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# POSTED FOR PUBLIC COMMENT

November 14, 2023 through December 13, 2023

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## ALPINE COUNTY BEHAVIORAL HEALTH SERVICES

### Mental Health Services Act (MHSA) **Three-Year Program and Expenditure Plan** Fiscal Years 2023/2024, 2024/2025, and 2025/2026

This proposed Three-Year Plan is available for public review and comment from November 14, 2023 through December 13, 2023.

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

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#### **Public Hearing:**

Thursday, December 14, 2023  
09:00 am-10:30 am

Alpine County Behavioral Health  
Conference Room  
40 Diamond Valley Road  
Markleeville, CA 96120

Or via Zoom:

<https://us06web.zoom.us/j/81224056771?pwd=DztLE3X6MLVBIGOVBg0dzgnigXo0gX.1>

Meeting ID: 812 2405 6771  
Passcode: 725678

#### **Feedback or Questions? Contact:**

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

*Thank you!*

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**ALPINE COUNTY BEHAVIORAL HEALTH SERVICES**  
**MHSA Three-Year Program and Expenditure Plan**  
Fiscal Years 2023/2024, 2024/2025, and 2025/2026

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**A. COUNTY DESCRIPTION AND DEMOGRAPHICS**



Alpine County is a rural county that lies along the crest of the central Sierra Nevada mountains, south of Lake Tahoe, north of Yosemite, and bordering the state of Nevada. This county is the least populated county in California, with only 1,190 residents (*US Quick Facts Estimates 2022*). The county is 743 square miles and is considered a rural county with 1.6 persons per square mile.

Alpine County has no incorporated cities, and most of the population is concentrated around four rural mountain communities: Markleeville, Woodforbs, Bear Valley, and Kirkwood. Markleeville is the county seat and home to many of the county offices and direct service providers. Partially situated in Alpine County, the federally-recognized Washoe Tribe of Nevada and California includes four communities: one in Alpine County and three in the state of Nevada. The Washoe community in Alpine, Hung-A-Lel-Ti, is concentrated in the town of Woodforbs. Kirkwood and Bear Valley are mountain resort communities, each with a small

number of permanent residents; higher numbers of seasonal visitors and employees; and limited access to basic services.

Population data shows that approximately 62.8% of residents are Caucasian; 7.7% are Latino; 0.3% are African American; 1% are Asian; 23.7% are Native American; 0.1% are Native Hawaiian/Other Pacific Islander; and 4.4% are Other Race/Ethnicity (*US Quick Facts Estimates 2022*). It is estimated that 81 veterans live in Alpine County, representing 6.8% of all residents. (*National Center for Veterans Analysis and Statistics, 2020-2023*)

Of persons ages 25 and older, 39.3% of Alpine County residents have a Bachelor's degree or higher. Per capita annual income in the county is \$39,055, with an estimated 15.8% of county residents living in poverty. (*US Quick Facts Estimates 2022*).

Approximately 18.7% of the population are ages 0-14; 9.0% are 15-24 years old; 48.8% are 25-59 years old; and 23.5% are ages 60+. Females represent 48.4% of the population. (*US Census 2010*)

Issues that are consistently identified by residents as areas of concern are transportation; isolation; substance-use co-occurring with other risk factors; risk of suicide; and housing issues. Due to the remoteness of the communities and the limited resources available locally, ACBHS provides community wellness activities, as well as treatment services, to individuals and families experiencing emotional, mental, or behavioral difficulties, whether resulting from a mental health disorder or the stresses of daily life.

## **B. OVERVIEW OF THE MENTAL HEALTH SERVICES ACT**

In November 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA), which created a system of mental health care funded by a tax on Californians with incomes over 1 million dollars. MHSA addresses a broad continuum of prevention, early intervention, and service needs; and the necessary infrastructure, technology, and training elements that effectively support this system. Implemented in Alpine County beginning in FY 2004-2005, MHSA continues to provide increased funding, staffing, and other resources to support county mental health programs and monitor progress toward performance outcomes for children, transition age youth, adults, older adults, and their families.

MHSA target populations include:

- Children (ages 0-15) at risk of placement out of home (hospitals, juvenile justice system, foster care), and their families
- Transition Age Youth (ages 16-25) at risk of placement out of home (hospitals, criminal/juvenile justice systems)
- Adults (ages 26-59) with serious mental illness and at risk of hospitalization, involvement in the criminal justice system, and/or homelessness
- Older Adults (ages 60+) at risk of losing their independence and being institutionalized due to mental health problems

The MHSAs components include Community Services and Supports (CSS); Prevention and Early Intervention (PEI) local and statewide; Innovation; Workforce Education and Training (WET); and Capital Facilities/Technological Needs (CFTN).

Alpine County Behavioral Health Services (ACBHS) is required to develop and submit three-year program and expenditure plans, and annual updates, that address the activities, services, and projects that will be implemented within the framework of MHSAs. The plans and updates include planning budgets that outline the anticipated expenditures. The plans/updates also allow ACBHS the opportunity to report on the successes and challenges of the programs and projects that were implemented; applicable data; related performance outcomes; and any anticipated changes in the coming year(s). Stakeholder and community involvement is essential in the planning and development of the MHSAs system.

## **C. MHSAs COMMUNITY PROGRAM PLANNING**

The Alpine County Behavioral Health Services (ACBHS) Community Program Planning (CPP) process for the development of the MHSAs FYs 2024-2026 Three Year Program and Expenditure Plan (MHSAs 3-Year Plan) builds upon the planning process that was utilized for the development of the most recent MHSAs 3-Year Plan, as well as past plans and annual updates. Over the past several years, these planning processes have been comprehensive and, since 2006, have included the input of diverse stakeholders through focus groups, stakeholder meetings, and surveys. It is estimated that hundreds of stakeholders have participated in the planning process since 2005.

The CPP process is designed to be both thorough and inclusive. In May and June 2023, three (3) focus groups were held, each focusing on one or more of the distinctive communities within Alpine County. All Alpine County community members were invited to attend any of the focus groups. The focus groups provided the opportunity for the community and stakeholders to learn about ACBHS and MHSAs; discuss current services and supports; and brainstorm ideas for new programs and services. As part of the stakeholder meetings, ACBHS also provided basic quality improvement; evaluation; and fiscal and budget components. (See Appendix A for the materials related to the focus groups.)

There was an unduplicated count of 66 participants across all three meetings, representing various populations and multiple partner organizations.

- The first stakeholder meeting was held May 25, 2023, at the Hung-A-Lel-Ti Center at the Hung-A-Lel-Ti Community Building. There were over 25 people in attendance and dinner was provided. Dr. Art Martinez led the stakeholder meeting and facilitated a discussion of the needs and recommendations of the community. Discussions centered on the importance of tribal health and wellness, with access to services, and expanding the number of available staff by developing Native positions. This suggestion included hiring service navigators to help individuals choose and access the services needed; and working together within the community to create learning opportunities.

