Alpine County MHSA Three-Year Program & Expenditure Plan FY 2014-17

Alpine County Behavioral Health Services

Prepared by:

Resource Development Associates

ACKNOWLEDGEMENTS

Alpine County Behavioral Health Services wishes to thank the many consumers, family members, community members, and agencies who participated in the community program planning and helped guide the development of this Three-Year MHSA Program and Expenditure Plan:

- Alpine County Board of Supervisors
- Alpine County First 5
- Alpine County Mental Health Board
- Alpine County Unified School District and Office of Education
- Alpine County Health and Human Services
- Alpine Kids
- Alpine Native TANF
- Choices for Children
- Friends of Hope Valley
- Hung-a-lel-ti Community
- Tahoe Youth & Family Services
- Woodfords Indian Education Center

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
- Kaitlin Carmody, MA
- Zoe Loftus-Farren, JD

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MHSA County Compliance Certification

County: Alpine

County Mental Health Director	Program Lead
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County Mental Health Mailing Address: Alpine County Behavioral Health Services 75-C Diamond Valley Rd. Markleeville, CA 96120	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation 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 and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

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.

_____ _____

County Mental Health Director (PRINT) Signature Date

County: Alpine

Date: _____

MHSA County Fiscal Accountability Certification[1]

County: Alpine

☒ Three-Year Program and Expenditure Plan

☐ Annual Update

☐ Annual Revenue and Expenditure Report

County Mental Health Director	Program Lead
Name: Alissa Nourse **Telephone**: 530-694-1816 **Email**: anourse@alpinecountyca.gov	**Name**: Amy Broadhurst, MHSA Coordinator **Telephone**: 530-694-1816 **Email**: abroadhurst@alpinecountyca.gov
County Mental Health Mailing Address: Alpine County Behavioral Health Services 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.

County Mental Health Director (PRINT) | Signature | Date

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

I hereby certify that for the fiscal year ended June 30, 2014, the County/City has maintained an interest-bearing local Mental Health Services (MHSA) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2013. I further certify that for the fiscal year ended June 30, 2014, the State MHSA distributions were recorded as revenues in the local MHSA 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 MHSA funds may not be loaned to a county general fund or any other county fund.

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

County Auditor Controller (PRINT)	Signature	Date

These forms will be signed after public comments have been incorporated and once the plan has been finalized and approved by the Board of Supervisors.

Overview

Alpine County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) *Three-Year Program and Expenditure Plan 2014 – 2017* in February 2014. 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 the proposed programs and expenditures to support a robust mental health system based in wellness and recovery. This plan includes the following sections:

- **Overview of the community planning process** that took place in Alpine County from February through June 2014. Alpine County's CPP was built upon the meaningful involvement and participation of mental health consumers, family members, county staff, providers, and other stakeholders.

- **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 sources, including service data, key informant interviews, community work sessions and public comments, to identify the service gaps which will be addressed by Alpine County's proposed MHSA programs for FY 2014-17.

- **Description of Alpine County's MHSA programs** by component which includes 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

Figure 1: MHSA Values

incomes at or exceeding one million dollars.

Since completing the needs assessment and program planning phase of the *Three-Year Program and Expenditure Plan 2014 – 2017*, 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 outreach and engagement to those who are geographically isolated;
- Improve marketing targeting youth and older adults;
- Realign and expand prevention and early intervention programs; and
- Allot resources to establish ACBHS administration and service delivery location(s);
- Provide continuous education for ACBHS staff in behavioral health topics, cultural competence, and service delivery.

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 MHSA programs that are wellness and recovery focused, client and family driven, culturally competent, integrated, and collaborative.

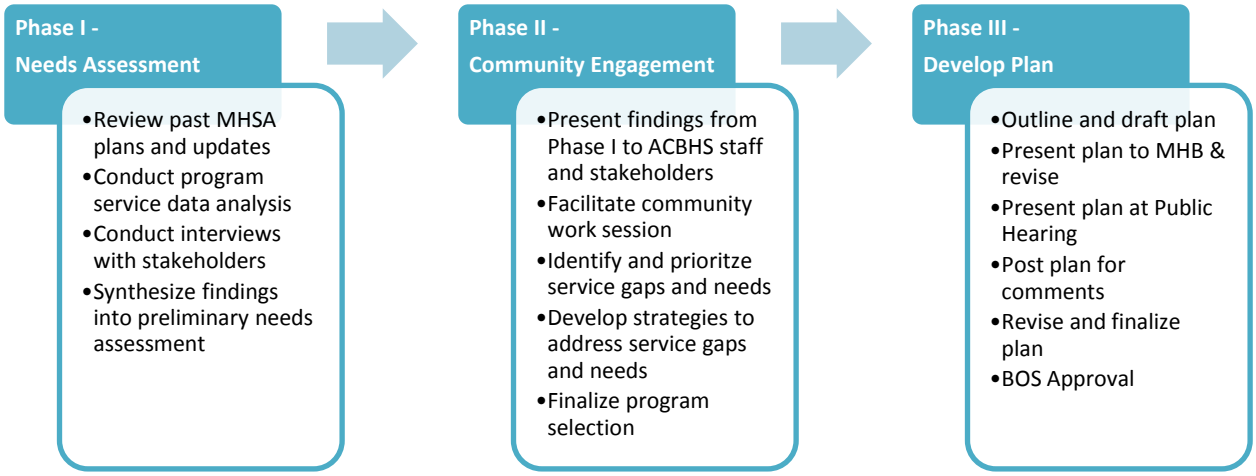
Community Program Planning

Approach/Methodology

In February of 2014, ACBHS initiated a planning process for the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Plan) for Fiscal Years 2014-2015 through 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, including: service providers, consumers, family members, and other interested community members. The planning process consisted of three distinct phases: 1) Needs Assessment; 2) Community Engagement; and 3) Plan Development, as detailed in Figure 2.

Figure 2: Community Planning Process



Throughout the planning process, the planning team made regular presentations to the Alpine County Mental Health Board (MHB) and Board of Supervisors (BOS), both of which reviewed and commented on all recommendations made by the MHSA planning team. All meetings of the MHB and BOS are open to the public.

Community Planning Activities

The planning team carried out a series of community meetings and information-gathering activities to engage stakeholders in all stages of the planning and strategy development process in order to ensure that the Plan reflected stakeholders' experiences, perspectives, and suggestions. Planning activities and their corresponding dates and number of participants are presented in the table below, followed by a detailed description of each activity.

Table 1: Community Planning Activities and Dates

Activity	Date	Total Participants
Needs Assessment & Strategy Development		
Annual Update Public Hearing	January 30, 2014	11
Key Informant Interviews	March 11-20, 2014	7
Community Work Session	April 2 and 3, 2014	15
Public Review Process		
30-Day Review Period		n/a
Public Hearing	TBD	TBD

FY 2013-14 MHSA Annual Update Public Hearing Comments

On January 30, 2014, Alpine County's Mental Health Board hosted a public hearing for the FY 2013-14 MHSA Annual Update. Eleven stakeholders participated in the public hearing, including members from the community, the MHB, the BOS, local schools, and ACBHS. While the public hearing was intended to inform modifications and passage of the FY 2013-14 MHSA Annual Update, several comments arose to ultimately inform the FY 2014-17 MHSA Three-Year Program and Expenditure planning process. These comments included the request for additional counseling provided through the School-Based Mental Health Clinician program or through the Positive Behavior Intervention Support program at schools, and the need for expansion of the Wellness Project to provide parenting supports targeted to mothers in addition to activities currently targeted to fathers. These comments were included in the needs assessment and presented to stakeholders for discussion during the community work session.

Key Informant Interviews

In March 2014, RDA interviewed seven Alpine County community members to assess the current strengths and challenges of MHSA services in the county. ACBHS leadership identified key informants based on their connection or familiarity with ACBHS programming. Of the key informants, two were behavioral health services consumers, three were mental health services providers who work (or worked) with ACBHS or affiliated organizations, and two were community members who had familiarity with ACBHS but were neither providers nor consumers.

Those interviewed were primarily between the ages of 25 and 59. Five were female and two were male. Six key informants identified as White, and one identified as Native American. All interviewees either live and/or work in the county, including in Markleeville, Woodfords, Bear Valley, Kirkwood, and the Hung-a-lel-ti reservation. The majority of key informants had not participated in MHSA planning activities in previous years.

Key informants identified the following as the greatest needs within the county:

- Children and families with young children remain underserved in Alpine County. Additional services, particularly in more remote areas of the county, would benefit this at-risk population.
- The Native American community is underserved. Employment of a Native American therapist and/or additional cultural training among ACBHS staff could improve participation among the Washoe community.
- Although Alpine County has a large older adult population, this group remains underserved. Additional outreach to seniors and additional senior programs would have a positive impact in the community.
- Transportation is a significant barrier across the county. Expanded transportation options and decentralized service offerings would help address this barrier.

Community Work Session

Following the conclusion of the Needs Assessment, RDA synthesized the public comments, the results of key informant interviews, and analysis of program service data in order to identify key mental health service needs, unserved and underserved populations and geographic areas, barriers to entry and ongoing access to mental health services, workforce shortages, and needs related to capital facilities and technology. This information was then presented during a two-day community work session on April 2-3, 2014 held at the Woodfords Indian Education Center in Hung-a-lel-ti. The work session was designed to discuss the results of the needs assessment; prioritize service gaps; identify strategies to address these gaps; and prioritize strategies based on their ability to address the service gap in question, address additional service gaps, and maximize resources.

The community work session was publicized via flyers posted at the Wellness Center, Behavioral Health Services offices, and other public locations throughout the County (including Health & Human Services, Post Office, Library and four other business locations with exterior bulletin boards). An email blast of the flyer was sent out to 196 contacts. The MHSA Coordinator 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.

Fifteen community members attended the first day of the community work session, and 11 attended the second day. Of the nine participants who provided demographic information, four identified as service providers, two identified as consumers, and one identified as a family member (two participants did not identify with any of these categories).

