

## MHSA COUNTY COMPLIANCE CERTIFICATION

County: ALPINE

- Three-Year Program and Expenditure Plan  
 Annual Update

Local Mental Health Director Name: <b>Nichole Williamson</b> Telephone Number: <b>530-694-1816</b> E-mail: <b>nwilliamson@alpinecountyca.gov</b>	Program Lead Name: <b>Teri McAlpin</b> Telephone Number: <b>530-694-1816</b> E-mail: <b>tmcalpin@alpinecountyca.gov</b>
Local Mental Health Mailing Address: <b>40 Diamond Valley Rd. Markleeville, CA 96120</b>	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Annual Update, including stakeholder participation and non-supplantation requirements.

This 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 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, attached hereto, was adopted by the County Board of Supervisors on January 3, 2023.

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 Plan are true and correct.

Nichole Williamson

*Nichole S. Williamson*

Apr 6, 2023

\_\_\_\_\_  
*Mental Health Director (PRINT)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# MHTSA FY 2021/2022 Annual Update FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County: **ALPINE**

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

Local Mental Health Director Name: Name: <b>Nichole Williamson</b> Telephone Number: <b>530-694-1816</b> E-mail: <b>nwilliamson@alpinecountyca.gov</b>	County Auditor-Controller Name: <b>Klaus Leitenbauer</b> Telephone Number: <b>530-694-2284</b> E-mail: <b>kleitenbauer@alpinecountyca.gov</b>
Local Mental Health Department Mailing Address: <p style="text-align: center;"><b>40 Diamond Valley Rd. Markleeville, CA 96120</b></p>	

I hereby certify that the Annual Update 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 (MHTSA), 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 and that MHTSA 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 plan is true and correct to the best of my knowledge.

Nichole Williamson		Apr 6, 2023
<i>Mental Health Director (PRINT)</i>	<i>Nichole S. Williamson</i>	<i>Signature</i>
	<i>Signature</i>	<i>Date</i>

I hereby certify that for the fiscal year ended June 30, 2020, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor, and the most recent audit report is for fiscal year 2019/2020. I further certify that for the fiscal year ended June 30, 2022, the State MHTSA distributions were recorded as revenues in the local MHS Fund; that County MHTSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County 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.

Klaus Leitenbauer		Apr 5, 2023
<i>County Auditor-Controller (PRINT)</i>	<i>Klaus Leitenbauer</i>	<i>Signature</i>
	<i>Signature</i>	<i>Date</i>

<sup>1</sup>Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
 Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

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# POSTED FOR PUBLIC COMMENT

October 18, 2022 through November 16, 2022

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## ALPINE COUNTY BEHAVIORAL HEALTH SERVICES

### Mental Health Services Act FY 2022/2023 Annual Update and 3-Year PEI & INN Evaluation Report

This proposed Annual Update and Evaluation Report is available for public review and comment from October 18, 2022 through November 16, 2022.

- ★ We welcome your feedback by phone or in writing. ★
- ★ Comments may also be made during the Public Hearing. ★

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#### Public Hearing:

**Thursday, November 17, 2022**  
**12:00 noon to 1:00 pm**

Alpine County Behavioral Health  
40 Diamond Valley Rd.  
Markleeville, CA

Zoom meeting link:

<https://us06web.zoom.us/j/84101281682?pwd=VmwzUU5VWThNRE15aGtGc0JobC9Vdz09>

Or join by phone:  
+1 669 444 9171

Enter Meeting ID#: 841 0128 1682

#### Comments or Questions? Contact:

***Dawn Riddle, MHSA Specialist***  
MHSA FY 22/23 Annual Update  
Alpine County Behavioral Health  
367 Creekside Drive  
Markleeville, CA 96120

Phone: 209-753-2831

[DRiddle@alpinecountyca.gov](mailto:DRiddle@alpinecountyca.gov)

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Website: <https://www.alpinecountyca.gov/194/Mental-Health-Services-Act>

*Thank you!*



# ALPINE COUNTY BEHAVIORAL HEALTH SERVICES

40 Diamond Valley Road, Markleeville, CA 96120  
(530) 694-1816 (800) 318-8212 Fax: (530) 694-2387

*The mission of ACBHS is to provide safe, ethical and accessible services that inspire personal growth and development through strength-based behavioral health programs and supportive connections.*

## ALPINE COUNTY MENTAL HEALTH BOARD

PLEASE  
POST

### AGENDA

**Thursday 11/17/2022 12:00pm-1:00pm**

# PUBLIC HEARING

*This meeting is being held in-person AND via Zoom to accommodate the ease and comfort level of all attendees. This meeting will be recorded for the purpose of documenting accurate minutes.*

## HYBRID IN-PERSON AND ZOOM MEETING

### *In-Person meeting location:*

Alpine Behavioral Health Services  
Community Room  
40 Diamond Valley Road, Markleeville, CA. 96120

### *Meeting available via Zoom at:*

<https://us06web.zoom.us/j/84101281682?pwd=VmwzUU5VWThNRE15aGtGc0JobC9Vdz09>

**Meeting ID: 841 0128 1682**

**Passcode: 665194**

**Zoom Call-In Number: 1 (253) 215 8782**

**MEMBERS:** Jane Sweeney, Chair      Becky DeForest, Member      Irvin Jim, BOS Supervisor Liaison  
Rita Lovell, Vice Chair      Becky Thornburg, Member  
Kate Harvey, Member      Dale Bennett, Member

1. **CALL TO ORDER MEETING** 12:00 p.m.
2. **ORAL COMMUNICATION - GENERAL PUBLIC COMMENT**

This portion of the meeting is an opportunity for members of the public to address the Mental Health Board. No action can be taken on items not appearing on the agenda. (Three (3) minutes per person respectively).

3. **CONSENT AGENDA**

These matters are routine and non-controversial and are usually approved by a single majority vote without discussion. Items can be removed from the consent agenda to be discussed and considered separately.

- 3.1 Discussion with Possible Action: Request approval of 8/25/22 regular meeting minutes

4. **UNFINISHED BUSINESS**

- 4.1 None

5. **NEW BUSINESS**

- 5.1 Discussion with Action Required: Public Hearing regarding MHSA FY22-23 Annual Update to the Three-Year Program and Expenditure Plan. MHSA Annual Update is available at : <https://www.alpinecountyca.gov/DocumentCenter/View/5660/Alpine-FY-22-23-MHSA-Annual-Update-and-FY-20-21-Eval-Report-FINAL-10-17-2022>

5.1a: Public Hearing to gather further public comment on the posted MHSA FY22-23 Annual Update (posting period October 17, 2022 – November 16, 2022)

5.1b: Review public comment received during the 30-day posting period and proposed revisions to the MHSA FY22-23 Annual Update

- 5.2 Action Required: Request Approval from the Alpine County Mental Health Board of the MHSA FY22-23 Annual Update

5.2a: Mental Health Board Members to vote on approval of the plan and recommend to the Board of Supervisors approval of the Alpine County Mental Health Services Act (MHSA) FY22-23 Annual Update

6. **ACBHS DIRECTOR REPORT** – BHS Director or designee (absent this meeting)

- 6.1 ACBHS Agency Update

7. **BOARD MEMBERS' ANNOUNCEMENTS AND REPORTS:**

Jane Sweeney, Chair  
Rita Lovell, Vice Chair  
Becky DeForest  
Becky Thornburg  
Dale Bennett  
Kate Harvey  
Irvin Jim, BOS Supervisor Liaison

7. **ADJOURNMENT**

The Board will adjourn to a Regular Meeting (and Public Hearing) on January 26, 2023 at 12:00pm.  
*NOTE: Per Annual MHB Approved Calendar, no meeting is scheduled in December 2022.*

*Jane Sweeney, Chair*

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**Jane Sweeney, (Chair) (electronically signed)**  
Mental Health Advisory Board

Minutes By: Teri McAlpin, Fiscal & Administrative Supervisor  
**Alpine County Behavioral Health Services**

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**Alpine County Behavioral Health Services  
MHSA FY 2022/23 Annual Update &  
FY 2020/21 PEI and INN Evaluation Report**

## **MHSA COMMUNITY PROGRAM PLANNING**

The Alpine County Behavioral Health Services (ACBHS) Community Program Planning (CPP) process for the development of the Mental Health Services Act (MHSA) FY 2022/23 Annual Update and FY 2020/21 Evaluation Report builds upon the planning process that was utilized for the development of the most recent Three-Year Program and Expenditure Plan, as well as past plans and annual updates. Over the past several years, these planning processes have been comprehensive and, since 2006, have included the input of diverse stakeholders through focus groups, stakeholder meetings, and surveys. It is estimated that hundreds of stakeholders have participated in the planning process since 2005.