- It was also recommended that schools be used as a center for bringing the community together, promoting the Washoe language, and offering cultural teachings. Stakeholders also supported the idea of creating opportunities to bring the non-native community and the Native community together by organizing monthly events to learn more about the land, Native culture, and tradition. Suggestions included gathering acorns in the fall to learn about how acorns were used to provide food and nutrition. Similarly, scheduling an ancestral hike to visit some of the historical landmarks in the county would promote opportunities for all community members to learn more about the Native culture.
- Other suggestions included reviving the bike-to-school and bike repair program so that grade school youth have a bike to ride to school every day; identifying elders who can read to young children; exploring the option for developing a charter school in the county; and offering after-school activities in Alpine County to bridge the gap between the community and Alpine County students who attend high school in Douglas County, Nevada. There was also a discussion about scheduling “Unity Days” across different Washoe communities in the multi-state region to build community and promote wellness and health. Also, for high school students, provide additional support to stay in school and help students find scholarship opportunities and/or training schools for trades (welding, woodworking, mechanics) as they near graduation.
- The second stakeholder meeting was held at the BHS Community Room in Woodfords on May 26, 2023, with approximately 20 in attendance. Lunch was provided. Participants expressed their appreciation of the multiple wellness classes offered throughout the year, especially to older adults; and they recommended similar activities for youth and young adults.
  - There were suggestions to develop activities for young children and families to support parents and caregivers by having a culturally-responsive home visiting program. Other suggestions included classes in wellness and family life for children through eighth grade, as well as activities so that children are engaged after school, when parents work.
  - Other key issues discussed included additional services for older adults; transportation to needed services; and expanding options for housing for communities. Support for caregivers was also emphasized, with a large population of elderly in the county
- The third stakeholder group was held in Bear Valley on June 7, 2023, and dinner was provided. There were over 15 people who attended. This small rural community was very isolated last winter due to snow, ice and extreme weather conditions. Many people were snow-bound for several weeks and services were very limited.
  - The community members were concerned that there were no Behavioral Health staff located in Bear Valley; and with winter road closures, travel to facilitate services was limited. Suggestions included hiring part-time staff who live in Bear Valley to help support weekly and/or monthly wellness activities.

- Other recommendations included developing activities for children and youth such as a summer camp; winter sports; hikes; astronomy night; music; and after-school programs such as help with homework, sports, bike rides, crafts, etc.
- For all ages, stakeholders supported renewed financial support of the Local's Night potluck, which aligned with MHSA principles by honoring community collaboration and uplifting community members through increased social opportunities and support. Local's Night was held outside when weather permits, and inside during colder months. Other all-ages suggestions included organized hikes; a sewing group; parents club; and a counselor to offer counseling to all ages. It was suggested that monthly calendars are created and posted throughout the community, with calendars scheduled two months in advance, so that people can plan their time.

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

Key stakeholders routinely discuss and provide ongoing input on the utilization of MHSA funds during the QIC meetings; Cultural and Linguistic Competence Committee meetings; and at the monthly Alpine County Mental Health Board meetings. All stakeholder groups and boards are in full support of this MHSA Annual Update and the strategies to maintain and enhance services.

All of the planning information gathered was used to inform the development of the MHSA 3-Year Plan, including the development of two (2) new PEI Prevention programs, as outlined later in this document.

## **D. CAPACITY TO IMPLEMENT MHSA PROGRAMS**

ACBHS is required to provide an assessment of its capacity to implement the proposed MHSA programs and services.

- 1. Requirement:** Demonstrate the strengths and limitations of the County and service providers that impact their ability to meet the needs of the MH community, including the Native American community and other diverse populations. Include an assessment of bilingual proficiency in threshold languages.
  - a. Strengths of the ACBHS System:** ACBHS has dedicated direct service and support staff, who value providing excellent service to the Alpine County community. ACBHS services and programs benefit from engaged and supportive communities. To mitigate limited staff and resources, and to harness the strong community connections, ACBHS often develops innovative services and activities that are responsive to client and community needs.

- b. Limitations of the ACBHS System:** In this small and remote county, ACBHS struggles with workforce shortages, especially recruitment of clinicians and other direct service staff that are licensed. Staff development and retention is priority.
  - c. Bilingual Proficiency of ACBHS Staff:** English is the only official threshold language in Alpine County. However, to engage the Spanish-speaking population, ACBHS publishes its informing materials in both English and Spanish; and all required forms and notifications are available in English and Spanish. In addition, staff who answer the Access Line are provided with a list of commonly-used Spanish phrases, in order to link callers to the Language Line, when needed.
- 2. Requirement:** Provide percentage of diverse cultural, racial/ethnic, and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.
- a. Comparison of Alpine County Population; ACBHS clients; and ACBHS staff on age, race/ethnicity, language, and gender.** Figure 1 shows census from 2010 with a total population of 1,175. Current data on the number of mental health clients and ACBHS staff are also shown. There is a higher proportion of ACBHS staff who are ages 25-59, which is expected to have a workforce that is primarily this age group. When examining the data for Race/Ethnicity, the proportion of persons who are Latino in the general population (7.1%) and MH clients (8.3%) is comparable. However, ACBHS staff shows that 28.6% of staff are Latino. For gender, there are 48.4% females in the population; 62.5% female clients; and 85.7% female staff.

**Figure 1**  
**Alpine County Population, Mental Health Clients, and ACBHS Staff, by Demographics**  
**FY 2021/22**

	Alpine County Population 2010 Census		ACBHS Mental Health Clients		ACBHS Staff	
<b>Age Distribution</b>						
<b>0 - 14 years</b>	220	18.7%	11	22.9%	-	-
<b>15 - 24 years</b>	106	9.0%	3	6.3%	-	-
<b>25 - 59 years</b>	573	48.8%	22	45.8%	7	100.0%
<b>60+ years</b>	276	23.5%	12	25.0%	-	-
<b>Total</b>	<b>1,175</b>	<b>100.0%</b>	<b>48</b>	<b>100.0%</b>	<b>7</b>	<b>100.0%</b>
<b>Race/Ethnicity Distribution</b>						
<b>Black</b>	-	0.0%	1	2.1%	-	-
<b>American Indian/ Alaskan Native</b>	210	17.9%	15	31.3%	-	-
<b>Asian/ Pacific Islander</b>	7	0.6%	1	2.1%	-	-
<b>White</b>	852	72.5%	26	54.2%	5	71.4%
<b>Latino</b>	84	7.1%	4	8.3%	2	28.6%
<b>Other/ Unknown</b>	22	1.9%	1	2.1%	-	-
<b>Total</b>	<b>1,175</b>	<b>100.0%</b>	<b>48</b>	<b>100.0%</b>	<b>7</b>	<b>100.0%</b>
<b>Gender Distribution</b>						
<b>Male</b>	606	51.6%	18	37.5%	1	14.3%
<b>Female</b>	569	48.4%	30	62.5%	6	85.7%
<b>Total</b>	<b>1,175</b>	<b>100.0%</b>	<b>48</b>	<b>100.0%</b>	<b>7</b>	<b>100.0%</b>

**3. Requirement:** Identify possible barriers to implementing the proposed MHSA programs/ services and methods of addressing these barriers.

- a. Barriers to Implementation:** In this small and remote county, ACBHS can struggle with workforce shortages, especially recruitment of clinicians and other direct service staff.
- b. Mitigation Efforts:** ACBHS is addressing staffing issues through ongoing recruitment activities. The Behavioral Health department is being integrated into an agency with Health and Human Services. This “superagency” will provide additional staffing and resources for implementing programs. ACBHS will also continue to identify and implement priorities and programs that will have the most impact on clients and the community, maximizing resources and outcomes.

## **E. LOCAL REVIEW PROCESS**

### **1. 30-Day Posting Period and Circulation Methods**

This proposed MHSA 3-Year Plan was posted for a 30-day public review and comment period from November 14, 2023 through December 13, 2023. An electronic copy was posted on the County website. This document was distributed to all members of the local Mental Health Board; County Board of Supervisors; printed copies available at Community Room, Washoe

Woodfords Community Council; consumer groups; and ACBHS staff. The document was available via mail or email, upon request. Hard copies of the proposed Plan that included the Public Hearing notice were available at each US Post Office in the County; at the clinics in Markleeville and Bear Valley; and at the Wellness Center. Public Hearing notices were posted at the local general store in Markleeville; at the libraries in Markleeville and Bear Valley; at the Sheriff's station in Bear Valley; at the Firehouse at Hung-A-Lel-Ti; and upon request.

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

Comments and feedback about the proposed Plan were invited and made to:

Dawn Riddle, MHSa Program Specialist  
MHSa Three-Year Plan Comments  
Alpine County Behavioral Health Services  
40 Diamond Valley Road, Markleeville, CA 96120  
530-694-1314  
[driddle@alpinecountyca.gov](mailto:driddle@alpinecountyca.gov)

## **2. Public Hearing Information**

The Public Hearing for the posted MHSa 3-Year Plan was held on Thursday, December 14, 2023, from 9:00 am-10:30 am. The meeting was conducted in person and online via Zoom.