Six of the nine participants who provided demographic information were between the ages of 25 and 59, and three were 60 years or older. Seven participants were female, and two were male. Seven participants identified as white, and two identified as American Indian. All participants either live and/or work in Alpine County, including in Markleeville and the Hung-a-lel-ti Community.

The community work session provided an opportunity for participants to corroborate service gaps and needs from the preliminary needs assessment and expand this list based on their own knowledge or

experiences of mental health services in Alpine County. The service gaps and needs identified and prioritized through this process on Day 1 are shown in Table 2.

Table 2: Service Gaps/Needs by MHSA Component as Identified during Community Work Session

MHSA Component	Prioritized Service Gaps/Needs
CSS	1. Reach geographically isolated 2. Increase communication about available services 3. Decrease stigma against mental health
PEI	1. Reach and engage teenagers 2. Incorporate evidence-based practices (EBPs) 3. Reach geographically isolated
WET	1. Build culturally-sensitive ACBHS staff 2. Train staff in culturally-appropriate holistic services 3. Recruit male therapist
CFTN	1. Identify space for additional/expanded ACBHS services 2. Support Electronic Health Record implementation within ACBHS 3. Expand telepsychiatry options for geographically isolated
INN	N/A – Alpine does not have an INN project nor does it currently have capacity to implement an INN project

On Day 2 of the community work session, stakeholders participated in a series of strategy sessions to address the gaps and needs in each MHSA component. Participants were asked to think about how program strengths can be leveraged to help bridge gaps and meet needs. Additionally, during the component-by-component strategy sessions, stakeholders were asked the following questions to guide their program planning process:

1. Of the existing MHSA programs, what programs or services are working well?
2. What changes would you make to existing programs?
3. What existing resources from county or community-based organizations could be leveraged?
4. What new programs or strategies would need to be implemented (if any)?
5. Of the strategies you listed above, would any of them address other gaps?

The strategies developed primarily consisted of program expansion or modifications. These are summarized in Table 3.

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

MHSA Component	Program Expansion or Modifications
CSS	• Expand Field Capable Clinical Services to include Bear Valley and Kirkwood • Target transitional age youth (TAY) and older adults in a "life transitions" outreach approach • Improve outreach to include advanced notice of programming in addition to week-of-event reminders • Consider providing alternative therapies, such as nature walk-and-talk and art

	therapy • Provide meet and greet opportunities between stakeholders and providers
PEI	• Keep and expand all current programs • Collaborate between providers to offer consistent and appealing TAY programming • Expand mentor and cross-generational programs to include TAY-specific relationships • Incorporate more evidence-based practices • Provide more transparency about Positive Behavior Intervention Support
WET	• Increase professional development, with specific focus on Washoe cultural competency • Train clinical staff to take a holistic approach to mental health • Recruit male clinician(s) • Train staff in evidence-based practices and screening
CFTN	• Establish additional space for expanded/new services and ACBHS administrative offices • Continue to implement and support electronic health record system • Increase telepsychiatry options and infrastructure
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, the required resources, and adherence to MHSA requirements. Ultimately, the planning team decided to incorporate most of those proposed strategies that adhered to these requirements into the MHSA Three-Year Program and Expenditure Plan. ACBHS committed to incorporating strategies that did not adhere to MHSA requirements or that could be addressed by other ongoing initiatives outside of MHSA-funded programs in other more appropriate forums.

Public Hearing

To be completed after posting

Needs Assessment

To identify the current service strengths, needs, and gaps in the county, RDA developed a needs assessment based on the information received through the community planning activities described above. This included reviewing the following information sources to identify consistent themes:

- Past MHSA program plans and documents
- Public comments from the FY 2013-14 Annual Update
- Service data over the past fiscal year
- Interviews with key informants in the ACBHS stakeholder group

Initial findings from these activities were presented to stakeholders present at the community work session in April, during which time stakeholders validated, clarified, and prioritized service needs and gaps. The data collection methods and general participant demography for each of these data collection activities is described above, in *Community Program Planning.* Further details about participants and their demography can be found in *Appendix A*. In the following, program strengths and challenges are discussed by MHSA component. Challenges are presented in order of greatest priority, as identified during the community work session.

Community Services and Support (CSS)

Key informants and community work session participants were generally pleased with the county's CSS programs, reporting that they were engaging, accessible, and recovery oriented. Stakeholders felt that ACBHS has effectively performed outreach and engagement and they praised local providers' willingness to collaborate to provide wraparound services. The greatest challenges stakeholders faced in interacting with these programs included stigma against mental health in the community, historical trust and cultural divide between the Washoe Tribe and County services, and a lack of awareness of the programs among geographically-isolated communities.

When asked which CSS needs were of greatest priority, participants identified them in the following order: reach geographically isolated communities, increase communication about available services, reduce stigma against mental health, increase use of evidence based practices, and reduce mistrust of service providers.

CSS Strength: Outreach and Engagement

- Community members access ACBHS in several ways, most commonly through referrals and activities at the Wellness Center. One service provider noted, "Consumers can call, walk in the door, and access services through wellness center outreach events." Another Bear Valley resident noted that the ACBHS number is posted outside the ACBHS building, and residents can call the number, leave a message, and a counselor will call them back to schedule a visit.
- Stakeholders shared that Outreach and Engagement activities have been successful, and that ACBHS has effectively promoted many of their services. A key informant shared, "I think that BHS does a really good job promoting events and doing a lot of outreach so that people are aware of them. Specifically calling people and contacting collaborators, for example." Community work session participants echoed these sentiments, stating that "staffing has been very visible" and that "over the last year, we have seen a lot of improvements."

CSS Strength: Clinical and Wraparound Services

- Counseling services, including cognitive and behavioral therapy, are well utilized and have a positive effect in the community. "First and foremost, I would say weekly counseling is at the top of behavioral healthcare needs in Alpine County. I can't imagine this community without it,"

said one key informant. Another noted, "I've talked to several people that had positive experiences with the clinicians."

- Collaboration between several service providers, such as Live Violence Free, Diamond Valley School, Tahoe Youth & Family Services , Choices for Children, First 5, and the Child Abuse Prevention Council, enable wraparound services for consumers. A key informant elaborated on this, saying, "I think it is a positive that they see so many of us working together to provide services. And there are wonderful people working in these agencies, so it shows that there is a great deal of care and we just want to help and that shows."

CSS Need: Reaching the Geographically Isolated and Increasing Communication about Available Services

- Remote communities are underserved due to insufficient knowledge of available services. Although Outreach and Engagement activities have been successful in the central location of the County, residents in areas such as Kirkwood and Bear Valley may lack knowledge of available services. "I'm certain at this point that 99% of the people in our community [Kirkwood] don't know that mental health services are here as a resource," said a key informant.
- Because CSS services are specifically targeted at persons with SMI/SED, CPP participants shared that if they or their family members were not involved in CSS programs, they would not know about them or how to access them. A work session participant asked, "If you haven't accessed services in the past, how do we get that word out?"
- Transportation is also a significant barrier due to the remoteness of many Alpine communities. One key informant community member explained personal difficulties with transportation, "The Wellness Center is 11 miles from my house one way, and I don't have a lot of money to drive. They do provide transportation, but it isn't really easy to use. One of the two workers would have to come pick me up. A van would help."

CSS Need: Reduce Stigma Against Mental Health

- Stigma associated with use of behavioral health services poses a challenge in Alpine County, particularly because of the small size of the community. One key informant explained that "Alpine is very small. And there is a stigma of being seen going into the behavioral health department, even though social services, public health and behavioral health are all in the same building. But what I hear over and over is that there is stigma." Community work session participants echoed concerns about stigma, raising awareness to the issue of recognizing their neighbors cars parked outside of behavioral health service offices.

CSS Need: Reduce Historic Mistrust of Service Providers and Increase Alternative Therapies

- Lack of trust of service providers and a lack of buy-in regarding mental health services also poses a barrier, particularly within the Native American community. One key informant said, "One of the biggest barriers I've seen is a lack of trust from a lot of the residents out here, especially in the Hung-a-lel-ti community, and it has to do with historical trauma. There is so much healing

that needs to be done in that community, and that presents a barrier. People get in their own way in seeking services. There is a lot of mistrust and misconception about what services are."

- Along the lines of cultural competency, stakeholders expressed the community's negative reaction to one-on-one therapy services and explained the community's tradition of being outdoors. Community work session participants shared that "It's the cultural component, getting people out of their homes…getting anyone out of their home. Studies have shown that being out in nature has really healing effects. It's a real positive thing to add." Given this, community work session participants identified a need for alternative therapy services that can take place in nature where consumers may feel more comfortable.

Prevention and Early Intervention (PEI)

Stakeholders expressed that prevention programs that focused on the community and brought residents together were effective in raising awareness about behavioral health and building residents' trust in ACBHS. Stakeholders felt that transitional age youth (TAY) and families with young children were underserved populations with whom service providers have faced challenges when attempting to engage them.

Community work session participants identified five PEI needs, and ranked them in the following order: reach and engage teens, increase use of evidence based practices, reach geographically isolated communities, increase communication about programs and services, and address the social-emotional education of non-school age children.

PEI Strength: Community-Based Programming

- Community events serve as outreach and engagement opportunities as well as stigma reduction events. They are well attended and well liked. "I enjoy a lot of the activities that are going on, including the classes and the social stuff," said a key informant. Another key informant noted: "They do a lot of stuff at the Hung-a-lel-ti reservation and those services are used frequently."
- "Create the Good" events at the Wellness Center are popular, and both the senior luncheon and "senior soak" at Grover Hot Springs are well attended. A key informant explained: "I know that some of the activities are very popular as far as there is a lunch every Friday for Create the Good that brings the community together. And the senior luncheon seems to be very good, and the senior soak where they take seniors to the hot-spring." Work session participants agreed, noting that PEI programs have received positive feedback and that participants seem to be enjoying them.
- The exercise programs have been particularly successful. "The exercise programs have been good. There really aren't any other exercise programs in the county other than those offered through the Wellness program," said one key informant. A community work session participant agreed: "I think the senior socialization and exercise programs are working great. I've been part of the senior program at some point. It seems people are enjoying it and more and more seniors are doing things. It's such a vast areas out here and our population is lots of elderly. I've been really happy about what's going on and what we see."