The CPP process is designed to be both thorough and inclusive. To ensure as much opportunity as possible for input, stakeholder meetings were held; a client-specific survey was administered; and every client was personally contacted for their direct input. In addition, a county-wide survey was developed and distributed via email and postal mail (and was included in multiple ACBHS newsletters); contractor input was solicited; program participants provided input during programs and discussions; and public comments were received by ACBHS staff throughout the year.

### **➤ Stakeholder Input**

It is important to note that the stakeholder meetings this year looked much different than in years past. Due to COVID-19 restrictions, all meetings were held virtually via Zoom, or over the phone. Attendance at the virtual stakeholder meetings was lower than previous years where in-person meetings were held. A series of three (3) community planning sessions were offered virtually via Zoom (due to COVID-19), where all distinctive communities within Alpine County were invited. An Agenda was developed for each Stakeholder Meeting, and was shared prior to each meeting to encourage people to come prepared with questions and input, as well as to present ideas to improve the MHSA programs and services. Each meeting contained a “brainstorming session,” with the hope that people would build from each other’s ideas and suggestions.

For FY 2021-22, a total of four (4) stakeholder meetings were held for Alpine County MHSA. One (1) meeting was held virtually via Zoom, with a “county-wide” focus; three (3) meetings were held in person, two (2) in Markleeville, and one (1) in Bear Valley. The in-person meetings focused on the Markleeville, Hung-a-Lel-Ti, and Bear Valley communities. There was an unduplicated count of 39 participants across all four meetings, representing various populations and multiple partner organizations. This information was used to inform the FY 2021-22 Annual Update.

Data was analyzed on Full-Service Partnership (FSP) services to ensure that clients are successfully achieving positive outcomes. Outcome and service utilization data is analyzed and reviewed by the Quality Improvement Committee (QIC) to monitor client progress over time. This data has helped ACBHS to understand service utilization and evaluate client improvement; and it has been instrumental in the ongoing planning process to continually improve services for clients and families.

In addition to specific CPP activities, key stakeholders routinely discuss and provide ongoing input on the utilization of MHSA funds during the QIC meetings; Cultural and Linguistic Competence Committee meetings; and at the monthly Behavioral Health Board meetings. All stakeholder groups and boards are in full support of this MHSA Annual Update and the strategies to maintain and enhance services.

## **LOCAL REVIEW PROCESS**

### **➤ *30-Day Posting Period and Circulation Methods***

This proposed MHSA FY 2022/23 Annual Update & FY 2020/21 PEI-INN Evaluation Report was posted for a 30-day public review and comment period from October 18, 2022 through November 16, 2022. An electronic copy was posted on the County website, and through ACBHS social media platforms. This document was distributed to all members of the County Board of Supervisors; local Behavioral Health Board members; consumer groups; and ACBHS staff. The document was available via mail or email, upon request. Hard copies were available at each US Post Office in the County; at clinics in Markleeville and Bear Valley; at the Wellness Center; and upon request.

County website: <https://www.alpinecountyca.gov/194/Mental-Health-Services-Act>

### **➤ *Public Hearing Information***

The Public Hearing for the posted document was conducted on November 17, 2022 from 12:00 – 1:00 PM at the Behavioral Health Building at 40 Diamond Valley Road, Markleeville, CA, and via Zoom. 22 individuals participated in the Public Hearing. In attendance were 7 general stakeholders; 4 Mental Health Board members; 7 individuals from partner agencies; and 4 ACBHS staff members. All participants were adults or older adults.

### **➤ *Feedback on the Proposed Document***

Feedback on the proposed MHSA FY 2022/23 Annual Update & FY 2020/21 PEI-INN Evaluation Report was positive. Excerpts from public comments received include the following:

*“I've attended a few yoga classes this year and also did the 50+ club trip to see the Monet exhibit in Reno which was fantastic. It was a great way to meet other people, especially because we all shared lunch afterwards. Alpine County [Behavioral Health] does an amazing job of bringing people together in a County where there are so few and where every interaction counts even*

*more. I've also done your meditations on Mondays and Fridays and those are a huge plus from my perspective."*

*"A little input from the West side here! I have participated in Yoga with Alex, Create the Good dinners, and Halloween events! Yoga is twice weekly and has been an invaluable part of our community. My students, their parents, and other community members have utilized these classes and it is a great way to reset. Alex is a wonderful instructor and a valued member of the community. Create the Good dinners are awesome too! We see the biggest community turn out for these events. It's wonderful that people can come together without the pressure of bringing anything. I think this is a totally spectacular event. It would be awesome if we could have something comparable to community outings and swim center passes over on this side. Maybe snowshoeing passes, community nature walks, etc. I'm not sure if that project coordinator position has been filled (or re-filled?) but we would love to have some more ongoing events that do not have to be championed by a specific unpaid person or family. There's also still quite a few people who would love to build an indoor rock climbing wall in the Perry Walther Building. Many of our community members are trained in belaying and that sort of thing and would happily facilitate the climbing. Or maybe just some soundproofing in that building so the Create the Good dinners are a little more noise managed."*

*"I wanted to write in support of Alpine [County] Behavioral Health Services. I am quite impressed with the community-centered activities offered by ACBHS staff. They are diversity-centered and address whole body wellbeing. The interesting and supportive activities are designed to promote trust and inclusiveness. They also promote creativity, which in my 33 years of work with clients, I have found to positively impact mental health. I have been very impressed with the array of programs and feel quite sure this contributes to the satisfaction of [ACBHS] clients."*

*"I am a resident of Markleeville and have attended Guided Imagery, the Holistic Health Class, Yoga Classes, Chili Cook Off, Create the Good and the 50+club. I am new to this community and have used and enjoyed these activities to make contacts, friends and create what I call a support net. These activities have given me access to ways to improve my health, learn, and stay active. Being retired, I have less opportunity to meet new people, develop new friendships, and become a member of the community. When I talk to friends in other counties about Alpine County, I speak, rather boastfully, of my amazement with the vitality, diversity, and creativeness of the services and programs."*

➤ ***Substantive Recommendations and Changes***

No substantive recommendations were received; and no major changes were made to the posted document.

➤ ***County Approval and State Submission***

The MHSA FY 2022/23 Annual Update & FY 2020/21 PEI-INN Evaluation Report has been submitted to the County Board of Supervisors for review.

After BOS approval, the final approved document will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

## COMMUNITY SERVICES AND SUPPORTS

### ➤ *CSS Program Description and Outcomes*

In this Annual Update, CSS programs that were separated in the Three-Year Program and Expenditure Plan and previous Annual Update have been consolidated into two (2) service categories required under the CSS component: 1) CSS Full-Service Partnership (FSP) Program; and 2) CSS Non-FSP Program.

*Note: Due to the small population size of Alpine County, identifying client demographic data for this component is confidential, and will be released to DHCS in a confidential document.*

#### A. CSS Full-Service Partnership (FSP) Program

The CSS Full-Service Partnership (FSP) program is designed to provide expanded mental health services and supports to individuals with serious mental illness (SMI) and children with severe emotional disturbance (SED), and to assist these clients in achieving their recovery goals. Components of the FSP program may include but are not limited to: 24/7 coverage with designated FSP staff; educational and/or employment services; assistance with local transportation to meet basic needs; linkage to home and community services; and flexible funding to support a client with “whatever it takes” for a limited time, when consistent with the treatment plan and recovery goals.

In addition to diagnostic criteria, MHSA regulations specify individuals selected for participation in FSP services must meet additional risk criteria based on age group (children and youth, transitional-aged youth, adults, and older adults) and determination of unserved or underserved status. These criteria include determination of the risk of out-of-home placement, involuntary hospitalization, or institutionalization; homelessness or at risk of becoming homeless; involvement in the criminal justice system; and frequent use of crisis or emergency room services as the primary resource for mental health treatment.