24 stakeholders attended the Public Hearing. Participants included 11 adults (ages 26-59); 12 older adults (ages 60+); and one (1) participant who declined to answer. 23 of the participants were White/Caucasian and one (1) was African American. Participants included representatives from Public Health; Live Violence Free; District Attorney's Office; Board of Supervisors; First 5; Suicide Prevention Network; CalFresh; ACBHS; and the Mental Health Advisory Board. Clients, family members, and general public stakeholders also participated. Stakeholders included individuals from Mesa Vista, Markleeville, and Woodfords.

## **3. Public Feedback on Proposed Document**

Public feedback on the MHSa 3-Year Plan was as follows:

- In general, the feedback and comments indicated support for ACBHS and its staff in its delivery of excellent services that enhance community connections and positively impact the well-being of Alpine County residents.
- Several stakeholder wrote in support of the yoga activities under the Foundations of Wellness Prevention program. Residents were happy that the yoga activities will continue in the coming fiscal years. Quotes from stakeholders included:
  - This activity keeps residents *“healthy and active”* and *“have a clear benefit to wellness – both physical and mental.”*

- Commentors noted that yoga “*contributes to the well-being of the Alpine County community*” and “*are good for the physical, emotional, and social health of Alpine County residents.*”
- This activity has been “*vital for my health and mental well-being*” and “*the inclusive and gentle atmosphere provide a safe, non-threatening and much-needed social connection for many [residents].*”
- A stakeholder commented that they “*participate in these [PEI] programs because [they] find them to be supportive to [their] physical, mental, and spiritual health.*”
- Another individual commented that “*ACBHS does an amazing job leading an array of incredible MHSA programs that serve all ages in the County.*”

ACBHS appreciates all of the feedback and comments from Alpine County residents and stakeholders. Thank you!

#### **4. Substantive Recommendations and Changes**

Substantive recommendations and changes to the MHSA 3-Year Plan were reviewed and incorporated into the final document, as appropriate. The majority of the changes made were to clarify some of the focus group details, as well as to clarify existing programs. In addition, the name of the new Prevention program that will be implemented in collaboration with the Washoe Tribe was changed from “Washoe Prevention Program” to “Washoe People for Prevention.”

#### **5. County Approval and State Submission**

The MHSA 3-Year Plan, updated with the public comments, has been submitted to the Mental Health Board for review. After MHB review, the Plan will be submitted to the County Board of Supervisors (BOS) for approval. The final approved document will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

## **F. COMMUNITY SERVICES AND SUPPORTS COMPONENT**

Through Community Services and Supports (CSS) funding, ACBHS embraces a “whatever it takes” service approach in helping individuals achieve their goals. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to address each individual’s unique needs, and to support their health and wellness. These services emphasize wellness, recovery, and resilience, and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual.

### **1. Report on Prior Year’s CSS Programs (FY 2021/2022)**

Community Services and Supports (CSS) funding created two strong programs: 1) CSS Full-Service Partnership (FSP) program; and 2) CSS Non-FSP program. These two programs encompass a variety of services and activities, including FSPs; outreach and engagement activities; general system development programs; and the wellness center.

#### **a. Report on Prior Years’ CSS Full-Service Partnership (FSP) Program (FY 2021/2022)**

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

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

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

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

❖ CSS FSP Program Data (FY 2021/22)

*Note: Due to the small population size of Alpine County, and the small number of persons served in some of the programs, information on client demographics will not be displayed to ensure confidentiality for the persons served.*

In FY 2021-22, ACBHS served one (1) individual in the FSP program. This individual was a Transition Age Youth (TAY).

The individual served in the FSP program received a total of 33.3 hours of services. As seen in Figure 2, the majority of service hours were case management and Individual/ Family Therapy.

**Figure 2**  
**FSP Mental Health Hours, Clients, and Average Hours per Client, by Service Type**  
**FY 2021-22**

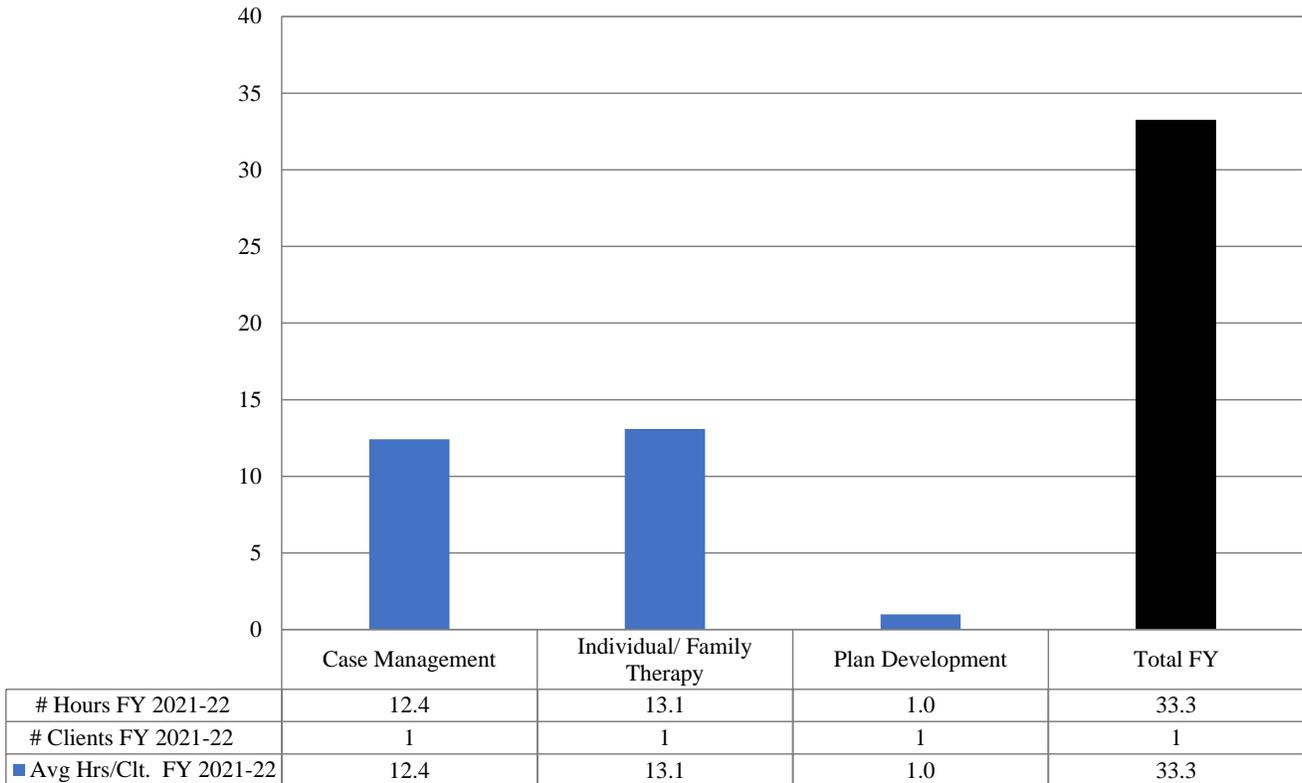


Figure 3 shows the number and percent of FSP clients who remained living in the community in FY 2021/22. This data shows that 100% of FSP clients retained stable living in the fiscal year, an excellent outcome!

**Figure 3**  
***Number and Percent of FSP Clients Who Remained Living in the Community***  
FY 2021/22

	<b># Clients</b>	<b>% Clients</b>
Living in the Community	1	100%
Not Living in the Community	-	-
<b>Total</b>	<b>1</b>	<b>100%</b>

Figure 14 shows the average MHSA cost per CSS FSP client in FY 2021/2022. MHSA FSP expenditures were \$56,775; 1 client was served; and the average cost per client was \$56,775.