PEI Strength: Collaboration with Community-Based Organizations

- Preventative community-based programs, such as the Wellness Project, have been successful in building community trust. Key informants said, "I think the mentoring program is great. The Native American population is really starting to trust us. They are letting us come to their land and do a girls program at the Hung-a-lel-ti reservation. It seems to be bringing the community together," and "down here we have a Native Advocate and she takes around the fathers and their kids to different outings and I feel that's a very positive thing for fathers and their children".
- Collaborating with community-based organizations, not funded by MHSA, such as Tahoe Youth & Family Services and the summer programs for children in Bear Valley have had positive impact for parents and children. A key informant noted, "I like that it includes kids who don't necessarily go to school here, but are here for the summer, so it allows them to mix and socialize. And the emphasis is put on physical activity and going out and getting exercise."

PEI Need: Reaching and Engaging Teens

- Teenagers were named as a high-risk population that would benefit from additional services. "Anyone going through the teen years is more at risk. There is too much blending of adults and teens here, and I don't think it is healthy," said a key informant. Community work session participants agreed, stating, "We are lacking teen events."
- Community work session participants also noted that it is particularly difficult to engage teens to participate in available activities, and that the small number of teens in the county can serve as an additional barrier to participation. "Having so few teens, I think that's a challenge… I have an eighth grader, and she has four kids in her grade. It's kind of sibling like, they get on each other's nerves. She doesn't have a wide array of kids to choose from with similar interest. That is a challenge for teenagers; they need to know the world beyond here."

PEI Need: Increased Use of Evidence-Based Practices

- While not stated as a challenge, ACBHS staff expressed a need to exercise more evidence-based practices (EBP) to ensure that community members are receiving the best services possible. Many of the current EBPs in use by ACBHS staff are provided through CSS services. Work session participants also expressed this need.

PEI Need: Reaching the Geographically Isolated

- There is a need for PEI programming to reach geographically isolated community members, as with CSS programming. Multiple key informants noted that they would like to see more activities in the Bear Valley community. "I feel like up to this point, as far as where I am in Bear Valley, there hasn't been a big plan with Bear Valley in mind. It has been more reacting to issues as they come along." Community work session participants agreed, "We want to make sure that

we keep Bear Valley and Kirkwood in mind as we develop programs. We'd like to be doing more engagement in those communities."

PEI Need: Increased Communication about Programs and Services

- While the general outreach and engagement activities and events for prevention and wellness programs have been highly effective, stakeholders identified a need for more communication about early intervention programs. This was brought up during the community work session, specifically about the Positive Behavior Intervention Support (PBIS) program, "We can't help the school if we don't have the information. That's what alienates people from the school. I see this from staff, they'll compartmentalize what they want us to hear and we're kept in this box."
- Similarly, it was not clear to community members that many of the transitional age youth (TAY), community, and cultural programs provided behavioral health benefits. During the community work session, a participant asked, "All these basket making, parks, going bowling, and feeding is well and good, but how it is addressing our behavioral health issues that we have here?"
    - To this point, TAY programs have been perceived as supportive and engaging activities, but providers shared that while participants are weaving baskets or walking in nature, "they are talking about their feelings and how they deal with stressors and getting them open and talking. And sometimes, you have to have those 'fun' things, and the child will open up more when they're engaged in these activities. The curriculum has really grown, we talk about cutting, signs of mental health issues, their feelings, body acceptance, bullying…"
    - Similarly, service providers stated that the community and cultural programs, while very supportive and engaging, were aimed at reaching and engaging the hard-to-reach Native population by supporting traditional culture as a way of healing and addressing depression, isolation, and trauma-related mental health through discussion and activity.

Workforce Education and Training (WET)

Key informants felt that ACBHS staff and providers have been successful in reaching out to community members and engaging many in preventative services. However, they noted particular shortages in clinicians, especially those who were representative of the community (e.g., Native American, male, culturally competent, etc.).

Work session participants were asked to identify and rank the greatest needs with respect to WET, and did so in the following order: culturally sensitive ACBHS staff, staff training in culturally appropriate holistic services, and hiring a male therapist.

WET Strength: ACBHS Staff Consistency and Increased Cultural Competency

- Wellness Center staff received positive feedback from both providers and consumers. "I think in such a small community it makes a big difference to have the right staff person. If you don't have the right personality, people aren't going to come. The Wellness [Center] has two really

great staff members," noted a key informant. The consistency of Wellness [Center] staff has also encouraged participation.

- Based on needs for cultural competency heard from previous CPP processes, ACBHS developed a Native Wellness Advocate position which is filled by a member of the Hung-a-lel-ti Community who conducts outreach and engagement in the County, specifically geared at members within the Hung-a-lel-ti Community. Stakeholders noted positive changes in Native involvement and community building.

WET Need: Culturally-Sensitive ACBHS Staff and Training in Culturally-Appropriate Holistic Services

- There is a Native Wellness Advocate, and one therapist grew up in Alpine County and with the Washoe Tribe (but is not a member of the tribe), but there are no Native American therapists.
- Aside from the absence of a Native American therapist, there is a gap in knowledge and understanding of the Washoe Tribe among existing ACBHS staff. "People could have more knowledge about the people in general, about the people they are working with. Be more understanding about who people are and where they come from, what kind of background they have," said an informant.

WET Need: Male Clinician

- "The biggest shortage is that there is no male therapist employed by the County or with contract agencies. There is only one male counselor, and he is a drug and alcohol counselor," said a key informant. Community work session participants echoed this concern.

Capital Facilities and Technology Needs (CFTN)

While the Wellness Center has been well utilized by community members, key informants and ACBHS leadership noted a need for additional space to provide increased and targeted services. Particularly, the development of a space to house behavioral health services including wellness activities, senior programs and parenting workshops is of great need. Among the geographically isolated communities, the technology needs are not met in Bear Valley as consumers are able to engage in telepsychiatry services only through travel to other communities. In addition, stakeholders noted that the phone and Internet systems can be unreliable.

When asked to identify the greatest CFTN needs, community work session participants identified five needs and ranked them in the following order: find a space for additional service provision, electronic health record implementation within ACBHS, increased telepsychiatry options for geographically isolated communities, and addressing privacy concerns.

CFTN Strength: Facilities are Well Used

- The Wellness Center provides a good facility for ACBHS activities and is well utilized. Most interviewees felt there was adequate space for services and activities.

CFTN Need: Additional Space for Service Provision

- Stakeholders across all community engagement efforts identified a need for additional space for ACBHS to provide services. Currently, ACBHS is at physical capacity.
- ACBHS staff identified a need for a dedicated space for ACBHS administrative offices, as they are currently sharing spaces with Health and Human Services, which is also expanding.

CFTN Need: Increased Privacy

- Key informants noted that, due to the small size of many Alpine County communities, privacy can be an issue, especially for consumers accessing counseling services in Bear Valley. Community work session participants echoed these privacy concerns.
- Staff and stakeholders noted that given the integration of varying services provided through centralized locations, (e.g., the Wellness Center) this arrangement may provide increased privacy. The rationale is that as activities and services provided through shared spaces include supportive and engaging events and intensive services, one cannot assume that a person visiting that location is doing so to receive intensive mental health services. Participants would like ACBHS to keep this in mind should they establish additional service locations.

CFTN Need: Improved Telepsychiatry Services

- Many of the communities in Alpine County are remote, and some community members have a hard time accessing existing facilities where activities take place.
- The phone and Internet system can be unreliable, which poses a challenge to providers and consumers trying to access health information or make ACBHS appointments.

MHSA Three-Year Program Plan

Alpine County lies along the crest of central Sierra Nevada, south of Lake Tahoe and north of Yosemite. This rural county is the smallest in California, with a population of 1,175 (US Census Bureau, 2010). Most of the population is concentrated around a few mountain communities: Markleeville, Woodfords, Bear Valley, and Kirkwood; Alpine County has no incorporated cities. Markleeville is the County seat and home to many of the County's offices. County departments and agencies provide direct services.

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. Population in Alpine County is comprised of 65.6% White, 19.9% American Indian/Alaskan Native, 7.0% Hispanic or Latino, 3.3% Asian, 2.4% with two or more non-Hispanic races, and 1.8% Native Hawaiian/Pacific Islander.[2] Partially situated in Alpine County, the Federally-recognized Washoe Tribe of Nevada and California includes four communities,

[2] U.S. Census Bureau, 2007-2011 American Community Survey

with three in Nevada and one in Alpine County. The Washoe community in Alpine is concentrated in the town of Woodfords.

The following are the proposed programs and program modifications developed through community program planning, consistent with guidelines set forth by the Mental Health Services Oversight and Accountability Commission (MHSOAC). These programs were presented by MSHA component. Specific expenditure details are provided in the following section.

CSS Programs

Through the CPP process, current CSS programs were supported with few needs for modifications. As a result, the MHSA Planning Team did not develop any new CSS programs and proposes the continuation of these programs with modifications listed below.

Field Capable Clinical Service				
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Program Purpose & Description
The Field Capable Clinical Services (FCCS) program increases behavioral health services utilization rates, supports isolated and homebound individuals, and increases behavioral health integration into the Hung-a-lel-ti Community by extending services to schools, homes, and community locations throughout the county. The FCCS program also ensures that therapeutic support and case management can be provided where the client feels most comfortable in the community. These services include a variety of evidence-based practices, such as:

- Cognitive Behavioral Therapy
- Individual Cognitive Behavioral Therapy
- Trauma Focused Cognitive Behavioral Therapy
- Dialectal Behavior Therapy
- Motivational Interviewing
- Appreciative Inquiry
- Eye Movement Desensitization and Reprocessing
- Solution Focused Therapy
- Perinatal Mood Disorders
- Mindfulness
- iRest

FY 2012 – 2013 Activities and Outcomes

Key Successes in FY 2012-13:

- The provision of behavioral health services in non-clinical environments was well-received and appreciated.
- Tribal members appreciated the effort that clinical staff made to travel to tribal land, and as a result, welcomed staff into their homes.