For youth clients: ACBHS clinical staff offers strength-based, client/family-directed, individualized mental health and wraparound services, and supportive funding to children and transition-age SED youth who meet eligibility criteria. Once enrollment is complete, clinical staff meet with the youth (and family, as appropriate) to conduct a life domain assessment, and identify recovery goals, responsible parties, and timelines. ACBHS staff also serve as active partners in County Multi-Disciplinary Teams to increase coordination of services across agencies, and promote cross-disciplinary learning.

For adult and older adult clients: ACBHS offers FSP services to adults and older adults who meet eligibility criteria. Once enrollment is complete, clinical staff meet with the client (and family as appropriate) to conduct a life domain assessment, and identify recovery goals, responsible parties, and timelines. Clinical staff members are responsible for coordination of care and to ensure that services are culturally responsive.

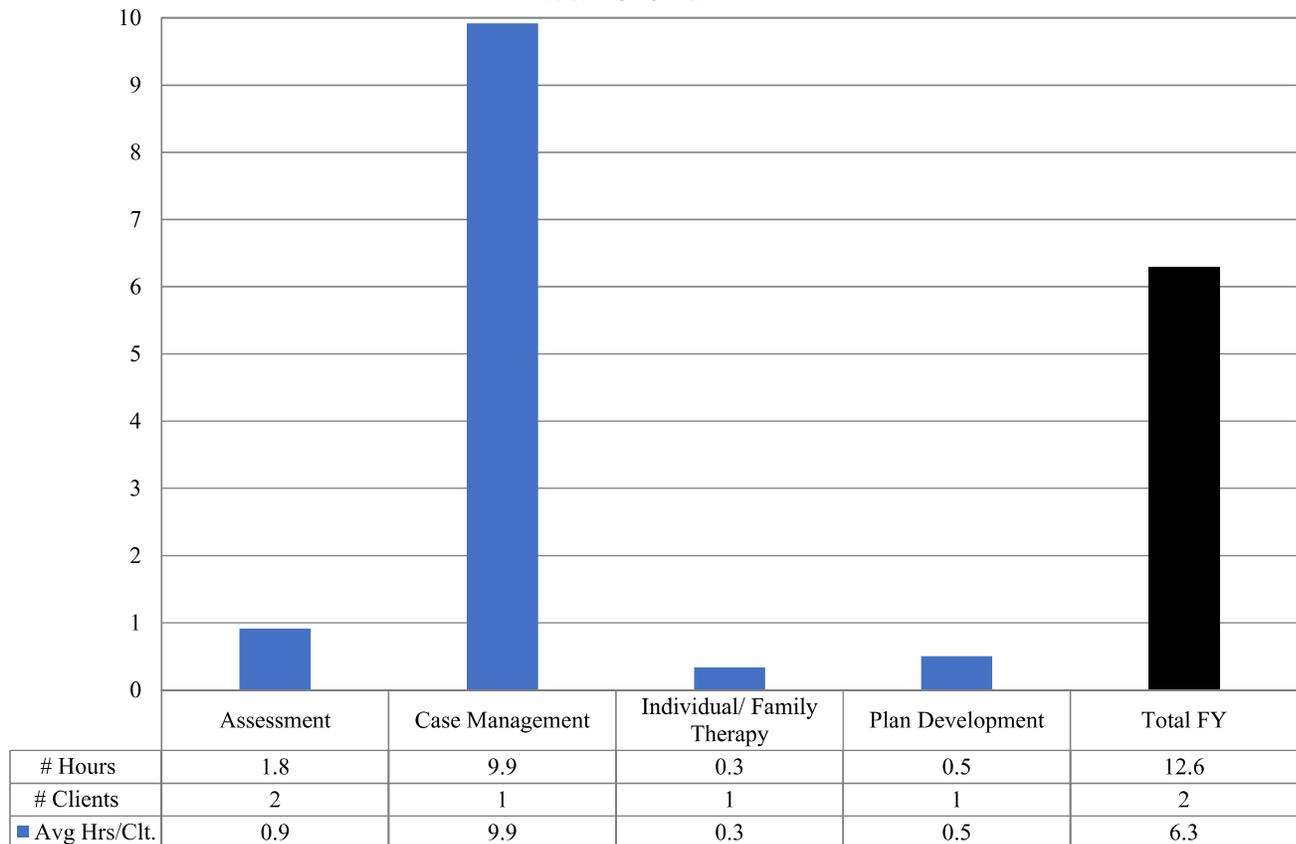
## 1. Full-Service Partnership Data

*Note: Due to the small population size of Alpine County, and the small number of persons served in some of the programs, information on client demographics will not be displayed to ensure confidentiality for the persons served. This information will be released to DHCS in a confidential document, to meet reporting requirements.*

In FY 2020-21, ACBHS served two people in the FSP program. One was a child, and one was an adult.

The two people served in the FSP program received a total of 12.6 hours of services, for an average of 6.3 hours per person. The majority of service hours were case management. See Figure 1.

**Figure 1**  
**FSP Mental Health Hours, Clients, and Average Hours per Client, by Service Type**  
**FY 2020-21**



**Figure 2  
Cost per Client**

The cost per client in the FSP program is shown for FY 2020/21. There were two people served, who received a total of \$3,620, for an average of \$1,810. This low cost per client is attributed to COVID restrictions and reduced staffing capacity, resulting in fewer services delivered and fewer client contacts.

	<b>FY 2020/21</b>
Number of FSP Clients Served	2
Total Cost of Services	\$3,620
<b>Cost per Client Served</b>	<b>\$1,810</b>

**B. CSS Non-FSP Program**

To better serve clients and ensure a cohesive, coordinated system, prior years’ standalone CSS non-FSP programs will be consolidated into one program called “CSS Non-FSP Program.”

The consolidated CSS Non-FSP Program includes the following prior years’ programs: Outreach and Engagement and General System Development (including Field Capable Clinical Services/FCCS; Play Therapy; and Case Management). These prior programs will continue as services and activities under the CSS Non-FSP Program in FY 2022/23. This consolidation ensures that future MHSa service development is responsive to community needs, staffing and funding capacity, and client interest.

CSS Non-FSP funding helps ACBHS to provide the following types of services and activities:

- Outreach and engagement activities, including screening, school- and community-based outreach
- Wellness / Drop-In Center activities and events
- Peer support
- Service coordination, case management, and coordination of services
- Mental health treatment, including alternative and culturally-specific treatments
- Promoting interagency and community collaboration

Outreach activities are designed to reach, identify, and engage unserved and underserved individuals and communities in the mental health system, and to reduce identified disparities. The cornerstone of ACBHS outreach activities is the Wellness Center, which is located at the Hung A Lel Ti community. ACBHS leases the space to provide MHSa activities. The Wellness Center is within walking distance for the Native American community, which represents the primary underserved population in Alpine County. The Wellness Center has included a number of activities for clients, families, and other community members to join together. Outreach activities are provided by a combination of MHSa and clinical staff. These services have

included outreach to vulnerable individuals; family support; linkage to social and health care services; transportation assistance; and referrals to clinical assessment and treatment.

ACBHS provides Healing Trauma services for age-appropriate screening of clients, and integrated education, supportive services, and treatment for individuals at high-risk for negative outcomes related to toxic stress, based on the ACEs Aware Risk Assessment Algorithm. These services utilize the skills and training of existing staff in the areas of exercise support, sleep hygiene, nutritional coaching, and the practice of mindfulness.

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

Play Therapy is an evidence-based practice designed to deliver clinical services to children in a supportive environment. Play therapy enables children to decrease anxiety; increase confidence; make healthier choices; and decrease behavioral issues through age-appropriate self-expression. These services include a variety of evidence-based practices, such as art therapy, attachment-based Thera-play, and sand tray interventions. During COVID-19 restrictions, this activity was suspended; however, it is expected to resume in FY 2022/23.