**Figure 4**  
**CSS Full-Service Partnership Services**  
***Total FSP Expenditures, Clients, and Cost per Client***  
FY 2021/22

Total FY 21/22 FSP Costs	\$56,775
Total FY 21/22 FSP Clients	1
<b>FY 21/22 Cost per FSP Client</b>	<b>\$56,775</b>

**b. Report on Prior Years’ CSS Non-FSP Program (FY 2021/2022)**

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

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

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

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

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

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

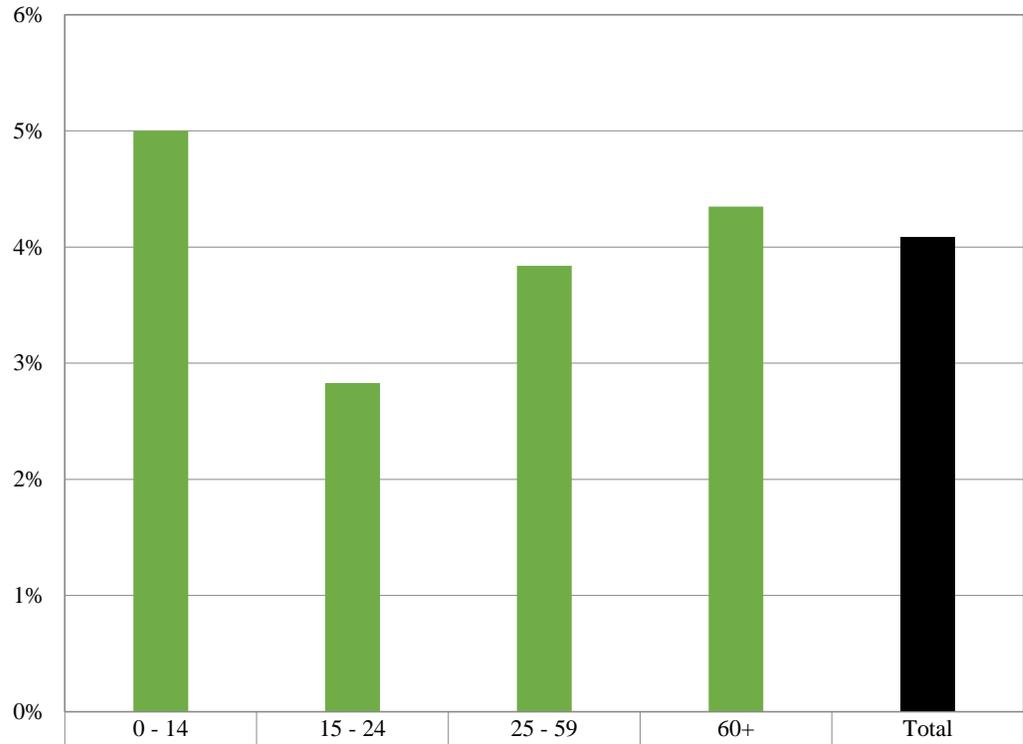
Play Therapy is an evidence-based practice designed to deliver clinical services to children in a supportive environment. Play therapy enables children to decrease anxiety; increase confidence; make healthier choices; and decrease behavioral issues through age-appropriate self-expression. These services include a variety of evidence-based practices, such as art therapy, attachment-based Thera-play, and sand tray interventions. During COVID-19 restrictions, this activity was suspended; however, it is expected to resume in FY 2023/24.

Case management services allow ACBHS staff to assist clients, and their families as appropriate, in accessing necessary medical, educational, social, employment or education, and housing, through both county and community resources. Case management services may be provided by dedicated case managers or by licensed clinicians.

#### ❖ CSS Non-FSP Program Data (FY 2021/22)

Figure 5 shows the Penetration Rate for the total clients served, and by age group. There was a total of 48 individuals who received CSS Non-FSP services in FY 2021/22. The total Alpine County population is 1,175. This calculates into a Penetration Rate of 4.1%. There were 11 children ages 0-14 served, with a Penetration Rate of 5.0%. There were three (3) Transition Age Youth ages 15-24 served, with a Penetration Rate of 2.8%. There were 22 adults ages 25-59 served, with a Penetration Rate of 3.8%. There were 12 older adults ages 60+ served, with a Penetration Rate of 4.3%. These are higher penetration rates than in many counties.

**Figure 5**  
**CSS Non-FSP Mental Health Penetration Rate, by Age**  
 FY 2021/22



	0 - 14	15 - 24	25 - 59	60+	Total
# Clients FY 2021-22	11	3	22	12	48
■ Penetration Rate FY 2021-22	5.0%	2.8%	3.8%	4.3%	4.1%
Alpine County Total Population	220	106	573	276	1,175

The following tables show the percentage of clients receiving CSS Non-FSP services, by demographics. For Race/Ethnicity, of the 48 people served, 26 were White/Caucasian (54.2%) and 15 were American Indian/Alaskan Native (31.3%). There were seven (7) other people who had other or unknown races (14.6%).

**Figure 6**  
***Number of CSS Non-FSP Clients, by Race/Ethnicity***  
FY 2021/22

	<b># Clients</b>	<b>% Clients</b>
White/ Caucasian	26	54.2%
American Indian/ Alaskan Native	15	31.3%
Other/ Unknown	7	14.6%
<b>Total</b>	<b>48</b>	<b>100.0%</b>

For Gender, of the 48 people served, 18 were Male (37.5%) and 30 were Female (62.5%).

**Figure 7**  
***Number of CSS Non-FSP Clients, by Gender***  
FY 2021/22

	<b># Clients</b>	<b>% Clients</b>
Male	18	37.5%
Female	30	62.5%
<b>Total</b>	<b>48</b>	<b>100.0%</b>

For Preferred Language, of the 48 people served, all reported English as their preferred language (100%).

**Figure 8**  
***Number of CSS Non-FSP Clients, by Preferred Language***  
FY 2021/22

	<b># Clients</b>	<b>% Clients</b>
English	48	100.0%
Spanish	-	-
<b>Total</b>	<b>48</b>	<b>100.0%</b>

Figure 9 shows the number of CSS Non-FSP mental health service hours, clients that received each type of service, and the average hours per client, by type of mental health service. There was a total of 48 clients that received 379.2 hours of mental health services, with an average of 7.9 hours per client for the fiscal year. For Assessment, there were 36 clients that received an assessment, for a total of 78.1 hours. This calculates into an average of 2.2 hours of assessment for each client. There were 31 clients that received Individual/ Family Therapy, for a total of 162 hours. This shows each client received an average of 5.2 hours of Individual/ Family Therapy.