Program Challenges in FY 2012-13
None reported

Program Evaluation and Participant Outcomes

Participant outcomes were not tracked for program evaluation purposes. This program was not evaluated in FY 2012-13.

Number served in FY 2012-13:	*19, unduplicated*	**Total Budget in FY 2012-13:**	*$37,081 ($1,951.63 per person)*

Proposed Activities for FY 2014 – 2017

BHS will continue to provide behavioral health services in non-clinical environments, including schools and community locations throughout the county. ACBHS will also expand FCCS services to reach individuals with SMI/SED living in Kirkwood and Bear Valley. ACBHS will also consider incorporating other EBPs, such as Acceptance and Commitment Therapy (ACT) and Seeking Safety.

Additionally, ACBHS plans to develop and implement a program evaluation that tracks participants' outcomes over time (e.g., quarterly administration), program progress and satisfaction with services (e.g., quarterly client satisfaction questionnaire). Possible participant assessment and outcome measures include:

- Beck Depression Inventory (BDI)
- Burns Anxiety Inventory
- UCLA PTSD Reaction Index
- Adverse Childhood Experiences (ACE)
- Adult Substance Abuse Subtle Screening Inventory (SASSI-3)
- Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2)
- Addiction Severity Index (ASI)
- Dissociative Experience Scale (DES)
- The Adolescent Dissociative Experiences Scale (A-DES)
- The Child Dissociative Checklist (CDC)
- Anasazi Electronic Health Record System assessment tools

Goals and Objectives

Goal:	FCCS aims to increase service utilization rates and support individuals who live in isolated communities, who are homebound, or who prefer to receive services in private settings. The program also aims to increase integration of Behavioral Health Services into the Hung-a-lel-ti community and improve overall trust and community relations.
Objective 1:	Conduct regular outreach in Kirkwood and Bear Valley, and enroll eligible participants. A log of outreach attempts and total reach will be kept.
Objective 2:	Develop and implement participant outcomes with regular administration of evaluation tools, making data-driven service improvements.
Objective 3:	Engage stakeholders in client satisfaction questionnaires to establish baseline data of community integration and relations. Re-administer quarterly/semi-annually to monitor outcomes and make data-driven program improvements.

Number to be served FY 2014-15:	*19*	**Proposed Budget FY 2014-15:**	*$116,860*
Cost per Person FY 2014-15:	*$6,150.53*	**Total Proposed Budget FY 2014-17:**	*$350,580*

Full Service Partnerships (FSP)				
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Program Purpose & Description

The FSP program is designed to expand mental health services and supports to severely mentally ill (SMI) residents of all ages, and to 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 wraparound services, and supportive funding to children and youth with serious emotional disturbance (SED) who have experienced school disciplinary problems or academic failures, are in or 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 ad frequent hospitalization or use of emergency room services for psychiatric problems; and 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.

These services include a variety of evidence-based practices, such as:

- Cognitive Behavioral Therapy
- Individual Cognitive Behavioral Therapy
- Trauma Focused Cognitive Behavioral Therapy
- Dialectal Behavior Therapy
- Motivational Interviewing
- Appreciative Inquiry
- Eye Movement Desensitization and Reprocessing
- Solution Focused Therapy
- Perinatal Mood Disorders
- Mindfulness
- iRest
- Play Therapy

FY 2012 – 2013 Activities and Outcomes

Key Successes in FY 2012-13:

- The FSP program provided seven individuals with the highest level or care through individualized and coordinated behavioral health services in FY 2012-2013.

Program Challenges in FY 2012-13

- Transportation remains a barrier for FSP clients living in more isolated regions of the county. Given the small size of the Alpine community, lack of anonymity can also be a barrier to participation for some individuals. In order to address clients' concern regarding anonymity, FSP staff have focused on building trust with clients, and working within parameters that clients are comfortable with, including through home- and community-based services.
- The FSP program would benefit from additional funding for clinicians to attend trainings and workshops.

Program Evaluation and Participant Outcomes
BHS staff document when FSP clients enter the program, and track any significant changes and events clients experience, including housing, employment, and educational changes. This information is used to measure participant wellbeing and outcomes. However, this data was not operationalized for program evaluation purposes. This program was not evaluated in FY 2012-13.

Number served in FY 2012-13:	*7, unduplicated*	**Total Budget in FY 2012-13:**	*$49,972 ($7,138.86 per person)*

Proposed Activities for FY 2014 – 2017

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. ACBHS staff will continue to serve as active partners on County Multi-Disciplinary Teams in order to increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning. ACBHS will also consider incorporating other EBPs, such as Acceptance and Commitment Therapy (ACT) and Seeking Safety.

Additionally, ACBHS plans to develop and implement a program evaluation that tracks participants' outcomes over time (e.g., quarterly administration), program progress and satisfaction with services (e.g., quarterly client satisfaction questionnaire). Possible participant assessment and outcome measures include:

- Beck Depression Inventory (BDI)
- Burns Anxiety Inventory
- UCLA PTSD Reaction Index
- Adverse Childhood Experiences (ACE)
- Adult Substance Abuse Subtle Screening Inventory (SASSI-3)
- Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2)
- Addiction Severity Index (ASI)
- Dissociative Experience Scale (DES)
- The Adolescent Dissociative Experiences Scale (A-DES)
- The Child Dissociative Checklist (CDC)
- Anasazi Electronic Health Record System assessment tools

Goals and Objectives

Goal:	The goal of the FSP program is to offer strength-based, client- and family-directed, individualized mental health and wrap-around services and funding to children and transitional age youth with SED, and to adults and older adults with SMI. FSP also aims to improve coordination of services across departments and jurisdictions, promote cross-disciplinary learning, and increase wellness, recovery, and resiliency among severely mentally ill residents.
Objective 1:	Conduct outreach to SED/SMI residents and continue to enroll eligible residents. A log of outreach efforts will be kept.
Objective 2:	Develop and implement participant outcomes with regular administration of evaluation tools, making data-driven service improvements.
Objective 3:	Develop and administer client satisfaction questionnaires to establish baseline data regarding client satisfaction. Re-administer questionnaires on a quarterly/semi-annual basis to monitor outcomes and make data-driven program improvements.

Number to be served FY 2014-15:	*10*	**Proposed Budget FY 2014-15:**	*$375,214*
Cost per Person FY 2014-15:	*$37,521.40*	**Total Proposed Budget FY 2014-17:**	*$1,125,642*

School-Based Mental Health Clinician

Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☐Older Adult Ages 60+

Program Description

Program Purpose & Description

A school-based mental health clinician assists 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 also provides referrals and linkages to other resources as needed, and is engaged in family or group counseling when appropriate.

These services include a variety of evidence-based practices, such as:

- Cognitive Behavioral Therapy
- Individual Cognitive Behavioral Therapy
- Trauma Focused Cognitive Behavioral Therapy
- Dialectal Behavior Therapy
- Motivational Interviewing
- Appreciative Inquiry
- Eye Movement Desensitization and Reprocessing
- Solution Focused Therapy
- Mindfulness

FY 2012 – 2013 Activities and Outcomes

Key Successes in FY 2012-13:

The mental health clinician conducted school-based assessments of youth and was assigned to student cases. Through on-site assessments, the clinician was able to evaluate youth in the school setting and coordinate services with the school counselor, school psychologist, special needs teacher, and school administration.

Program Challenges in FY 2012-13

School-based mental health services aim to serve youth in a low-threat environment, and remove transportation barriers associated with obtaining services outside the school setting. However, because children are taken out of class to receive services, maintaining student privacy can be a challenge. In addition, limited space is available for treatment and play therapy is restricted to what the clinician can carry.

Program Evaluation and Participant Outcomes

Participant outcomes were not tracked for program evaluation purposes. This program was not evaluated in FY 2012-13.

Number served in FY 2012-13:	*10, unduplicated*	**Total Budget in FY 2012-13:**	*$11,238 ($1,123.80 per person)*

Proposed Activities for FY 2014 – 2017			
The School Based Mental Health Clinician program will continue to provide school-based assessments of youth and facilitate service coordination with the school counselor, psychologist, special needs teacher, and school administration. ACBHS will also consider incorporating other EBPs, such as Acceptance and Commitment Therapy (ACT) and Seeking Safety. Additionally, ACBHS plans to develop and implement a program evaluation that tracks participants' outcomes over time (e.g., quarterly administration), program progress and client satisfaction (e.g., quarterly client satisfaction questionnaire). Possible participant assessment and outcome measures include: • Beck Depression Inventory (BDI) • Burns Anxiety Inventory • UCLA PTSD Reaction Index • Adverse Childhood Experiences (ACE) • Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2) • Dissociative Experience Scale (DES) • The Adolescent Dissociative Experiences Scale (A-DES) • The Child Dissociative Checklist (CDC) • Anasazi Electronic Health Record System assessment tools			
Goals and Objectives			
Goal:	The objective of the school-based mental health clinician program is to provide an opportunity for ACBHS clinicians to evaluate youth in the low-barrier school setting and coordinate services with the school counselor, school administration, and teachers through on-site therapeutic appointments. The school-based mental health clinicians program also allows ACBHS clinicians to provide consultation with teachers on classroom behavior and positive interventions, and support the school's implementation of PBIS.		
Objective 1:	Develop and implement participant outcome tools to track progress of student participants.		
Objective 2:	Develop and administer client satisfaction questionnaires to both students and parents to establish baseline data regarding client satisfaction. Re-administer questionnaires on a quarterly/semi-annual basis to monitor outcomes and make data-driven program improvements.		
Objective 3:	Develop and administer program evaluation questionnaires for teachers, school counselor, and school administration to solicit feedback on program coordination, and allow for data-driven service improvements.		
Number to be served FY 2014-15:	*12*	**Proposed Budget FY 2014-15:**	*$71,860*
Cost per Person FY 2014-15:	*$5988.33*	**Total Proposed Budget FY 2014-17:**	*$215,580*

Play Therapy				
Status:	☐New		☒Continuing	
Priority	☒Children	☐Transitional Age Youth	☐Adult	☐Older Adult

Population:	Ages 0 – 17	Ages 16 – 24	Ages 24 – 59	Ages 60+

Program Description

Program Purpose & Description

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

FY 2012 – 2013 Activities and Outcomes

Play Therapy was intended as an ad hoc program in FY 2012-13, and was not implemented. It will be implemented as a stand-alone program in FY 2014-17.