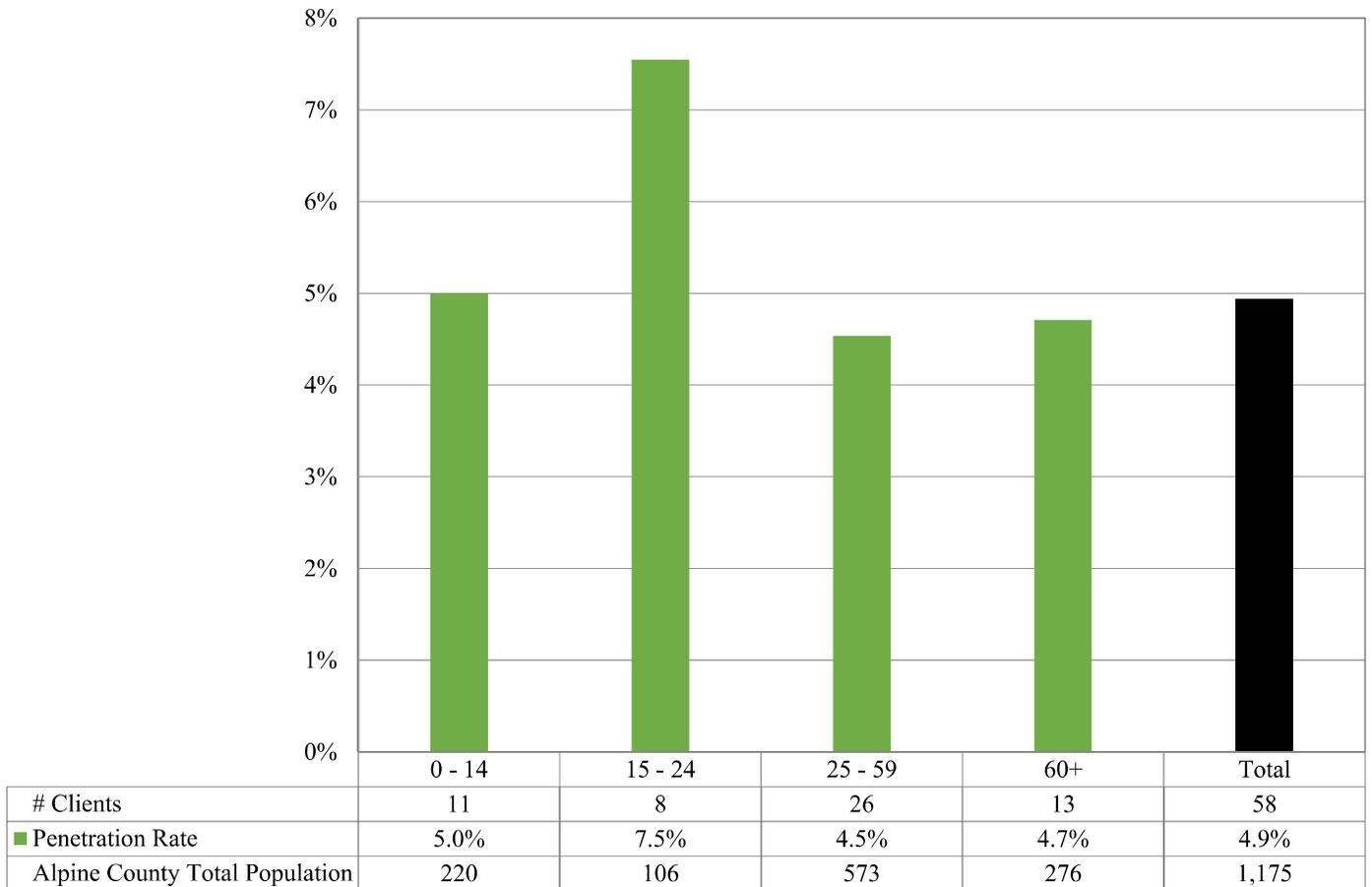
Case management services allow ACBHS staff to assist clients, and their families as appropriate, in accessing necessary medical, educational, social, employment or education, and housing, through both county and community resources. Case management staff also support staff who deliver the FCCS and Healing Trauma models.

### 1. CSS Non-FSP Program Data

ACBHS maintains demographic data and key event tracking and reporting for all CSS clients. To protect client privacy, identifying client data is released only to DHCS, in a confidential document.

Figure 3 shows the Penetration Rate for the total clients served, and by age group. There was a total of 58 individuals who received CSS Non-FSP services in FY 2020/21. The total Alpine County population is 1,175. This calculates into a Penetration Rate of 5.0%. There were 11 children ages 0-14 served, with a Penetration Rate of 5.0%. There were 8 Transition Age Youth ages 15-24 served, with a Penetration Rate of 7.5%. There were 26 adults ages 25-59 served, with a Penetration Rate of 4.5%. There were 13 older adults ages 60+ served, with a Penetration Rate of 4.7%. These are higher penetration rates than in many counties.

**Figure 3**  
**CSS Non-FSP Mental Health Penetration Rate, by Age**  
**FY 2020/21**



The following tables show the percent of clients receiving CSS Non-FSP services, by demographics. For Race/Ethnicity, of the 58 people served, 25 were White/Caucasian (43.1%) and 25 were American Indian/Alaskan Native (43.1%). There were eight other people who had different races (13.8%).

**Figure 4**  
***Number of CSS Non-FSP Clients, by Race/Ethnicity***  
**FY 2020-21**

	<b># Clients</b>	<b>% Clients</b>
White/ Caucasian	25	43.1%
American Indian/ Alaskan Native	25	43.1%
Other/ Unknown	8	13.8%
<b>Total</b>	<b>58</b>	<b>100.0%</b>

For Gender, of the 58 people served, 21 were Male (36.2%) and 37 were Female (63.8%).

**Figure 5**  
***Number of CSS Non-FSP Clients, by Gender***  
**FY 2020-21**

	<b># Clients</b>	<b>% Clients</b>
Male	21	36.2%
Female	37	63.8%
<b>Total</b>	<b>58</b>	<b>100.0%</b>

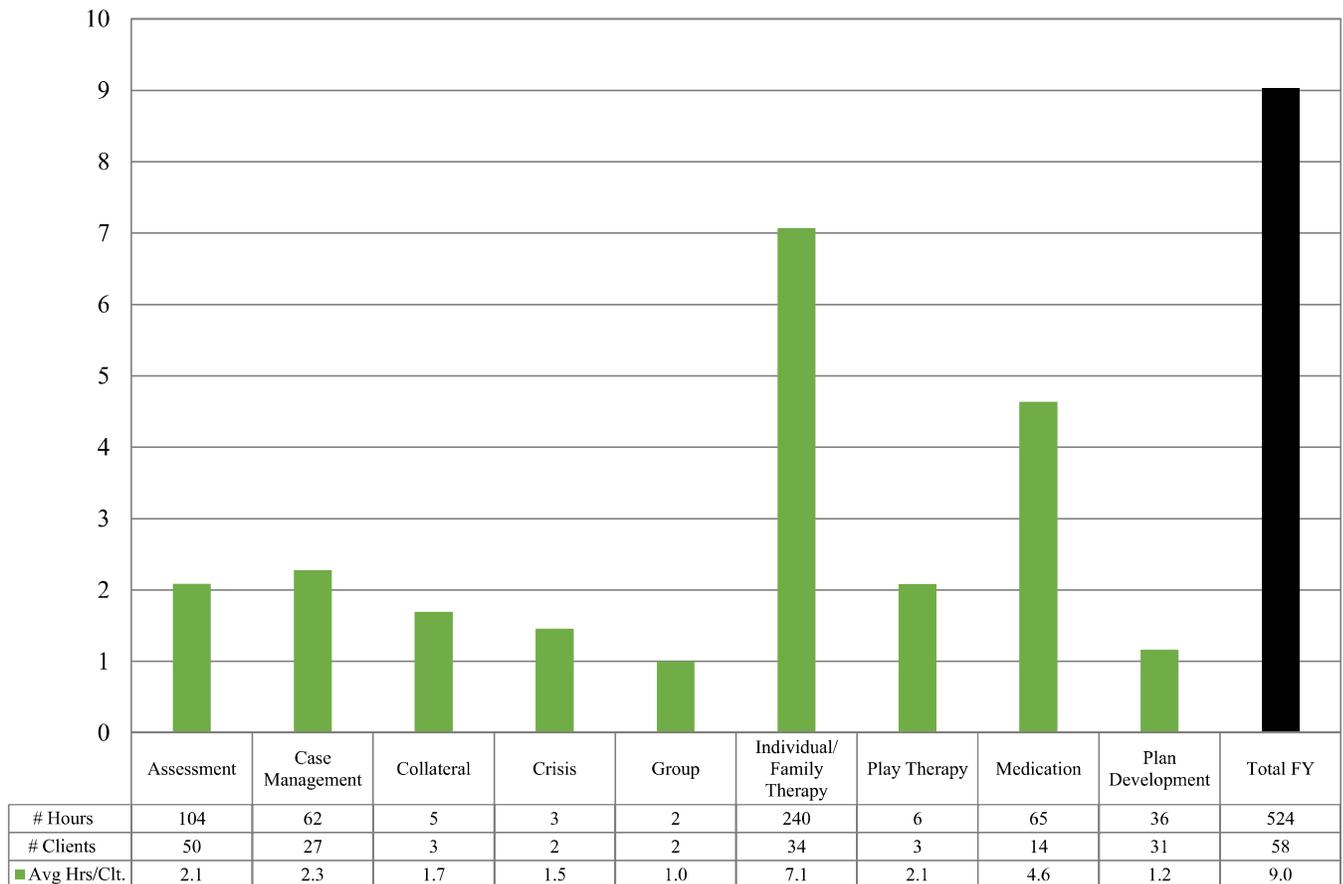
For Preferred Language, of the 58 people served all reported English as their preferred language (100%).