**Figure 9**

**CSS Non-FSP Mental Health Hours, Clients, and Average Hours per Client, by Service Type**  
FY 2021/22

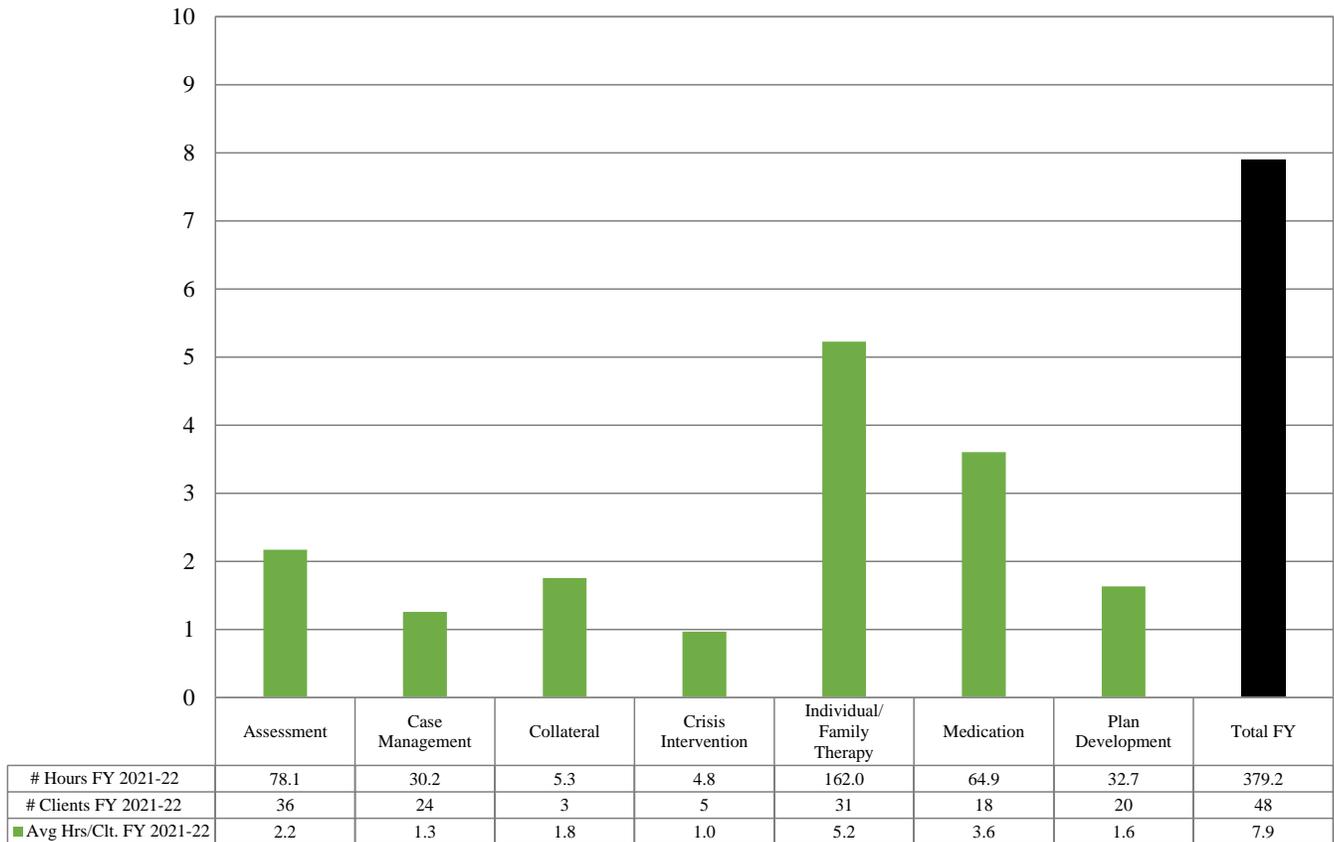


Figure 10 shows the total number and percent of clients who receive psychiatric inpatient services and those who were not admitted in FY 2021/22. This data shows that 97.9% of clients were not hospitalized in the fiscal year, an excellent outcome!

**Figure 10**  
**CSS Non-FSP Mental Health Services**  
*Number and Percent of CSS Non-FSP Clients Who Remained Out of Inpatient*  
 FY 2021/22

	<b># Clients</b>	<b>% Clients</b>
No Inpatient Admissions	47	97.9%
Inpatient Admission(s)	1	2.1%
<b>Total</b>	<b>48</b>	<b>100.0%</b>

Figure 11 shows the total number and percent of clients who received crisis services and those who did not receive crisis services in FY 2021/22. This data shows that 89.6% of clients did not receive a crisis service in the fiscal year, also an excellent outcome!

**Figure 11**  
**CSS Non-FSP Mental Health Services**  
*Number and Percent of CSS Non-FSP Clients Who Remained Out of Crisis*  
 FY 2021/22

	<b># Clients</b>	<b>% Clients</b>
No Crisis Services	43	89.6%
Crisis Service(s)	5	10.4%
<b>Total</b>	<b>48</b>	<b>100.0%</b>

Figure 12 shows the average MHSA cost per CSS Non-FSP client in FY 2021/2022. MHSA CSS Non-FSP expenditures were \$225,258; 48 clients were served; and the average cost per client was \$4,693.

**Figure 12**  
**CSS Non-FSP Mental Health Services**  
*Total CSS Non-FSP Expenditures, Clients, and Cost per Client*  
 FY 2021/22

Total FY 21/22 Non-FSP Costs	\$225,258
Total FY 21/22 Non-FSP Clients	48
<b>FY 21/22 Cost per Non-FSP Client</b>	<b>\$4,693</b>

## **c. CSS Program Successes and Challenges**

### **❖ CSS Program Successes**

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

### **❖ CSS Program Challenges**

The biggest challenge to the MHP program continues to be a staffing shortage in all areas, including administration, clinical, clerical, and MHP staff. This reduction in staffing has greatly impacted service capacity, reducing the number of services and activities available through MHP. ACBHS has been working to mitigate these shortages through contracts with individuals and providers to meet the needs of the ACBHS system; and training existing staff to expand their job duties to meet the needs. Recruitment is focusing on hiring individuals to fill the positions that have the highest impact to expand service delivery and provide needed support to the system of care. Alpine County Board of Supervisors authorized a classification and compensation study in September 2022, the study is anticipated to be completed by December 31, 2023. This information will inform the BOS whether the County has a competitive compensation for employees.

## **2. CSS Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)**

### **a. CSS FSP Program Plan (FYs 2023/24-2025/26)**

In the next three fiscal years, ACBHS will continue to provide the same level of services as last year through the CSS FSP Program.

In addition, ACBHS will expand the FSP Program to include the following activities:

- 1) ACBHS is exploring options for utilizing CSS FSP funds for housing high-risk MHP clients who have co-occurring disorders. This use of funds may cover housing expenses in existing facilities or support expansion of leased options in the county.

In FY 2023/24, ACBHS estimates that the CSS FSP program will serve approximately 5 CSS FSP clients, with an estimated cost per client of \$51,410.

### **b. CSS Non-FSP Program Plan (FYs 2023/24-2025/26)**

In the next three fiscal years, ACBHS will continue to provide the same level of services as last year through the CSS Non-FSP Program.

In addition, ACBHS will expand the Non-FSP Program to include the following:

- 1) In FY 2023/24, CSS funds will be used to increase the lease amount to the Hung-A-Lel-Ti Community Council for remodel of the facility. These funds may also be used to upgrade the owned clinic in Bear Valley. These changes will create more welcoming environments and enable ACBHS to expand the types of MHSA services and functions conducted through these locations.
- 2) ACBHS is exploring options for implementing in-home outreach visits for new parents and older adults who may be struggling with depression, isolation, and other mental health issues and factors. These MHSA outreach activities may also include providing transportation to activities and events. These outreach activities will engage at-risk populations and provide the opportunity to identify and link them to needed services.

In FY 2023/24, ACBHS estimates that the CSS Non-FSP program will serve approximately 50 CSS Non-FSP clients, with an estimated cost per client of \$3,931.

## **G. PREVENTION AND EARLY INTERVENTION COMPONENT**

The Mental Health Services Oversight and Accountability Commission (OAC) requires 6 different PEI funding categories which include Prevention; Early Intervention; Outreach; Access/Linkage; Stigma Reduction; and Suicide Prevention. As a very small county with limited staff and resources, ACBHS has blended the categories that have overlapping goals and activities, resulting in the following 4 PEI categories: 1) Prevention; 2) Early Intervention; 3) Access, Outreach, and Stigma Reduction; and 4) Suicide Prevention.

This consolidation ensures that MHSA service development is more easily and quickly responsive to community needs, staffing and funding capacity, and client interest. The streamlined programs also relieve ACBHS staff from burdensome levels of data collection, fiscal tracking, and program management.

Programs that are funded from each of these categories are discussed below.

*Note: Due to the small population size of Alpine County, and the small number of persons served in some of the programs, information on client demographics will not be displayed to ensure confidentiality for the persons served.*

### **1. Report on Prior Year's PEI Programs (FY 2021/2022)**

#### **a. Prevention Program Report (FY 2021/2022)**

##### **1) Foundations of Wellness**

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

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

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

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

Activities under the Foundations of Wellness program include Honoring the Past and Present Through Traditional Knowledge, which is a culturally-based model for Alpine County residents of all ages. This activity seeks to preserve cultural traditions, build community, and address early symptoms of depression and anxiety related to social isolation and unstable resources for support among members of the Hung-A-Lel-Ti community. Through community dialogue and activities, trauma-related mental health topics specific to Tribal communities are addressed, such as historical trauma.