Currently, there is no designated playroom for Play Therapy activities. ACBHS staff are working to identify a physical space for Play Therapy activities.

Number served in FY 2012-13:	*0*	**Total Budget in FY 2012-13:**	*$0 ($0 per person)*

Proposed Activities for FY 2014 – 2017

Previously combined with the School-Based Mental Health Clinician Program, the Play Therapy program will be implemented as a standalone program in FY 2014-17, providing clinical services to children in a low-stakes environment and decreasing behavior issues through the expression of play. ACBHS will also consider including the EBPs, Sand Tray Therapy and Art Therapy, as a part of this program.

Concurrent to program implementation, ACBHS plans to develop and implement a program evaluation that tracks participants' outcomes over time (e.g., quarterly administration) and program progress (e.g., quarterly client satisfaction questionnaire). Possible participant outcome measures include:

- Beck Depression Inventory (BDI)
- Burns Anxiety Inventory
- UCLA PTSD Reaction Index
- Adverse Childhood Experiences (ACE)
- The Adolescent Dissociative Experiences Scale (A-DES)
- The Child Dissociative Checklist (CDC)
- Anasazi Electronic Health Record System assessment tools

Goals and Objectives

Goal:	The Play Therapy program aims to help children decrease anxiety, increase confidence, decrease behavior issues, and make healthier choices through play.
Objective 1:	Identify and secure appropriate space for Play Therapy services.
Objective 2:	Recruit, hire, and train clinician(s) and staff to operate program and deliver services.
Objective 3:	Conduct outreach to parents, teachers, school-administrators, and students regarding the Play Therapy program, and maintain a log of outreach efforts.
Objective 4:	Develop and implement participant evaluation tools to measure and track progress of participating youth.

Number to be served FY 2014-15:	*12*	**Proposed Budget FY 2014-15:**	*$71,860*

Cost per Person FY 2014-15:	*$5988.33*	**Total Proposed Budget FY 2014-17:**	*$215,580*

Outreach and Engagement				
Status:	☐New		☒Continuing	
Priority Population:	☒Children Ages 0 – 17	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Program Purpose & Description

The Outreach and Engagement program identifies, educates, and supports individuals in need of mental health services, and serves to reduce stigma and barriers to participation in Behavioral Health services.

FY 2012 – 2013 Activities and Outcomes

Key Activities in FY 2012-13:

- BHS staff conducted outreach through several key activities, including:
  - Presenting information on mental health awareness to children, adults, and seniors at the 50+ Club, Create the Good, and Back-to-School Night.
  - Going door to door within the Hung-a-lel-ti community and distributing information on available behavioral health services
- BHS staff offered a wide range of engagement activities, including:
  - Senior activities
  - Family movie nights
  - Exercise classes
  - Cultural Programs
  - Art classes
  - Summer/holiday break activities for school-aged children
  - "Like Totally 1980s" themed event for all ages
- ACBHS staff also worked with Dial-a-Ride to provide transportation as needed, and conducted outreach to inform consumers of available transportation options. BHS staff also offered transportation to therapeutic and case management appointments for members of the Markleeville, Woodfords, and Hung-a-lel-ti communities when appropriate.

Program Challenges in FY 2012-13

- Transportation remains a barrier to engaging some stakeholders in behavioral health services and activities, particularly those from Bear Valley and Kirkwood. Additional transportation options and/or program offerings in those communities would improve engagement in these remote regions of the county.
- Stigma surrounding use behavioral health services also remains a challenge. Additional countywide outreach would help reduce this stigma, and continue to build knowledge and understanding of available services.

Program Evaluation and Participant Outcomes

Participant outcomes were not tracked for program evaluation purposes. This program was not

evaluated in FY 2012-13.			
Number served in FY 2012-13:	*112, unduplicated*	**Total Budget in FY 2012-13:**	*$52,809 ($ 471.51)*

Proposed Activities for FY 2014 – 2017

- ACBHS staff will continue to conduct outreach to Alpine residents, provide a wide range of engagement activities, and facilitate transportation for residents in remote areas of the county when feasible. ACBHS will continue efforts to reach geographically isolated Alpine residents, particularly through additional outreach in Kirkwood and Bear Valley.
- In addition to continuing existing outreach and engagement activities, ACBHS staff will improve communications about behavioral health services and programming, including through updates to the ACBHS website and brochures. Staff will also distribute programming calendars earlier, providing residents with more advance notice of program offerings, and will distribute door-to-door event reminders.
- ACBHS will also establish a "life transitions for all ages" marketing strategy in FY 2014-2017. This marketing strategy will help staff reach and engage teens entering high school and college, adults who have moved to Alpine, and older adults who will be moving to assisted living facilities and nursing homes or engaging in increased care options.
- ACBHS will also track outreach and engagement efforts moving forward as a means of program evaluation. This will include tracking when events are held, how many people are reached, and how many people are subsequently engaged in MHSA services.

Goals and Objectives

Goal:	The Outreach and Engagement program strives to identify individuals in need of behavioral health services and supports and link them to existing county services, including services at Behavioral Health, the Wellness Center, and additional county service delivery locations, and to educate community members about available services and supports. The program also seeks to reduce stigma through education about mental illness and psychological wellness; improve relations between behavioral health providers, overlapping jurisdictions, and different cultures and communities; and reduce barriers to participation in Behavioral Health Services.
Objective 1:	Maintain a tracking log of outreach activities, including the number of outreach attempts, number of community members reached, and number of community members subsequently engaged in MHSA services.
Objective 2:	Conduct regular outreach in Kirkwood and Bear Valley, and enroll eligible participants. Maintain a log of outreach attempts and total reach in these regions.
Objective 3:	Update website, brochures, and flyers, including the development and implementation a "life transitions for all ages" marketing strategy.

Number to be served FY 2014-15:	*150*	**Proposed Budget FY 2014-15:**	*$95,134*
Cost per Person FY 2014-15:	*$634.23*	**Total Proposed Budget FY 2014-17:**	*$285,402*

General Systems Development

Status:	☐New	☒Continuing

Priority Population:	☒Children Ages 0 – 17	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Program Purpose & Description
General systems development activities strive to improve access to ACBHS activities and events, coordinate service offerings between collaborating agencies, and reduce scheduling conflicts and duplicated efforts among service providers.

FY 2012 – 2013 Activities and Outcomes

Key Successes in FY 2012-13:
Interagency collaboration remained strong and enabled CSS service recipients to engage in wraparound services.

Program Challenges in FY 2012-13
Transportation remains a barrier for residents living in more remote areas of the county, and ACBHS staff are working to improve transportation options for events whenever possible.

Program Evaluation Outcomes
This program was not evaluated in FY 2012-13.

Number served in FY 2012-13:	*N/A*	**Total Budget in FY 2012-13:**	*$252,100*

Proposed Activities for FY 2014 – 2017

- Teen service providers will convene on a regular basis to match schedules, reduce time conflicts, and reduce duplication of efforts. This will further promote interagency collaboration
- To further develop ACBHS staff's capacity to deliver value-driven services, ACBHS will provide increased exposure to and training in evidence-based practices in addition to cultural competency trainings.
- ACBHS staff will also continue to provide transportation to services and events when possible, and continue efforts to improve transportation options, which may include the purchase of a van.
- ACBHS will implement an activities tracking system to account for all of these activities, including total participants, and outcomes.

Goals and Objectives

Goal:	Systems Development activities aim to improve overall operation and coordination of behavioral health services in the county through regular provider meetings and enhanced communication. ACBHS staff also strives to provide and improve transportation to services and activities in order to improve access to residents living in remote regions of the county.
Objective 1:	Maintain a log of provider meetings, including sign-in sheets to track participating providers.
Objective 2:	Develop and implement provider questionnaire to solicit input and suggestions regarding countywide service coordination and communication.
Objective 3:	Provide regular staff trainings in evidence-based and promising practices.

Number to be served	*N/A*	**Proposed Budget**	*$100,000*

FY 2014-15:		**FY 2014-15:**	
Cost per Person FY 2014-15:	*N/A*	**Total Proposed Budget FY 2014-17:**	*$300,000*

PEI Programs

Through the CPP process, current PEI programs were praised, though stakeholders identified several needs for program modifications and realignment. As a result, the MHSA Planning Team proposes the development of new, more integrated PEI programs by breaking up what was previously an ambiguously identified conglomerate of programs, "Wellness Center Program" into four distinct programs with separate goals and target populations. Additionally, the MHSA Planning Team proposes one completely new program, the School-Based Primary Intervention Program, based on the need for additional evidence-based practices in PEI services. The MHSA Planning Team also proposes the continuation of some existing PEI programs with modifications listed below.

Senior Socialization and Exercise				
Status:	☐New	☒Continuing		☐Modified
Priority Population:	☐Children Ages 0 – 17	☐Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Program Purpose & Description

The Senior Socialization and Exercise Program focuses on improving the healthy attitudes, beliefs, skills, and lifestyles of older adults in Alpine County through participation in meaningful activities and utilization of services. It also serves to reduce stigma associated with seeking behavioral health services; reduce isolation, depression, fear, anxiety, and loneliness among seniors; increase referrals to and knowledge about supportive services; provide a warm, caring environment where seniors can develop a sense of connection and belonging; encourage development of new skills and creative abilities; and support active, healthy lifestyles. Among the evidence-based practices used in this program are Mindfulness and iRest.