**Figure 6**  
***Number of CSS Non-FSP Clients, by Preferred Language***  
**FY 2020-21**

	<b># Clients</b>	<b>% Clients</b>
English	58	100.0%
Spanish	-	-
<b>Total</b>	<b>58</b>	<b>100.0%</b>

Figure 7 shows the number of CSS Non-FSP mental health service hours, clients that received each type of service, and the average hours per client, by type of mental health service. There was a total of 58 clients that received 524 hours of mental health services, with an average of nine (9) hours per client. For Assessment, there were 50 clients that received an assessment, for a total of 104 hours. This calculates into an average of 2.1 hours of assessment for each client. There were 34 clients that received Individual / Family Therapy, for a total of 240 hours. This shows each client received an average of 7.1 hours.

**Figure 7**  
**CSS Non-FSP Mental Health Hours, Clients, and Average Hours per Client, by Service Type**  
**FY 2020-21**



➤ ***CSS Program Challenges and Mitigation Efforts***

The biggest challenge to the MHSA program has been a staffing shortage in all areas, including administration, clinical, and clerical. This reduction in staffing has greatly impacted service capacity, reducing the number of services and activities available through MHSA. ACBHS has been working to mitigate these shortages through contracts with individuals and providers to meet the needs of the ACBHS system; and training existing staff to expand their job duties to meet the needs. Recruitment is focusing on hiring individuals to fill the positions that have the highest impact to expand service delivery and provide needed support to the system of care.

➤ ***CSS Successes***

ACBHS has successfully managed its staffing shortage, continuing to offer MHSA services and supports to clients and the community through contracts with individuals and providers to meet the needs of the ACBHS system; and training existing staff expand their role in the organization.

➤ ***Significant CSS Program Changes anticipated in FY 2022/23***

As noted, to better serve clients and ensure a cohesive, coordinated system, prior years' standalone CSS non-FSP programs will be consolidated into one "CSS Non-FSP Program." This consolidation ensures that MHSA service development is more easily and quickly responsive to community needs, staffing and funding capacity, and client interest.

## PREVENTION AND EARLY INTERVENTION

The Mental Health Services Oversight and Accountability Commission (OAC) requires six (6) different PEI funding categories which include Prevention; Early Intervention; Outreach; Access/Linkage; Stigma Reduction; and Suicide Prevention. As a very small county with limited staff and resources, ACBHS has blended the categories that have overlapping goals and activities, resulting in the following four (4) PEI categories: 1) Prevention; 2) Early Intervention; 3) Access, Outreach, and Stigma Reduction; and 4) Suicide Prevention. This consolidation ensures that MHSa service development is more easily and quickly responsive to community needs, staffing and funding capacity, and client interest. The streamlined programs also relieve ACBHS staff from burdensome levels of data collection, fiscal tracking, and program management.

Programs that are funded from each of these categories are discussed below, and reflect changes from the most recent Three-Year Plan and Annual Update. This section also includes the required annual PEI Evaluation Report, analyzing three (3) years of data (FY 2018/19, 2019/20, and 2020/21). Outcomes are now reported for the Early Intervention program only, as outlined in the MHSa regulations.

*Note: Due to the small population size of Alpine County, identifying client demographic data for this component is confidential, and will be released to DHCS in a confidential document.*

### ➤ ***PEI Program Descriptions, Successes, and Outcomes; Annual PEI Evaluation Report***

#### **A. Prevention Category**

##### **1. Foundations of Wellness**

The ACBHS Foundations of Wellness program includes a variety of client and community wellness activities that welcome and engage County residents from all age levels. These activities provide continued support to help prevent the development and onset of mental health issues among Alpine County residents; improve quality of life; and engage residents in activities aimed to decrease barriers to accessing services. These services are intended to improve health and psycho-social protective factors that are commonly associated with improved quality of life. These protective factors include mobility and self-care, energy level, sleep, stress management, positive mood, self-worth, ability to cope, and family, social and community connection.

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

- The common experience of prolonged isolation due to the County's rural character, mountainous terrain, and lack of transportation and other amenities;
- A higher-than-average percentage of people 65 years of age and older, as well as a higher percentage of people under age 65 with a disability;

- A large underserved Native America community (approximately 24% of the County population) with experiences of racism and social inequality, historical trauma, serious chronic medical conditions, and intergenerational poverty.

Activities under the Foundations of Wellness program include Honoring Past and Present Through Traditional Knowledge, which is a culturally-based model for Alpine County residents of all ages. This activity seeks to preserve cultural traditions, build community, and address early symptoms of depression and anxiety related to social isolation and unstable resources for support among members of the Hung A Lel Ti community. Through community dialogue and activities, trauma-related mental health topics specific to Tribal communities are addressed, such as historical trauma and identity confusion. Two key factors have greatly affected this activity in recent years: 1) COVID-19 restrictions and 2) the vacancy of the Native Wellness Advocate position. Due to COVID-19 restrictions, all in-person gatherings and events were cancelled or suspended. The large portion of the Native American community in Alpine County do not have the technology or access to attend virtual sessions.

While the position was occupied, the Native Wellness Advocate provided culturally-based integrated behavioral health services developed in collaboration with the Washoe Tribal Cultural Resource Department and Tribal elders. Past events have included beading activities such as making jewelry, collars for dolls, and moccasins; sewing traditional clothing; storytelling; equine-therapy events; and basketry and plant gathering excursions which highlighted traditional gathering practices, mindfulness, and connections between people, the traditional Washoe lands, and native plants. Events and classes included discussions of family and Tribal histories and traditions.

Play Group is a collaborative activity scheduled weekly between September and May, and is facilitated by Catalyst Community (formerly Choices for Children), First 5, Live Violence Free, and Alpine County BHS. Two of these agencies partner each week to provide a craft activity, parent education, and lunch for young children (aged 0-5 years) and their parent or guardian. The groups have had a dual function of serving as a parent support group and in providing developmentally-appropriate fun activities for children.

Bike Fix-It and Bike-to-School events are youth-centered wellness activities that promote safe and healthy exercise along with community collaboration, and occur annually in May and June. In past years, a local school hosted a bike-a-thon and family potluck BBQ, in collaboration with many agencies including Alpine Sheriff's Department, California Highway Patrol, and Tribal Police. The Bike Fix-It portion of this program provides bike supplies and coordinates community volunteers to ensure that local youth have a safe and working bicycle. Much of the bicycle repair occurs on a "Bike Fix It" Day at the Wellness Center.