Alpine County has decided to contract with the Washoe Tribe Cultural Resources Department to provide Native Wellness services that were previously provided by ACBHS Native Wellness Advocate. Services to be provided include culturally-based integrated behavioral health services such as beading activities like making jewelry, collars for dolls, and moccasins; sewing traditional clothing; storytelling; equine-therapy events; and basketry and plant gathering excursions which highlighted traditional gathering practices, mindfulness, and connections between people, the traditional Washoe lands, and native plants. Events and classes will include discussions of family and Tribal histories and traditions. The County is currently working with the Washoe Tribe to develop a contract for services.

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

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

The Foundations of Wellness program also includes community trips, which are intended to decrease social isolation, offering individuals an opportunity to get out, explore surrounding points of interest, and socialize with others. Many County residents living in underserved communities do not have their own transportation; and they may also be living alone, have a fixed income, or have a physical disability that contributes to their social isolation. In prior years, one-day community trips were scheduled monthly, and were open to all clients and community members. Destinations included Virginia City; Black Chasm Caverns; Apple Hill; shopping at thrifts stores; the Sacramento Zoo; and many local museums. Beyond providing a

day-outing, these community trips provide the opportunity for participants to engage with others and build a stronger social network and strengthen community collaboration. Past programming Family Night is a strengths and community-based activity intended to build the natural support network available to residents of the Hung-A-Lel-Ti community. These scheduled dinners also support the capacity of the community to develop ways and means to care for one another; to nurture the talents and leadership skills of the residents; and to create an environment in which individuals and families can talk about and resolve common problems. Family Night began more than seven years ago as a small social support network of individuals and families from the Hung-A-Lel-Ti community who were experiencing problems related to substance use. Initial attendance at the weekly-scheduled dinners was typically less than 10 people. Over the years, the number of participants has increased, and the activity has expanded to include discussion of community issues, preservation of customs and culture, storytelling, and youth support.

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

Create the Good activities feature a meal and programming for adults and seniors, with presentations focused on health and wellness. They offer an opportunity for ACBHS clients and community members to come together and enjoy healthy, balanced meals, while participating in a wellness or educational activity. Participants socialize, learn new skills, and build relationships with neighbors. Create the Good promotes socialization, person-first awareness of mental and physical health issues, promotion of wellness subjects, and multicultural learning opportunities. In addition, it has created opportunities for “meet and greets” between participants and ACBHS staff, including the geographically-isolated communities.

Foundations of Wellness also include activities that address senior socialization and exercise. These activities focus on improving the healthy attitudes, beliefs, skills, and lifestyles of older adults. These activities include: Chair Exercises & Holistic Health classes; Senior Soak; and 50+ Club and Elders’ luncheons. These services reduce isolation, depression, fear, anxiety, and loneliness among seniors, and increase referrals to, and knowledge about, supportive services. Activities within this program provide warm and caring environments where seniors can develop a sense of connection and belonging; and they support active, healthy lifestyles.

Alpine County BHS has included yoga classes in MHSA programming for several years, and it remains popular among stakeholder groups. Classes are taught by contracted instructors who are certified and insured. Participants attend on a drop-in basis.

Figure 13 shows the number of Foundation of Wellness clients who attended groups in FY 2021-22. There was a total of 326 unduplicated clients, with 18.4% children, 5.2% TAY, 38% Adults, and 38.3% Older Adults.

**Figure 13**  
**PEI Prevention: Foundation of Wellness**  
*Number of Participants, by Age*  
 FY 2021/22

	<b># Clients</b>	<b>% Clients</b>
Child	60	18.4%
TAY	17	5.2%
Adult	124	38.0%
Older Adut	125	38.3%
<b>Unduplicated Total</b>	<b>326</b>	<b>100.0%</b>

Figure 14 shows that 333 Foundation of Wellness groups were held in FY 2021-22. The total attendance to those groups was 2,069 attendees, which shows an average of 6.2 attendees per group. NOTE: Individuals may have participated in more than one group, so the total number of attendees is a duplicated count.

**Figure 14**  
**PEI Prevention: Foundation of Wellness**  
*Average Attendance per Group*  
 FY 2021/22

Number of Groups	333
Total Attendance	2,069
<b>Avg. Attendance per Group</b>	<b>6.2</b>

Figure 15 shows the average MHSA cost per PEI Prevention client in FY 2021/2022, across all Prevention activities. PEI Prevention expenditures were \$87,171; 326 individuals were served; and the average cost per client was \$267.

**Figure 15**  
**PEI Prevention: Foundations of Wellness**  
*Total Prevention Expenditures, Clients, and Cost per Client*  
 FY 2021/22

Total FY 21/22 PEI Prevention Costs	\$87,171
Total FY 21/22 FS PEI Prevention Clients	326
<b>FY 21/22 Cost per FSP Client</b>	<b>\$267</b>

## **b. Early Intervention Program Report (FY 2021/2022)**

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

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

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

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

Within the PBIS model:

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

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

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

Data for the PBIS program was only available for a portion of FY 2021/22 and is shown in the following tables.

Figure 16 below shows that there were 61 children (ages 0-15 years) who received PBIS services from the schools.

**Figure 16**  
**Early Intervention: PBIS**  
*Number of Participants, by Age*  
 FY 2021/22

	# Clients	% Clients
Child/ Youth (0-15)	61	100%
<b>Unduplicated Total</b>	<b>61</b>	<b>100%</b>

Figure 17 shows the 61 children that received PBIS from the schools by race/ethnicity. There were 28 children who were White/Caucasian (45.9%); 30 that were American Indian/Alaskan Native (49.2%); and 6 (9.8%) that were Other/Unknown.

*Note: The race/ethnicity categories of Asian/Pacific Islander, Hispanic/Latino, and Prefer not to answer have been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10. Some participants chose more than race/ethnicity.*

**Figure 17**  
**Early Intervention: PBIS**  
*Number of Participants, by Race/ Ethnicity*  
 FY 2021/22

	# Clients	% Clients
White/ Caucasian	28	45.9%
American Indian/ Alaskan Native	30	49.2%
Other/ Unknown	6	9.8%
<b>Unduplicated Total</b>	<b>61</b>	<b>100%</b>

Figure 18 shows the 61 children that received PBIS from the schools by gender. There were 31 children who were male (50.8%) and 30 who were female (49.2%)

**Figure 18**  
**Early Intervention: PBIS**  
*Number of Participants, by Gender*  
 FY 2021/22

	# Clients	% Clients
Male	31	50.8%
Female	30	49.2%
<b>Unduplicated Total</b>	<b>61</b>	<b>100%</b>

Figure 19 shows that all 61 children had English as their primary language.

**Figure 19**  
**Early Intervention: PBIS**  
*Number of Participants, by Language*  
 FY 2021/22

	# Clients	% Clients
English	61	100%
<b>Unduplicated Total</b>	<b>61</b>	<b>100%</b>

Figure 20 shows that all 61 children reported that there was no military involvement in their families.

**Figure 20**  
**Early Intervention: PBIS**  
*Number of Participants, by Military Status*  
 FY 2021/22

	# Clients	% Clients
No Military	61	100%
<b>Unduplicated Total</b>	<b>61</b>	<b>100%</b>

Figure 21 shows that 7 children (11.5%) reported as having an identified disability (e.g., hearing; sight; physical).

**Figure 21**  
**Early Intervention: PBIS**  
*Number of Participants, by Disability*  
 FY 2021/22

	# Clients	% Clients
Identified Disability	7	11.5%
No Disability	54	88.5%
<b>Unduplicated Total</b>	<b>61</b>	<b>100%</b>

Figure 22 shows that the PBIS program referred 4 children to BH for ongoing services.