FY 2012 – 2013 Activities and Outcomes

Key Activities in FY 2012-13:

The Senior Socialization and Exercise program incorporated a wide range of activities in FY 2012-13 to bring seniors together in a warm, welcoming environment. Socialization activities included:

- Collaborated with the 50+ Club, which provided an opportunity for seniors to gather and socialize with each other and the broader community on a monthly basis.
- Elder Afternoons afforded seniors an opportunity to socialize while playing bingo, completing puzzles, or watching movies.
- Cultural Activities including gathering Native and cultural foods, Campfire Tales, and Cultural Crafts.
- Monthly speakers on topics including emergency preparedness, essentials for a file of life, traveling, County business, health updates, storytelling, grief, healthy lifestyles, and Medicare Part D.

There were also several senior exercise activities, which promoted physical movement, improved cardiovascular health, and socialization. Exercise classes were geared to individual fitness levels and physical restrictions.

- Weekly yoga classes with instructors.
- Biweekly chair exercise classes, performed with free weights, bands, and balls, as well as pre- and post-exercise stretching for stiff joints.
- Water aerobics classes with instructor at Grover Hot Springs, which allow for exercise with less impact on joints (program ran for 6 weeks).
- Informal walking groups, which served as mobile talking circles.

Program Challenges in FY 2012-13

- Because activities were primarily offered at Hung-a-lel-ti, the program catered to those in close geographic proximity. Expanded service offerings in more remote parts of the county, or additional transportation options for more remote residents, would help increase service utilization.
- Some community members felt that exercise classes were repetitive, and noted that greater variability would improve participant satisfaction and retention.
- Senior Socialization and Exercise program activities were popular in FY 2012-13, and seniors expressed an interest in expanded program offerings.

Program Evaluation and Participant Outcomes

A questionnaire was administered in December 2013 to solicit client feedback and improve class offerings. Sixteen questionnaires were completed and returned, and based on feedback, an additional weekly yoga class was added beginning in February 2014. Participant outcomes were not tracked for program evaluation purposes.

Number served in FY 2012-13:	*94, unduplicated*	**Total Budget in FY 2012-13:**	*$11,595 ($123.35 per person)*

Proposed Activities for FY 2014 – 2017

The Senior Socialization and Exercise program will continue to serve Alpine County seniors through provision of socialization and exercise activities. All FY 2012-13 activities will be continued through FY 2014-17. ACBHS will also consider incorporating other EBPs, such as Acceptance and Commitment Therapy (ACT) and Mindfulness Based Stress Reduction

Additionally, ACBHS plans to develop and implement a program evaluation that tracks participants' outcomes over time (e.g., quarterly administration), program progress and client satisfaction (e.g., quarterly client satisfaction questionnaire). Possible participant assessment and outcome measures include:

- Beck Depression Inventory (BDI)
- Burns Anxiety Inventory
- UCLA PTSD Reaction Index
- Adult Substance Abuse Subtle Screening Inventory (SASSI-3)
- Dissociative Experience Scale (DES)
- Anasazi Electronic Health Record System assessment tools

Goals and Objectives

Goal:	The goals of 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 older adults' knowledge of available supports and services • 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
Objective 1:	Maintain a log of Senior Socialization and Exercise activities, including sign-in sheets for all activities.
Objective 2:	Implement quarterly evaluations of client progress in addition to client satisfaction questionnaire.

Number to be served FY 2014-15:	*115*	**Proposed Budget FY 2014-15:**	*$8,000*
Cost per Person FY 2014-15:	*$69.57*	**Total Proposed Budget FY 2014-17:**	*$24,000*

Positive Behavior Intervention Support (PBIS)

Status:	☐New	☒Continuing	☐Modified	
Priority Population:	☒Children Ages 0 – 17	☐Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☐Older Adult Ages 60+

Program Description

Program Purpose & Description

PBIS is an evidenced-based school-based approach to student support and discipline. The approach includes systemic and individualized strategies to achieve learning and social outcomes at both the individual and the school-wide levels, while preventing problem behaviors and emotional stress as well as increasing academic achievement. PBIS programs have been shown to effectively reduce disciplinary referrals within schools and reduce the number of out-of-school student suspensions.

FY 2012 – 2013 Activities and Outcomes

Key Activities in FY 2012-13:

The PBIS program began implementation in FY 2013-14, serving 85 unduplicated students and has generally received positive reviews from parents and teachers.

Program Challenges in FY 2012-13

N/A

During FY 2013-14, communication between the school and parents WAS a challenge, with parents expressing an interest in receiving additional information about the PBIS program so that they can replicate the effort at home.

Program Evaluation and Participant Outcomes
This program uses a school-wide evaluation tool known as HAWK (Honest, Accountable, Wise, Kind), however, evaluation data was not available during the time of this report.

Number served in FY 2012-13:	*N/A*	**Total Budget in FY 2012-13:**	*N/A*

Proposed Activities for FY 2014 – 2017

- The PBIS program will continue to promote positive environments, address challenging behaviors, and enhance quality of life of Alpine youth through evidence-based individual and systemic strategies.
- ACBHS will work with the school district to increase transparency about program information
- ACBHS plans to monitor program evaluation through HAWK and potentially include participant mental health progress evaluation and parent/teach satisfaction measures.

Goals and Objectives

Goal:	The PBIS program aims to promote positive environments and enhance quality of life for youth while also reducing challenging behaviors and emotional distress. Additionally, it strives to improve academic achievement and reduce out-of-school student suspensions.
Objective 1:	Maintain a log of PBIS activities and interventions.
Objective 2:	Use existing SWIS, a comprehensive data collection program that provides a variety of ways to evaluate program outcomes and participant satisfaction.
Objective 3:	Develop and facilitate two community input forums per school year (one in fall, one in spring) to solicit parent feedback about the school and ACBHS' PBIS administration and communication. Feedback will be used for continuous program improvement.

Number to be served FY 2014-15:	*78*	**Proposed Budget FY 2014-15:**	*$36,500*
Cost per Person FY 2014-15:	*$467.95*	**Total Proposed Budget FY 2014-17:**	*$109,500*

Create the Good

Status:	☒New	☐Continuing	☒Modified

Priority Population:	☐Children Ages 0 – 17	☐Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Program Purpose & Description:
Create the Good began as an adult luncheon geared towards adults and seniors featuring presentations on topics related to health, wellness and parenting. It promotes socialization, awareness of health and wellness subjects, and learning opportunities. The program will expand to provide more early intervention opportunities by hosting an open support group, providing alternative therapies, such as therapeutic nature walks, yoga therapy and creating opportunities for

"meet and greets" between participants and ACBHS staff, including the geographically isolated communities.

FY 2012 – 2013 Activities and Outcomes

Key Activities in FY 2012-13:

While many of the activities captured in this program were in place during FY 2012-13, they are now being redefined under a single program in order to clarify the program goals and objectives. During FY 2012-13, Create the Good offered weekly luncheons with healthy, balanced meals. Luncheons featured presentations on topics related to health and wellness, including healthy eating, dialysis diet, signs of child abuse, and domestic violence awareness. Luncheons also supported community members in learning new things, building relationships with neighbors, sharing recipes, and cooking meals. ACBHS staff provided transportation to Create the Good events.

Program Challenges in FY 2012-13

- Transportation remains a challenge in Alpine county, but ACBHS staff provide transportation to Create the Good events.

Program Evaluation and Participant Outcomes

Participant outcomes were not tracked for program evaluation purposes. This program was not evaluated in FY 2012-13.

Proposed Activities for FY 2014 – 2017

- Create the Good will continue to offer weekly luncheons with guest speakers and presentations on integrated health and wellness topics.
- Create the Good will expand to include alternative therapies, such as walking and outdoor counseling sessions. The program may also incorporate EBPs such as iRest, Acceptance and Commitment Therapy and Mindfulness-Based Stress Reduction.
- The program will also host open support groups for adults focused on wellbeing. These open support groups may host guest speakers on topics related to self-help, and may include meet-and-greet opportunities with staff where community members can learn about available programming and the specialties of ACBHS therapists.
- Additionally, ACBHS plans to develop and implement a program evaluation that tracks participants' outcomes over time (e.g., quarterly administration), program progress and client satisfaction (e.g., quarterly client satisfaction questionnaire). Possible participant assessment and outcome measures include:
  - Beck Depression Inventory (BDI)
  - Burns Anxiety Inventory
  - UCLA PTSD Reaction Index
  - Adult Substance Abuse Subtle Screening Inventory (SASSI-3)
  - Addiction Severity Index (ASI)
  - The Adolescent Dissociative Experiences Scale (A-DES)
  - The Child Dissociative Checklist (CDC)
  - The Dissociative Experiences Scale (DES)
  - Anasazi Electronic Health Record System assessment tools

Goals and Objectives

Goal:	The goal of the Create the Good is to provide Alpine residents with preventative activities such as learning about health and wellness subjects in addition to engaging

	them in group-based early intervention services such as an open support group. In addition, Create the Good will engage residents in programming to build community members' trust in service providers and decrease barriers to accessing SMI/SED services.
Objective 1:	Establish Create the Good as a newly re-organized program. Promote program purpose and activities. Promote, implement, and support open support group and alternative therapy opportunities.
Objective 2:	Develop and implement participant outcomes evaluation with regular administration of evaluation tools, making data-driven service improvements.
Objective 3:	Engage participants in client satisfaction questionnaires to establish baseline data of community integration and relations. Re-administer quarterly/semi-annually to monitor outcomes and make data-driven program improvements.

Number to be served FY 2014-15:	*110*	**Proposed Budget FY 2014-15:**	*$39,067*
Cost per Person FY 2014-15:	*$355.15*	**Total Proposed Budget FY 2014-17:**	*$117,201*

Combining Past and Present

Status:	☒New	☐Continuing	☒Modified	
Priority Population:	☒Children Ages 0 – 17	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Program Purpose & Description:
Combining Past and Present is a cultural program for Alpine County residents of all ages, serving as a means to prevent the development of depression and anxiety related to lack of socialization and identity confusion. Through conversation and activity, the program also addresses trauma-related mental health topics.