The Foundations of Wellness program also includes community trips, which are intended to decrease social isolation, offering individuals an opportunity to get out, explore surrounding points of interest, and socialize with others. Many County residents living in underserved communities do not have their own transportation; and they may also be living alone, have a fixed income, or have a physical disability that contributes to their social isolation. In prior years, one-day community trips were scheduled monthly, and were open to all clients and

community members. Destinations included Virginia City; Black Chasm Caverns; Apple Hill; shopping at thrifts stores; the Sacramento Zoo; and many local museums. Beyond providing a day-outing, these community trips provide the opportunity for participants to engage with others and build a stronger social network.

Family Night is a strengths and community-based activity intended to build the natural support network available to residents of the Hung A Lel Ti community. These scheduled dinners also support the capacity of the community to develop ways and means to care for one another; to nurture the talents and leadership skills of the residents; and to create an environment in which individuals and families can talk about and resolve common problems. Family Night began more than seven years ago as a small social support network of individuals and families from the Hung A Lel Ti community who were experiencing problems related to substance use. Initial attendance at the weekly-scheduled dinners was typically less than 10 people. Over the years, the number of participants has increased, and the activity has expanded to include discussion of community issues, preservation of customs and culture, storytelling, and youth support. The average attendance across 30 different Family Night events held between July 2019 and Feb 2020 was slightly over 42 people per week.

Similarly, ACBHS offers Movie Nights and Archery Tag during the winter months. These are healthy activities intended to support children, transition age youth, and families.

Create the Good activities feature a meal and programming for adults and seniors, with presentations focused on health and wellness. They offer an opportunity for ACBHS clients and community members to come together and enjoy healthy, balanced meals, while participating in a wellness or educational activity. Participants socialize, learn new skills, and build relationships with neighbors. Create the Good promotes socialization, person-first awareness of mental and physical health issues, promotion of wellness subjects, and multicultural learning opportunities. In addition, it has created opportunities for “meet and greets” between participants and ACBHS staff, including the geographically-isolated communities. Prior to COVID-19, these events occurred weekly in the BHS Wellness Center, located in the Hung A Lel Ti community; and twice-monthly at the elementary school in Bear Valley. However, due to COVID-19 restrictions, all Create the Good in-person programs were suspended. In July 2020, a virtual version of Create the Good was initiated. Participation in the virtual program was very minimal at first, but then rapidly increased in December 2020, and has continued to be well attended. ACBHS intends to resume the in-person activity.

Foundations of Wellness also include activities that address senior socialization and exercise. These activities focus on improving the healthy attitudes, beliefs, skills, and lifestyles of older adults. These activities include: Chair Exercises & Holistic Health classes; Senior Soak; and 50+ Club and Elders’ luncheons. These services reduce isolation, depression, fear, anxiety, and loneliness among seniors, and increase referrals to, and knowledge about, supportive services. Activities within this program provide warm and caring environments where seniors can develop a sense of connection and belonging; and they support active, healthy lifestyles. Due to COVID-19 restrictions, all group and social events were suspended in March 2020. Some activities were offered online; and as feasible, all of these programs will return to in-person events.

Alpine County BHS has included yoga classes in MHSA programming for several years, and it remains popular among stakeholder groups. During FY 2019-20, Tai Chi classes were added to supplement the Yoga program in Bear Valley; these classes also focused on mind-body connection and were appropriate for all fitness levels. Classes are taught by contracted instructors who are certified and insured. Participants attend on a drop-in basis; and during FY 2018/19 and FY 2019/20, attendance in Yoga activities was inconsistent due to seasonal scheduling and weather-related issues (particularly in Bear Valley), and the loss of facility space for classes offered in Kirkwood. Due to COVID-19 restrictions, all in-person yoga classes were suspended in March 2020. Beginning in July 2020, yoga classes were reinstated virtually, and continue each week. As feasible, these classes will be offered in person.

COVID-19 restrictions impacted the majority of the Foundations of Wellness events and activities, but ACBHS plans to resume these services in the coming fiscal year. Activities will be in person when allowed; and online when feasible and appropriate.

**Figure 8**  
**Prevention: Foundation of Wellness**  
*Number of Participants, by Age*  
 FY 2020-21

	<b># Clients</b>	<b>% Clients</b>
Child	45	24.3%
TAY	12	6.5%
Adult	128	69.2%
<b>Unduplicated Total</b>	<b>185</b>	<b>100%</b>

**Figure 9**  
**Prevention: Foundation of Wellness**  
*Average Attendance per Group*  
 FY 2020-21

Number of Groups	50
Total Attendance	227
<b>Avg. Attendance per Group</b>	<b>4.5</b>

## **B. Early Intervention Category**

### **2. Positive Behavioral Interventions and Supports (PBIS)**

The Positive Behavioral Interventions and Supports (PBIS) program is a school-based program designed to identify and provide services to children under the age of 15 who are experiencing emotional or behavioral problems at school. It provides school-based services and interventions as children begin to demonstrate behavioral issues; and includes referral and linkage to ACBHS for children who are experiencing the emergence of an emotional disorder, or who may be engaged in high-risk behaviors.

To support this program, ACBHS contracts with Alpine County Unified School District (ACUSD) to improve overall mental health outcomes of children, families, and communities through PBIS. MHSA funding pays for material costs of the program (software, etc.) and a portion of the school counselor's salary.

ACBHS also uses this program to improve timely access to care for individuals from underserved populations. ACBHS systematically collects referral data and improves timeliness of care by evaluating barriers that may cause delay between referral and the initial request for services with ACBHS.

Within the PBIS model:

- Tier 1 practices provide universal supports to all children, emphasizing prosocial skills and expectations by teaching and acknowledging appropriate student behavior, and monitoring progress. In Alpine County, Tier 1 includes all students.
- Tier 2 practices focus on early intervention for students who need additional supportive services beyond what is available with Tier 1 supports alone, and are at risk for developing more serious problem behavior. Specific Tier 2 interventions include practices such as social skills groups, self-management, and academic supports. In Alpine County, Tier 2 includes higher-risk students who are referred to school-based services for a higher level of intervention. Tier 2 students may be referred out to ACBHS for county-based behavioral health services.
- Tier 3 students receive more intensive, individualized support to improve their behavioral and academic outcomes. Tier 3 strategies work for students with developmental, emotional, and behavioral disorders, and for students without a diagnosed disorder; interventions include functional behavior assessment, and wraparound supports. ACUSD refers students for further services as a Tier 3 (intensive) intervention. In Alpine County, Tier 3 includes the highest-need students who are referred out to ACBHS for county-based behavioral health services.

Due to the PBIS software presets, program outcome data is based on students' movement up and down the Tier scale, recording the frequency of students moving down to Tier 1 from higher levels of intervention, and students moving up from Tier 1 to higher levels of care. Data is de-

identified and not reportable at the student/client level. Individual pre- and post-intervention tools are not collected at this time.

Figure 10 below shows that there were 87 children (ages 0-15 years) that received PBIS services from the schools.

**Figure 10**  
**Early Intervention: PBIS**  
*Number of Participants, by Age*  
 FY 2020-21

	# Clients	% Clients
Child/ Youth (0-15)	87	100%
TAY (16-25)	-	-
Adult (26-59)	-	-
Older Adult (60+)	-	-
<b>Unduplicated Total</b>	<b>87</b>	<b>100%</b>

Figure 11 shows the 87 children that received PBIS from the schools by race/ethnicity. There were 42 children who were White/Caucasian (48.3%) and 40 that were American Indian/Alaskan Native (46%). There were 5 children who did not have data reported (5.7%).

**Figure 11**  
**Early Intervention: PBIS**  
*Number of Participants, by Race/ Ethnicity*  
 FY 2020-21

	# Clients	% Clients
White/ Caucasian	42	48.3%
American Indian/ Alaskan Native	40	46.0%
Other/ Unknown	5	5.7%
<b>Unduplicated Total</b>	<b>87</b>	<b>100%</b>

Figure 12 shows the 87 children that received PBIS from the schools by gender. There were 45 children who were male (51.7%) and 42 who were female (48.3%)

**Figure 12**  
**Early Intervention: PBIS**  
*Number of Participants, by Gender*  
 FY 2020-21

	# Clients	% Clients
Male	45	51.7%
Female	42	48.3%
<b>Unduplicated Total</b>	<b>87</b>	<b>100%</b>

Figure 13 shows that all 87 children had English as their primary language.