**Figure 22**  
**Early Intervention: PBIS**  
*Number of PBIS Participants Referred to ACBHS*  
 FY 2021/22

<b>Referrals to ACBHS</b>	<b>4</b>
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Figure 23 shows the average MHPA cost per PEI Early Intervention client in FY 2021/2022. PEI Early Intervention expenditures were \$25,789; 61 individuals were served; and the average cost per client was \$423.

**Figure 23**  
**Early Intervention: PBIS**  
*Total Early Intervention Expenditures, Clients, and Cost per Client*  
 FY 2021/22

Total FY 21/22 PEI Early Intervention Costs	\$25,789
Total FY 21/22 FS PEI Early Intervention Clients	61
<b>FY 21/22 Cost per FSP Client</b>	<b>\$423</b>

**c. Outreach and Stigma Reduction Program Report (FY 2021/2022)**

**3) Outreach Activities**

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

Teens and TAY in Alpine County attend high school in either South Lake Tahoe (El Dorado County) or in a county across the Nevada State border to attend high school. The change to another, larger county can be severe for Alpine County youth who have received an education from a local elementary school with very supportive relationships. When they enter the high

school, these relationships are disrupted when the students move on to high school in other counties. This challenge contributes to the difficulty that ACBHS staff have had in engaging youth in services.

In an effort to connect with Alpine youth, the TAY Outreach Program starts with “meeting teens where they’re at” – checking in weekly with Alpine high school students during their lunch break at Douglas High School in Nevada. Prior to COVID-19, the program also provided lunch once each month, and served, on average, 22 of the 36 Alpine students (61%) who attend Douglas High School. In the past, TAY outreach activities also included day-trips to events of interest to youth, including a college tour at the University of Nevada, Reno campus; meeting with Job Core staff; and attending a college basketball game. In response to youth and other stakeholder feedback, the TAY Outreach Program was expanded to include monthly “High School Hangout Nights” at the ACBHS Wellness Center.

Outreach to adults and older adults occurs through annual community outreach events. ACBHS sponsors several annual events that contribute to community wellness; support mental health awareness and outreach efforts; and increase collaboration with partner organizations. Past activities and events have included:

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

Figure 24 shows the number of attendees for Outreach Activities in FY 2021-22. There was a total of 199 attendees, with 38.7% children, 10.1% TAY, 27.6% Adults, and 23.6% Older Adults. *Please note that individuals could attend multiple outreach activities so this may be a duplicated count of individuals.*

**Figure 24**  
**PEI Outreach and Stigma Reduction: Outreach Activities**  
*Number of Participants, by Age*  
 FY 2021/22

	# Clients	% Clients
Child	77	38.7%
TAY	20	10.1%
Adult	55	27.6%
Older Adut	47	23.6%
<b>Total (duplicated)</b>	<b>199</b>	<b>100.0%</b>

Figure 25 shows that there were 12 Outreach Activities held in FY 2021-22. The total attendance of those activities was 199 attendees, which shows an average of 16.6 attendees per group.

**Figure 25**  
**PEI Outreach and Stigma Reduction: Outreach Activities**  
*Average Attendance per Group*  
 FY 2021/22

Number of Activities	12
Total Attendance	199
<b>Avg. Attendance per Activity</b>	<b>16.6</b>

Figure 26 shows the average MHSa cost per PEI Outreach contact in FY 2021/2022, across all Outreach and Stigma Reduction activities. PEI Outreach expenditures were \$19,819; 199 contacts were made; and the average cost per contact was \$100.

**Figure 26**  
**PEI Outreach and Stigma Reduction: Outreach Activities**  
*Total Outreach Expenditures, Contacts, and Cost per Contact*  
 FY 2021/22

Total FY 21/22 PEI Outreach Costs	\$19,819
Total FY 21/22 FS PEI Outreach Contacts	199
<b>FY 21/22 Cost per Outreach Contact</b>	<b>\$100</b>

**d. Suicide Prevention Program Report (FY 2021/2022)**

**4) Suicide Prevention Program**

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

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

ACBHS provides 24/7 crisis services during regular BH clinic hours. ACBHS contracts with Crisis Support Services of Alameda County for crisis services after business hours and on weekends and holidays. These partnerships ensure that a well-staffed and trained crisis hotline response team is available 24 hour per day, 7 days per week. The program provides risk assessment and brief intervention for people in crisis and people suffering from chronic mental illness, and links callers to local emergency services as needed. Crisis Support Services of Alameda County is accredited by the American Association of Suicidology and is a member of the National Suicide Prevention Lifeline.

Figure 27 shows that there was one (1) Mental Health First Aid training held in FY 2021-22. The total attendance was 13 attendees to this training. A second training was scheduled for June 2022, but was rescheduled to a later date and will be reported in a future update.

**Figure 27**  
**Suicide Prevention: Mental Health First Aid**  
***Number of Trainings, Attendees, and Average Attendance per Training***  
FY 2021/22

Number of Trainings	1
Total Attendance	13
<b>Avg. Attendance per Activity</b>	<b>13</b>

No safeTALK trainings were conducted in FY 2021-22. Data regarding FY 2022-23 trainings will be added to the next MHSA Annual Update.

Figure 28 shows the average MHSA cost per PEI Suicide Prevention contacts in FY 2021/2022. PEI Suicide Prevention expenditures were \$1,297; 13 contacts were made; and the average cost per contact was \$100.

**Figure 26**  
**Suicide Prevention: Mental Health First Aid**  
***Total Suicide Prevention Expenditures, Contacts, and Cost per Contact***  
 FY 2021/22

Total FY 21/22 PEI Suicide Prevention Costs	\$1,297
Total FY 21/22 FS PEI Suicide Prevention Contacts	13
<b>FY 21/22 Cost per Suicide Prevention Contact</b>	<b>\$100</b>

**e. PEI Program Successes and Challenges**

❖ *PEI Program Successes*

Dedicated ACBHS staff continue to provide as many PEI services to clients and the community as possible through the various challenges that the county has faced in the past few years.

❖ *CSS Program Challenges*

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

**2. PEI Program Plan for Fiscal Years 2023/24-2025/26**

**a. Prevention Program Plan (FYs 2023/24-2025/26)**

- 1) Foundations of Wellness: ACBHS will continue to offer activities under this umbrella program that serves children, TAY, adults, and older adults. The following changes are anticipated in the next 3 fiscal years:
  - a. In FY 2023/24, ACBHS will implement activities that expand services for students and TAY, including expanded after school activities at Diamond Valley Elementary School, Woodsford Indian Education Center, and Douglas High School (in Nevada). Activities may include hikes, camping trips, and field trips; crafts and other activities; game and movie afternoons; etc. A scheduled pickup from Douglas High School may be

an option. ACBHS is also exploring the feasibility of reviving the bike to school/bike repair activity which encourages youth to bike to school and learn to repair/maintain bikes with a mentor. Activities will promote self-esteem, decision-making skills, resiliency, and positive social bonds.

