0 | 0 |

**FY 2015/16 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: _____

Date: _____

| | Fiscal Year 2015/16 | | | | | |
|---|--|--------------------------|---------------------------|-------------------------------|---|----------------------------|
| | 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. | 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. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| INN Administration | 0 | | | | | |
| Total INN Program Estimated Expenditures | 0 | 0 | 0 | 0 | 0 | 0 |

**FY 2016/17 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: ALPINE

Date: 4/25/16

| | Fiscal Year 2016/17 | | | | | |
|---|--|--------------------------|---------------------------|-------------------------------|---|----------------------------|
| | 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. MHSA COORDINATION | 90,000 | 90,000 | | | | |
| 2. FUNDAMENTAL LEARNING PROGRAM | 30,000 | 30,000 | | | | |
| 3. EDUCATIONAL STIPENDS | 10,000 | 10,000 | | | | |
| 4. FINANCIAL INCENTIVES | 20,000 | 20,000 | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| WET Administration | 0 | | | | | |
| Total WET Program Estimated Expenditures | 150,000 | 150,000 | 0 | 0 | 0 | 0 |

**FY 2016/17 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: ALPINE

Date: 4/25/16

| | Fiscal Year 2016/17 | | | | | |
|---|--|---------------------------|---------------------------|-------------------------------|---|----------------------------|
| | 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. BHS FACILITY | 617,820 | 617,820 | | 900,000 | | |
| 2. | 0 | | | | | |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| CFTN Programs - Technological Needs Projects | | | | | | |
| 11. ONGOING ELECTRONIC HEALTH RECORD | 10,000 | 10,000 | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| CFTN Administration | 6,000 | 6,000 | | 0 | | |
| Total CFTN Program Estimated Expenditures | 633,820 | 633,820 | 0 | 900,000 | 0 | 0 |