**Figure 13**  
**Early Intervention: PBIS**  
*Number of Participants, by Language*  
 FY 2020-21

	# Clients	% Clients
English	87	100%
Other	-	-
<b>Unduplicated Total</b>	<b>87</b>	<b>100%</b>

Figure 14 shows that all 87 children reported that there was not military involvement in their families.

**Figure 14**  
**Early Intervention: PBIS**  
*Number of Participants, by Military Status*  
 FY 2020-21

	# Clients	% Clients
Military	-	-
No Military	87	100%
<b>Unduplicated Total</b>	<b>87</b>	<b>100%</b>

Figure 15 shows that 11 children (12.6%) reported as having an identified disability (e.g., hearing; sight; physical).

**Figure 15**  
**Early Intervention: PBIS**  
*Number of Participants, by Disability*  
 FY 2020-21

	<b># Clients</b>	<b>% Clients</b>
Identified Disability	11	12.6%
No Disability	76	87.4%
<b>Unduplicated Total</b>	<b>87</b>	<b>100%</b>

Figure 16 shows that the PBIS program referred 14 children to BH for ongoing services.

**Figure 16**  
**Early Intervention: PBIS**  
*Number of PBIS Participants Referred to ACBHS*  
 FY 2020-21

<b>Referrals to ACBHS</b>	<b>14</b>
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COVID-19 restrictions, school closures, and distance learning have impacted this program; but ACBHS plans to fully resume this program in the coming fiscal year. Also, ACBHS will explore the feasibility of implementing client-level outcome measurement tools, possibly in the form of pre- and post-intervention self-assessment surveys to help identify services that are the most effective with the individuals served.

## **C. Access, Outreach, and Stigma Reduction Category**

### **3. Outreach Activities**

ACBHS PEI outreach activities focus on residents of all ages. Social groups for school-aged children and adolescents are semi-structured, co-ed, activity-based, and focus on building relationships and developing critical social-emotional skills in a safe and fun environment. In past years, ACBHS subcontracted with Bear Valley Parents Group (BVPG) to implement outreach activities by providing evidence-based social-emotional skill-building services to children who are Alpine County residents, between ages 4-8 years old. BVPG sponsors the Bear Valley Summer Camp for local children 8 weeks each summer (late June through early August). According to the BVPG website ([www.bearvalleydaycamp.com](http://www.bearvalleydaycamp.com)), the summer camp “utilizes a values-based curriculum (Character Counts) with outdoor activities and educational experiences to nurture a lifetime of health choices and self-confidence, while respecting and protecting the outdoors.” While the Character Counts curriculum is implemented with all children who attend the camp (up to age 18), the target population for this PEI program is children aged 4-8. During camp each week, ACBHS staff coordinate with the Camp Director and camp counselors to provide the PEI evidence-based social-emotional skill-building curriculum specific to this age group.

Teens and TAY in Alpine County attend high school in another, larger county across the Nevada County border to attend high school. This is a drastic change for Alpine County youth who have received an education from a local elementary school, with very supportive relationships. When they enter the high school, these relationships are disrupted when the students move on to high school in other counties. This challenge contributes to the difficulty that ACBHS staff have had in engaging youth in services.

In an effort to connect with Alpine youth, the TAY Outreach Program starts with “meeting teens where they’re at” – checking in weekly with Alpine high school students during their lunch break at Douglas High School in Nevada. Prior to COVID-19, the program also provided lunch once each month, and served, on average, 22 of the 36 Alpine students (61%) who attend Douglas High School. In the past, TAY outreach activities also included day-trips to events of interest to youth, including a college tour at the University of Nevada, Reno campus; meeting with Job Core staff; and attending a college basketball game. In response to youth and other stakeholder feedback, the TAY Outreach Program was expanded to include monthly “High School Hangout Nights” at the ACBHS Wellness Center. In 2020, 14 high school students participated in the “Hang Out” events, which featured games, art supplies, music, and metal stamping. COVID-19 restrictions impacted these activities, and virtual events were slow to gain participation. MHSA staff maintained bi-monthly phone contact with all high school students to “check in” with them about their mental health and to maintain the rapport and connection with them during the pandemic. Through those calls, MHSA staff were able to assist many of the students with finding ways to access Zoom, and increase virtual participation.

Outreach to adults and older adults occurs through annual community outreach events. ACBHS sponsors several annual events that contribute to community wellness; support mental health

awareness and outreach efforts; and increase collaboration with partner organizations. Past activities and events have included:

- Halloween Bash: This annual event is a collaborative community event made possible by the efforts of multiple local agencies. The event welcomes all families of Alpine County, and includes games, dinner, and a costume contest.
- Guest Speakers: During Mental Health Awareness Month, ACBHS traditionally brings a guest speaker to the community to share a positive mental health message. Past speakers included LoVina Louie, creator of “Powwow Sweat,” and co-director of the American Film Festival award winning video “We Shall Remain.” Ms. Louie provided an interactive presentation at Diamond Valley Elementary School, and was a guest speaker during an ACBHS Honoring Our Mothers event.

COVID-19 restrictions impacted all ACBHS outreach events and activities, but ACBHS continues to work to resume these important activities as feasible.

## **D. Suicide Prevention**

### **4. Suicide Prevention**

Currently, ACBHS does not have a contract in place for the Suicide Prevention activities. A new contract is in development and Suicide Prevention activities will resume as soon as the contract has been executed.

Past suicide prevention activities have included prevention and awareness activities through the Suicide Prevention Network of Douglas County (Nevada); formal Mental Health First Aid (MHFA) for first responders, ACBHS staff, and partner agency staff; and Applied Suicide Intervention Skills Training (ASIST) and safeTALK training for professionals and community members. COVID-19 restrictions, contract changes, and staff turnover significantly impacted these activities.

Per the current Alpine County Suicide Prevention Strategic Plan, ACBHS staff are responsible for delivering suicide prevention programs and training. Sessions at Diamond Valley School for elementary students and middle school students were provided in FY 20/21.

ACBHS is also exploring the re-certification of staff through the MHFA training curriculum.

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

➤ ***PEI Program Challenges and Mitigation Efforts***

The biggest challenge to the MHSA program has been a staffing shortage in all areas, including administration, clinical, and clerical. This reduction in staffing affect service capacity, reducing the number of services and activities available through MHSA. ACBHS has been working to mitigate these shortages through contracts with individuals and providers to meet the needs of the ACBHS system; and training existing staff to expand their job duties to meet the needs. Recruitment is focusing on hiring individuals to fill the positions that have the highest impact to service delivery and system support.

As noted, ACBHS does not currently have a contract for the Suicide Prevention activities. A new contract is in development and Suicide Prevention activities will resume as soon as the contract has been executed.

➤ ***Significant PEI Program Changes anticipated in FY 2022/23***

As noted, to better serve clients and ensure a cohesive, coordinated system, ACBHS has blended PEI categories that have overlapping goals and activities into the four (4) PEI categories. Client-level data will be reported for all categories, as feasible and appropriate. Outcomes will be collected and reported only for the Early Intervention program, as required by DHCS; and outcome data will no longer be collected for the other PEI categories.

ACBHS anticipates the implementation of a new contract for Suicide Prevention activities in FY 2022/23. As a result, Suicide Prevention activities will resume in this fiscal year.

The vacant Native Wellness Advocate position has recently been filled. This individual will work to develop and coordinate culturally-responsive, integrated PEI services and activities in collaboration with the Washoe Tribal Cultural Resource Department and Tribal elders.

In this fiscal year, ACBHS anticipates resuming PEI services and activities such as community trips, teen hangouts at the Firehouse, and other wellness activities and supports.

## INNOVATION

### ➤ *INN Program Description and Outcomes*

ACBHS does not have an active Innovation (INN) project at this time. An INN project may be developed in the future, as staffing resources and MHSA funding allows.

## WORKFORCE EDUCATION AND TRAINING

### ➤ *WET Program Description*

The ACBHS Workforce Education and Training (WET) program provides training components, career pathways, and financial incentive programs to staff, volunteers, clients, and family members.

- ACBHS funded no WET projects in FY 2021/22. An anticipated project with the WET Superior Partnership was not implemented as expected, but will be completed in FY 2022/23, as noted below.