FY 2012 – 2013 Activities and Outcomes

Key Activities in FY 2012-13:
While many of the activities captured in this program were in place during FY 2012-13, they are now being redefined under a single program in order to clarify the program goals and objectives. During FY 2012-13, cultural programming included:

- Acorn, Willow, Berries, Onion and Pine Nut Gatherings
- Basket Making, Beading, Stick Game making, Flint knapping, Acorn Biscuits and Pine Nut Soup
- Singing Cultural Songs
- Campfire Tales

These activities were targeted toward Alpine County residents of all ages, and were intended to provide community members with an opportunity to participate in cultural history and traditional ways of life.

Program Challenges in FY 2012-13

- Program-provided transportation was a challenge as there were not enough seats in the vehicle to transport all participants in one trip.
- Physical capacity was also a challenge as program staff and participants had difficulty finding

space to store program equipment and projects.

Program Evaluation and Participant Outcomes
Participant outcomes were not tracked for program evaluation purposes. This program was not evaluated in FY 2012-13.

Proposed Activities for FY 2014 – 2017

- Combining Past and Present includes activities intended to preserve cultural traditions, build community, and prevent the onset of depression and anxiety related to lack of socialization and identity confusion. These activities include:
  - Gathering of native and cultural foods
  - Campfire Tales
  - Remembering Washoe
- Additionally, ACBHS plans to develop and implement a program evaluation that tracks participants' outcomes over time (e.g., quarterly administration) program progress and client satisfaction (e.g., quarterly client satisfaction questionnaire). Possible participant assessment and outcome measures include:
  - Beck Depression Inventory (BDI)
  - Burns Anxiety Inventory
  - UCLA PTSD Reaction Index
  - Adult Substance Abuse Subtle Screening Inventory (SASSI-3)
  - Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2)
  - Addiction Severity Index (ASI)
  - Dissociative Experience Scale (DES)
  - The Adolescent Dissociative Experiences Scale (A-DES)
  - The Child Dissociative Checklist (CDC)
  - Anasazi Electronic Health Record System assessment tools

Goals and Objectives	
Goal:	• Prevent the development of depression and anxiety related to lack of socialization and identify through confusing, through cultural programs for Alpine County residents of all ages.
Objective 1:	Establish Combining Past and Present as a newly re-organized program. Promote program purpose and activities.
Objective 2:	Develop and implement participant outcomes evaluation with regular administration of evaluation tools, making data-driven service improvements.
Objective 3:	Engage stakeholders in client satisfaction questionnaires to establish baseline data of community integration and relations. Re-administer quarterly/semi-annually to monitor outcomes and make data-driven program improvements.

Number to be served FY 2014-15:	*110*	**Proposed Budget FY 2014-15:**	*$28,000*
Cost per Person FY 2014-15:	*$254.55*	**Total Proposed Budget FY 2014-17:**	*$84,000*

Wellness Projects			
Status:	☒New	☐Continuing	☒Modified

Priority Population:	☒Children Ages 0 – 17	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Program Purpose & Description:
Alpine County's Wellness Projects are designed to provide targeted programming for a variety of distinct populations. These programs will provide 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 will be included within the Wellness Projects:

- *Parenting Workshops:* ACBHS will provide targeted support for parents regarding early screening and support for children with severe emotional disturbances (SED).
- *Men and Youth Wellness Project*: ACBHS will continue to provide this project to increase emotional relationship building between father figures and children.
- *Women and Youth Wellness Project*: ACBHS will implement this project to mirror the Men and Youth Wellness Project.
- *Children and TAY Wellness Project:* ACBHS will continue to provide summer story time 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.

FY 2012 – 2013 Activities and Outcomes

Key Activities in FY 2012-13:
The Parenting Workshops and Men and Youth Wellness Project were in place prior to and during FY 2012-13, they are now being redefined under a single program in order to clarify the program goals and objectives.

Program Challenges in FY 2012-13

- Parenting Workshops were not consistently offered during FY 2012-13 due lack of program structure, space, and time.
- Lack of consistent programming targeting teenagers.

Program Evaluation and Participant Outcomes
Participant outcomes were not tracked for program evaluation purposes. This program was not evaluated in FY 2012-13.

Proposed Activities for FY 2014 – 2017

ACBHS will provide targeted programming for a variety of distinct populations described above. These programs will provide continued support to prevent the development and onset of mental health issues among Alpine County residents.

Additionally, ACBHS plans to develop and implement a program evaluation that tracks participants' outcomes over time (e.g., quarterly administration), program progress and client satisfaction (e.g., quarterly client satisfaction questionnaire). Possible participant assessment and outcome measures include:

- Beck Depression Inventory (BDI)
- Burns Anxiety Inventory

- UCLA PTSD Reaction Index
- Adult Substance Abuse Subtle Screening Inventory (SASSI-3)
- Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2)
- Addiction Severity Index (ASI)
- Dissociative Experience Scale (DES)
- The Adolescent Dissociative Experiences Scale (A-DES)
- The Child Dissociative Checklist (CDC)
- Anasazi Electronic Health Record System assessment tools

Goals and Objectives

Goal:	Provide targeted programming to prevent the development and onset of mental health issues and to promote family wellness among Alpine County residents.
Objective 1:	Establish schedule and protocols for Parenting Workshops and the Women and Youth Wellness Project.
Objective 2:	Conduct regular outreach regarding available programming. A log of outreach attempts and total reach will be kept.
Objective 3:	Develop and implement participant outcomes evaluation with regular administration of evaluation tools, making data-driven service improvements.
Object 4:	Engage stakeholders in client satisfaction questionnaires to establish baseline data of community integration and relations. Re-administer quarterly/semi-annually to monitor outcomes and make data-driven program improvements.

Number to be served FY 2014-15:	*110*	**Proposed Budget FY 2014-15:**	*$28,000*
Cost per Person FY 2014-15:	*$254.55*	**Total Proposed Budget FY 2014-17:**	*$84,000*

School-Based Primary Intervention Program

Status:	☒New		☐Continuing	
Priority Population:	☒Children Ages 0 – 17	☐Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☐Older Adult Ages 60+

Program Description

Program Purpose & Description

The Primary Intervention Program (PIP) provides one-to-one services to students through the use of non-directive play sessions, including games, arts and crafts activities, and conversations. Services are delivered by a child aid, with close supervision from a school-based mental health professional. Children receive one 30-40 minute one-to-one session per week, for a period of 12-15 weeks.

The PIP program 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 towards school and improved academic achievement.

Proposed Activities for FY 2014 – 2017

ACBHS will design and implement the PIP program in FY 2014-17. Specifically, ACBHS staff will develop program policies and procedures, hire and train staff in PIP delivery, conduct outreach to teachers and families regarding PIP offerings, enroll students in PIP, and monitor student progress on a regular basis.

The program will be implemented in partnership with Alpine County schools. As an evidence-based program, PIP includes tools which ACBHS plans to use to evaluate implementation progress and participant outcomes over time. ACBHS may consider additional outcome measures, including: Possible participant outcome measures include: • Adverse Childhood Experiences (ACE) • Beck Depression Inventory (BDI) • Burns Anxiety Inventory • UCLA PTSD Reaction Index • Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2) • Dissociative Experience Scale (DES) • The Adolescent Dissociative Experiences Scale (A-DES) • The Child Dissociative Checklist (CDC) • Anasazi Electronic Health Record System assessment tools			
Goals and Objectives			
Goal:	PIP strives to enhance the social, emotional, and behavioral development of young students and to minimize the need for more intensive services at a later age. Ideally, PIP will also build children's self-esteem and confidence; increase students' sense of security and positive attitudes about school; and increase personal capabilities related to life success.		
Objective 1:	Develop and establish PIP policies and procedures.		
Objective 2:	Hire and train staff to provide PIP services or contract with a community based service provider to implement PIP		
Objective 3:	Conduct outreach to teachers and families, and enroll students in PIP program.		
Objective 4:	Develop and administer participant outcome tools to track wellness of student participants.		
Number to be served FY 2014-15:	*30*	**Proposed Budget FY 2014-15:**	*$38,000*
Cost per Person FY 2014-15:	*$1,266.67*	**Total Proposed Budget FY 2014-17:**	*$114,000*

Innovation Project

Given the county's need for physical capacity and personnel to implement previously approved and expanded programs, Alpine County did not identify the need or ability to implement an innovation program at this time.

WET Programs

Alpine County did not identify a need for WET programming at this time. ACBHS plans to work with the Central Regional Partnership to improve efforts at recruiting clinicians who are more demographically representative of the county's target population, and to help fill a clinical coordinator position. The stakeholder-identified needs for ongoing staff training in cultural competency, holistic approaches, and EBP implementation will be addressed throughout the implementation of other CSS and PEI programming as a part of program implementation and operation.

CFTN Projects

Through the CPP process, the need for capital facilities was apparent. Based on stakeholder input, the MHSA Planning Team proposes some modifications to the previously-approved plan. Additionally, the MHSA Planning Team proposes continuation of the current technology plan with few modifications.

Capital Facilities: Acquire New Space for MHSA Administration and Services			
Status:	☐New	☐Continuing	☒Modified
Program Description			
Program Purpose & Description In FY 2010-11, Alpine County requested and received funds to establish a second wellness center. However, those plans were not implemented due to staff turnover. During the April 2014 community work session, the need for additional space was revisited and stakeholders agreed that the county did need more office and service space, but not necessarily a second wellness center. The Capital Facilities funds will be used to acquire a new building or space for MHSA administration and services. The focus of the building or space will be to offer MHSA services to children, transition age youth, families, adults, and older adults, providing: activity rooms for individual and group service delivery (including Play Therapy and additional wellness programs); and dedicated space for ACBHS administration.			
Proposed Activities for FY 2014 – 2017			
BHS staff will work with the county building, planning, and public works departments to identify, secure, and renovate an appropriate space and/or building to provide expanded MHSA services and house ACBHS administrative offices. Key concerns ACBHS will consider for the new space include: • Location that maximizes accessibility for all residents of Alpine County. • Configuration of programming and shared spaces to increase privacy for those seeking CSS services. • Appropriate size to house group activities and Play Therapy in addition to administrative offices.			
Goals and Objectives			
Goal:	Acquire a new building or space for MHSA administration and services in order to provide: activity rooms for individual and group service delivery (including Play Therapy and additional wellness programs); and dedicated space for the MHSA administration team.		
Objective 1:	Identify potential space or building for MHSA administration team. Maintain log of potential MHSA locations and any outcomes related to follow-up.		
Objective 2:	Move MHSA administration team to new office space and begin service delivery at new site. Maintain accurate calendar of key events and commencement of service delivery activities.		
Proposed Budget FY 2014-15:	*$441,820*	**Total Proposed Budget FY 2014-17:**	*$441,820*

Technological Needs

Status:	☐New	☒Continuing	☐Modified

Program Description

Program Purpose & Description

During FY 2010-11 Alpine conducted a technological needs assessment, applied, and received funding for implementing an electronic health record (EHR) to document services, streamline assessments, and track programmatic and client outcomes over time. 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 high-risk clients (e.g. allergies, drugs sensitivities, recent crisis information, as appropriate). The EHR will also ensure the privacy of protected health information by having state-of-the-art equipment and software.