### ➤ *Significant WET Program Changes anticipated in FY 2022/23*

- WET Superior Partnership: Transfer amount of \$10,205. In FY 2022/23, ACBHS will make a one-time funds transfer from CSS to WET to support the WET Superior Partnership match for Alpine County. This regional WET partnership aims to address the shortage of mental health practitioners in the public mental health setting. The program offers free staff training, loan repayment, education stipends, and scholarships. The term of the Partnership Agreement with CalMHSA is through June 30, 2025.

## CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

### ➤ *CFTN Program Descriptions*

The Capital Facilities and Technological Needs (CFTN) component allows ACBHS to make necessary upgrades to facilities and technology systems used for MHSA staffing, service delivery, and meeting client needs.

In FY 2021/22, ACBHS transferred funds from CSS to the Capital Facilities and Technological Needs (CFTN) component, as follows:

1. CF Project – Building Modification: Transfer amount of \$202,049. These funds were used to make necessary modifications to the new MHSA building to better meet the needs of MHSA staff, clients, and the community.
2. TN Project: Transfer amount of \$41,650. These funds were used to initiate the implementation of an upgraded Electronic Health Records system.

### ➤ *Benchmarks*

The FY 2021/22 Capital Facilities project was implemented on time and within budget. The FY 2021/22 Technological Needs project was successfully initiated, and will be fully implemented in FY 2022/23.

### ➤ *Significant CFTN Program Changes anticipated in FY 2022/23*

In FY 2022/23, ACBHS will transfer additional funds from CSS to the CFTN component, as follows:

1. CF Project: Transfer amount of \$214,007. These funds will be used to improve the security features and accessibility elements of the new MHSA building, providing a more secure work environment and better access to the building, while enabling a wider scope of MHSA activities in the community room.
2. TN Project: Transfer amount of \$90,000. These funds will be used to fully transition to the new Electronic Health Records system that was initiated in FY 2021/22.

# PRUDENT RESERVE ASSESSMENT

ACBHS is obligated to maintain its MHSAs Prudent Reserve funding levels at no more than 33% of the average CSS allocations received in the preceding five (5) years. ACBHS is required to reassess this Prudent Reserve maximum level every five (5) years.

During each assessment, if Prudent Reserve funding levels are found to exceed the current maximum level, ACBHS is required to transfer the excess Prudent Reserve funding from the Prudent Reserve to CSS. If funding levels are found to be less than the current maximum amount, ACBHS may choose to transfer CSS funding to the Prudent Reserve to boost the Prudent Reserve funding to its maximum current level.

The FY 2019/20 Prudent Reserve assessment calculations are included below. ACBHS will conduct a new Prudent Reserve assessment in FY 2024/25.

## Alpine County Behavioral Health Services FY 2019/20 Prudent Reserve Assessment

*Assessed on 10/07/2019  
Corrected on 05/12/2020*

MHSA Allocations by Fiscal Year*	
FY 2013/14	\$ 1,111,598
FY 2014/15	\$ 1,548,718
FY 2015/16	\$ 1,421,616
FY 2016/17	\$ 1,488,718
FY 2017/18	\$ 1,499,513
Total 5-Year MHSA Allocations	\$ 7,070,163
CSS Allocations <i>(Total MHSA Allocations x 76% for CSS)</i>	\$ 5,373,324
Average CSS Allocation <i>(CSS Total / 5)</i>	\$ 1,074,665
<b>Maximum Prudent Reserve Amount <i>(Avg CSS x 33%)</i></b>	<b>\$ 354,639</b>
Prudent Reserve Amount**	\$ 592,407
Amount in Excess <i>(Transferred to CSS in FY 19/20)</i>	(237,768)
<b>Current Prudent Reserve Amount</b>	<b>\$ 354,639</b>

\*Per DHCS IN 19-037  
\*\*Per FY 2017/18 RER PR Balance

**MHSA ANNUAL UPDATE PLANNING BUDGET**

*See the next pages for the MHSA Annual Update Planning Budget.*

**FY 2022/2023 Mental Health Services Act Annual Update  
Funding Summary**

County: Alpine

Date: 8/31/22

	MHSA Funding					
	A	B	C	D	E	F
<i>All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and ACBHS policy.</i>	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2022/2023 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 2,631,267	\$ 399,235	\$ 440,677	\$ -	\$ -	\$ 354,639
2. Estimated New FY 2022/2023 Funding	\$ 899,425	\$ 305,162	\$ 80,306			
3. Transfer in FY 2022/2023 <sup>a/</sup>	\$ (314,212)			\$ 10,205	\$ 304,007	\$ -
4. Access Local Prudent Reserve in FY 2022/2023	\$ -	\$ -				\$ -
5. Estimated Available Funding for FY 2022/2023	\$ 3,216,480	\$ 704,397	\$ 520,983	\$ 10,205	\$ 304,007	\$ 354,639
<b>B. Estimated FY 2022/2023 MHSA Expenditures<sup>b/</sup></b>	\$ 899,425	\$ 305,162	\$ -	\$ 10,205	\$ 304,007	\$ -
<b>C. Estimated FY 2022/2023 Unspent Fund Balance</b>	\$ 2,317,055	\$ 399,235	\$ 520,983	\$ -	\$ -	\$ 354,639

<b>D. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2022	\$ 354,639
2. Contributions to the Local Prudent Reserve in FY 2022/2023	\$ -
3. Distributions from the Local Prudent Reserve in FY 2022/2023	\$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2023	\$ 354,639

*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.*

*b/ All MHSA funds are spent via "first in, first out."*

**FY 2022/2023 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: Alpine

Date: 8/31/22

	<b>Fiscal Year 2022/2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<i>All MHSa funds are managed via "first in, first out."</i>						
<b>FSP Programs</b>						
1. CSS FSP Program	\$ 458,203	\$ 458,203				
<b>FSP Programs</b>						
2. CSS Non-FSP Program	\$ 335,103	\$ 335,103				
<b>CSS Administration</b>	\$ 106,119	\$ 106,119				
<b>CSS MHSa Housing Program Assigned Funds</b>	\$ -	\$ -				
<b>Total CSS Program Estimated Expenditures</b>	\$ 899,425	\$ 899,425				
<b>FSP Programs as Percent of Total</b>	51%					

**FY 2022/2023 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: Alpine

Date: 8/31/22

	<b>Fiscal Year 2022/2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<i>All MHSA funds are managed via "first in, first out."</i>						
<b>PEI Programs</b>						
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Suicide Prevention (SP); Stigma Reduction (SR); Access (A)</i>						
1. Foundations of Wellness (P)	\$ 121,354	\$ 121,354				
2. Positive Behavior Interventions and Supports/PBIS (EI)	\$ 37,867	\$ 37,867				
3. Outreach Activities (O; SR; A)	\$ 59,936	\$ 59,936				
4. Suicide Prevention (SP)	\$ 50,000	\$ 50,000				
<b>PEI Administration</b>	\$ 36,005	\$ 36,005				
<b>PEI Assigned Funds</b>	\$ -	\$ -				
<b>Total PEI Program Estimated Expenditures</b>	\$ 305,162	\$ 305,162				

**FY 2022/2023 Mental Health Services Act Annual Update  
Innovation (INN) Funding**

County: Alpine

Date: 8/31/22

	<b>Fiscal Year 2022/2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<i>All MHSAs are managed via "first in, first out."</i>						
<b>INN Program</b>  <i>No INN project at this time</i>						
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>						

**FY 2022/2023 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding**

County: Alpine

Date: 8/31/22

	<b>Fiscal Year 2022/2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<i>All MHSA funds are managed via "first in, first out."</i>						
<b>WET Programs</b> <i>WET Regional Partnership</i>	\$ 10,205	\$ 10,205				
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	\$ 10,205	\$ 10,205				

**FY 2022/2023 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: Alpine

Date: 8/31/22

	<b>Fiscal Year 2022/2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<i>All MHSA funds are managed via "first in, first out."</i>						
<b>CFTN Programs</b>						
<i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i>						
Capital Facilities (CF) <i>New Building Addtnl Items</i>	\$ 214,007	\$ 214,007				
Technological Needs (TN) <i>EHRIS: Credibles</i>	\$ 90,000	\$ 90,000				
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>	\$ 304,007	\$ 304,007				