In 2011, Alpine began implementing their EHR through Anasazi. As of FY 2012-13, Alpine is in the primary stages of EHR implementation and has accomplished the following:

- 2012, staff computers upgraded and Anasazi configured for Alpine County.
- 2013, administrative staff trained in service data entry for billing purposes.
- March 2014, administrative staff trained in end of month billing in Anasazi.
- April 2041, clinical staff trained in clinical navigation, scheduler, client charting and progress notes in Anasazi.
- May 2014, clinical staff trained in treatment planning and assessments in Anasazi.

Proposed Activities for FY 2014 – 2017

ACBHS staff and contracted providers will continue to work toward establishing a functional and fully electronic health record system. ACBHS plans to accomplish this through ongoing training and utilization and billing review. ACBHS will implement new assessments and outcomes measures to evaluate new and ongoing programs.

Goals and Objectives

Goal:	Implement an electronic health record (EHR) as a means for streamlining assessments, documenting services, and tracking programmatic and client level outcomes over time.
Objective 1:	Migrate existing paper records to new EHR system. Track progress towards full migration on at least quarterly basis.
Objective 2:	Increase efficiencies in reporting, billing, and retrieving and storing personal health information.
Objective 3:	Establish and communicate assessment schedule, policies, and procedures for administration.

Proposed Budget FY 2014-15:	*$85,000*	**Total Proposed Budget FY 2014-17:**	*$165,000*

MHSA Three-Year Expenditure Plan

Funding Summary

County: Alpine

Date: 5/5/14

	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 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years					788,470	
2. Estimated New FY2014/15 Funding	870,269	217,567				
3. Transfer in FY2014/15[a/]	0					
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	870,269	217,567	0	0	788,470	
B. Estimated FY2014/15 MHSA Expenditures	870,269	217,567	0	0	541,820	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	0	0	246,650	
2. Estimated New FY2015/16 Funding	870,269	217,567				
3. Transfer in FY2015/16[a/]	0					
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	870,269	217,567	0	0	246,650	
D. Estimated FY2015/16 Expenditures	870,269	217,567	0	0	46,000	
E. Estimated FY2016/17 Funding	870,269	217,567				
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	0	0	200,650	
2. Estimated New FY2016/17 Funding						
3. Transfer in FY2016/17[a/]	0					
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	870,269	217,567	0	0	200,650	
F. Estimated FY2016/17 Expenditures	870,269	217,567	0	0	46,000	
G. Estimated FY2016/17 Unspent Fund Balance	0	0	0	0	154,650	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	459,573
2. Contributions to the Local Prudent Reserve in FY 2014/15	41,164
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	500,737
5. Contributions to the Local Prudent Reserve in FY 2015/16	41,164
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	541,901
8. Contributions to the Local Prudent Reserve in FY 2016/17	41,164
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. 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.

Community Services and Supports (CSS) Component Worksheet

County: ALPINE Date: 5/5/14

	Fiscal Year 2014/15					
	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	300,214	75,000			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
Non-FSP Programs						
1. FCCS	116,860	116,860				
2. OUTREACH & ENGAGEMENT	95,134	95,134				
3. SCHOOL BASED MH CLINICIAN	71,860	71,860				
4. PLAY THERAPY	71,860	71,860				
5. SYSTEMS DEVELOPMENT	100,000	100,000				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CSS Administration	114,341	114,341				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	945,269	870,269	75,000	0	0	0
FSP Programs as Percent of Total	43.1%					

	Fiscal Year 2015/16					
	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	300,214	75,000			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
Non-FSP Programs						
1. FCCS	116,860	116,860				
2. OUTREACH & ENGAGEMENT	95,134	95,134				
3. SCHOOL BASED MH CLINICIAN	71,860	71,860				
4. PLAY THERAPY	71,860	71,860				
5. SYSTEMS DEVELOPMENT	100,000	100,000				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CSS Administration	114,341	114,341				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	945,269	870,269	75,000	0	0	0
FSP Programs as Percent of Total	43.1%					

	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	300,214	75,000			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
Non-FSP Programs						
1. FCCS	116,860	116,860				
2. OUTREACH & ENGAGEMENT	95,134	95,134				
3. SCHOOL BASED MH CLINICIAN	71,860	71,860				
4. PLAY THERAPY	71,860	71,860				
5. SYSTEMS DEVELOPMENT	100,000	100,000				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CSS Administration	114,341	114,341				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	945,269	870,269	75,000	0	0	0
FSP Programs as Percent of Total	43.1%					

Prevention and Early Intervention (PEI) Component Worksheet

County: ALPINE Date: 5/5/14

	Fiscal Year 2014/15					
	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 & EXERCISE	8,000	8,000				
2. PBIS	36,500	36,500				
3. CREATE THE GOOD	28,000	28,000				
4. COMBINING PAST & PRESENT	28,000	28,000				
5. WELLNESS PROJECTS	28,000	28,000				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. CREATE THE GOOD	11,067	11,067				
12. PRIMARY INTERVENTION PROGRAM	38,000	38,000				
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	217,567	217,567	0	0	0	0

	Fiscal Year 2015/16					
	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 & EXERCISE	8,000	8,000				
2. PBIS	36,500	36,500				
3. CREATE THE GOOD	28,000	28,000				
4. COMBINING PAST & PRESENT	28,000	28,000				
5. WELLNESS PROJECTS	28,000	28,000				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. CREATE THE GOOD	11,067	11,067				
12. PRIMARY INTERVENTION PROGRAM	38,000	38,000				
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	217,567	217,567	0	0	0	0

	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 & EXERCISE	8,000	8,000				
2. PBIS	36,500	36,500				
3. CREATE THE GOOD	28,000	28,000				
4. COMBINING PAST & PRESENT	28,000	28,000				
5. WELLNESS PROJECTS	28,000	28,000				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. CREATE THE GOOD	11,067	11,067				
12. PRIMARY INTERVENTION PROGRAM	38,000	38,000				
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	217,567	217,567	0	0	0	0

Capital Facilities and Technology Needs (CFTN) Component Worksheet

County: ALPINE Date: 5/5/14

	Fiscal Year 2014/15					
	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	441,820	441,820				
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	85,000	85,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	15,000	15,000				
Total CFTN Program Estimated Expenditures	541,820	541,820	0	0	0	0

	Fiscal Year 2015/16					
	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.	0					
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	40,000	40,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	6,000	6,000				
Total CFTN Program Estimated Expenditures	46,000	46,000	0	0	0	0

	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.	0					
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	40,000	40,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	6,000	6,000				
Total CFTN Program Estimated Expenditures	46,000	46,000	0	0	0	0

Appendix A: Stakeholders Engaged in Community Program Planning

To be completed after Public Hearing

A total of ## unduplicated individuals participated in the CPP process, throughout the key informant interviews in March 2014, the community work session in April 2014, and the public hearing in May 2014. A total of ## demographic forms were submitted at the conclusion of these activates.

Participant Stakeholder Affiliation

- Consumers
- Family Members
- Service Provider
- County Government Agency
- Community-Based Organization
- Law Enforcement
- Education Agency
- Social Service Agency
- Veteran Organization
- Provider Of Alcohol And Other Drug Services
- Medical Or Health Care Organization
- Other
- Did Not Identify

Participant Age Ranges

- Under 16
- 16-24
- 25-59
- 60 and older
- Did Not Identify

Participant Gender

- Female
- Male
- Other
- Did Not Identify

Participant Ethnicity

- White
- African American/Black
- Hispanic/Latino
- Asian or Pacific Islander
- American Indian/Native Alaskan
- Two or More Races
- Other

- Did Not Identify

Participant Residency

- Bear Valley
- Hung-a-lel-tiCommunity
- Kirkwood
- Markleeville
- Woodfords
- Other
- Out of County
- Did Not Identify

Appendix B: Community Work Session Outreach

Alpine County Behavioral Health Services invites you to participate in:

MHSA Three-Year Program & Expenditure Plan

Two-Day Community Work Session

DAY 1: Introduction and Needs Assessment Findings	DAY 2: Community-Driven Program Planning
Date: Wednesday, April 2 Time: 1:30 pm – 5:00 pm Location: Woodfords Indian Education Center (WIEC) 96B Washoe Blvd. Markleeville, CA 96120	**Date:** Thursday, April 3 **Time:** 8:30 am – 12:30 pm **Location:** Woodfords Indian Education Center (WIEC) 96B Washoe Blvd. Markleeville, CA 96120

Meeting Objectives:

- Review the purpose of the MHSA Three-Year Program & Expenditure Plan, FY 2014 – 2017
- Provide an overview of current Alpine County MHSA programs
- Work collaboratively to build and improve programs that work for you, your family, and your neighbors

Please join us on both days!

lunch provided

WELLNESS • RECOVERY • RESILIENCE

For more information, please contact MHSA Specialist, Amy Broadhurst at 530-694-1730 or abroadhurst@alpinecountyca.gov

Appendix C: Public Hearing Outreach

To be completed after public hearing