- b. In FY 2023/24, ACBHS will work to expand activities that target adults and older adults, including Create the Good meals, county trips, swim club, etc. These prevention activities will mitigate factors that contribute to mental health issues, especially isolation and lack of social supports; and increase referrals to, and knowledge of, supportive services.
  - c. In the coming fiscal years, as staffing and funding allow, additional activities may be implemented. Existing prevention activities may also be modified or discontinued to respond to evolving client and community need.
  - d. Evaluation activities for the Prevention program will be expanded to better capture the number of individuals served and clients' perception of care.
- 2) Washoe People for Prevention: In FY 2023/24, ACBHS will partner with the Washoe Tribe to implement a new program that will provide prevention services for the entire county, weaving county and tribal services together. This program focuses on empowering the Native American community to develop protective factors that prevent and mitigate mental health issues. This partnership will help to prevent many issues facing the entire Alpine County community, including child abuse, substance abuse, partner violence, and other issues, all of which would benefit from a joining of community, tribal, and county services. This program will provide and support an array of services, classes, and groups delivered at Hung-A-Lel-Ti; ACBHS clinic; Tribal Health Clinic (a Federally Qualified Health Center/FQHC); ACBHS Wellness Center at Hung-A-Lel-Ti; and at other community locations.
- a. ACBHS and the Tribe are working to collaborate to deliver an expanded curriculum of intensive outpatient services that is consistent with the goals of the Washoe Tribal Family Healing Center. An intensive outpatient protocol in the community would include, as feasible, mental health treatment, including individual and group counseling; support groups; culturally-guided recovery services; self-support Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) meetings; White Bison meetings; Families of Tradition meetings; Native Fatherhood Programming; and activities specific to Native youth.
  - b. This program may include the establishment of a community health and wellness center at Hung-A-Lel-Ti as a center of health, wellness, and cultural vitality. This center would be in addition to the ACBHS Wellness Center that already exists on tribal land; and would include a full array of

services, such as behavioral health services, community health and nutrition services, and other forms of community healing and community-resilience building. The development of a community garden that is available to the tribal community will also be explored, expanding opportunities to impact the wellness and nutrition of tribal participants.

- c. This program will also target youth, working with the schools (both public and private) to enhance and strengthen opportunities for Native children to thrive, providing a strong cultural foundation to transition to higher levels of education. The teaching of the Wašiw language, stories, and cultural awareness of the land will be integrated into the sciences, language arts, and even physical education provided through the schools. Teachers' aides from the Native community, as well as Native providers of educational services from outside of the area, will be of great value to these activities. To develop this cultural foundation, this program will include:
    - a. Parents and grandparents in the schools, as well as other Native individuals, to serve as education specialists, allowing Native and non-native community helpers to participate and be honored through a series of joint celebrations of the current educational process and the community in the successes of students, community supporters, and teachers.
    - b. A culturally welcoming environment to engage relatives and Native community members in the educational environment through reading, storytelling, and language programs, that help develop the self-esteem of Native youth.
  - d. The Washoe People for Prevention program will help to develop the Hung-A-Lel-Ti community as a learning center/hub for the Washoe people. This opportunity would also be open to other families living within the district who are native and non-native combined.
  - e. This program will include one or more Native positions to coordinate services across the system of care. These positions may be Advocates, Service Navigators, or Case Managers, funded by MHSA and providing services across the county, including at Hung-A-Lel-Ti.
  - f. The Washoe Prevention Program aims to develop a cultural foundation that supports the Native community in health, wellness, and resiliency, increasing protective factors and healthy behaviors that may prevent the onset of mental health issues.
- 3) Bear Valley Community Connections: In FY 2023/24, ACBHS will expand prevention services for all ages in the community of Bear Valley. Activities may include after-school activities for students and TAY; activities for families and specific age groups (adults, older adults); and community-wide events. There are

no permanent ACBHS staff located in Bear Valley, so ACBHS is exploring options for recruiting local community members to provide leadership for groups, events, and ongoing activities by hiring people as part time employees. Activities include community hikes; crafts and other activities including sewing machines to support craft projects; and game and movie nights. Additional activities in the winter when Bear Valley is effectively cut off from the rest of Alpine County.

- a. This program may offer monthly craft activities for individuals in the community; camps for children and families; Parent’s Club to teach parents how to deal with bullying; activities that address mental health needs; a weekly gathering for the community to come together to share a meal and activities; movie nights; Create the Good events; access to the local swimming pool; etc. A monthly calendar will be developed two months in advance and will outline the events for Bear Valley. The calendar will be published throughout the community, emailed to a Bear Valley mailing list; and posted at the Post Office, library, online, etc. Updates to the calendar will also be widely distributed to allow for additions to the calendar. ACBHS will identify and coordinate local residents who can help to lead groups and activities and hire them as part-time employees.
- b. The Bear Valley Community Connections prevention activities will help to mitigate the factors that contribute to mental health issues, especially isolation and lack of social supports; and it will increase referrals to, and knowledge of, supportive services through ACBHS.

In FY 2023/24, ACBHS estimates that the PEI Prevention program will serve approximately 342 clients across all programs and activities, with an estimated cost per client of \$783.

**b. Early Intervention Program Plan (FYs 2023/24-2025/26)**

- 4) Early Intervention Program: In FY 2023/24, ACBHS is exploring options for implementing a modified or new Early Intervention Program. PBIS may be continued, with changes; or a new program will be implemented that provides needed services to an identified at-risk population. Within the selected program, service data and client outcomes will be tracked over time. An update to this Plan will be published with the selected program; and the estimated numbers to be served and cost per client will be calculated at that time.

**c. Access, Outreach, and Stigma Reduction Program Plan (FYs 2023/24-2025/26)**

- 5) Strategies for Outreach, Access, and Stigma Reduction (SOASR): Effective FY 2023/24, ACBHS is changing the name of this program from “Outreach Activities” to “Strategies for Outreach, Access, and Stigma Reduction” to better capture the objectives of the program and the various activities conducted.

ACBHS will continue to provide the same or an increased level of outreach, access, and stigma reduction activities to engage individuals; improve access and referrals to services; and reduce stigma around accessing services. In addition, the following program expansion will be developed and implemented:

- a. In the coming fiscal years, ACBHS will implement a variety of new activities to support the goals of this program. ACBHS is exploring options to implement a speakers series; an updated newsletter; and TAY activities, including trips to trade schools and community colleges.
- b. This program will also focus on improving community health and wellness, following the goals and activities of the Alpine County Community Health Improvement Plan (CHIP), which includes strategies for reducing stigma associated with seeking mental health treatment and for improving health-related outcomes for Alpine County residents.
- c. In the coming fiscal years, as staffing and funding allow, additional activities may be implemented that address outreach, access and linkages, and stigma reduction. In addition, specific SOASR activities may change over time to best meet the needs of the community.
- d. Program evaluation activities will be expanded to better capture the number and types of contacts; number of referrals; and the impacts of these activities and services.

In FY 2023/24, ACBHS estimates that the PEI SOASR program will make approximately 209 contacts across all activities, with an estimated cost per contact of \$171.

**d. Suicide Prevention Program Plan (FYs 2023/24-2025/26)**

- 6) Suicide Prevention Program: ACBHS will continue to provide the same level of suicide prevention activities to change attitudes, knowledge, and/or behavior regarding suicide related to mental illness.
  - a. Suicide prevention evaluation activities will be implemented to capture the number of individuals reached; and program evaluation will include post-training/event surveys that measure the changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness.

In FY 2023/24, ACBHS estimates that the PEI Suicide Prevention program will make approximately 15 contacts, with an estimated cost per contact of \$1,190.

## **H. INNOVATION COMPONENT**

ACBHS does not have an active Innovation (INN) project to report.

# I. WORKFORCE EDUCATION AND TRAINING COMPONENT

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

## 1. Report on Prior Year's WET Program (FY 2021/2022)

- a) **Training and Technical Assistance:** ACBHS utilized WET funds to cover staff training programs, including a contract with IDEA Consulting for access to an online training platform (Relias). Staff utilized this program to complete various trainings, including the completion of courses for CEUs. Funds also allowed staff to attend other training events as needed.
- b) **SRP/CalMHSA Staffing Project:** In FY 2022/23, ACBHS joined the Superior Regional Partnership/SRP with the California Mental Health Services Authority (CalMHSA). The term of the Partnership Agreement with CalMHSA is through June 30, 2025.

The SRP is comprised of 16 California counties, including Alpine. The SRP aims to develop and manage a regional WET project that addresses the shortage of licensed mental health practitioners in the public mental health system. The SRP project encompasses 5 potential categories of financial and professional development incentives that encourage licensed individuals to apply to hard-to-fill positions, and that provide ongoing education to support staff retention and professional growth. The five categories include:

- 1) Pipeline Development
- 2) Loan Repayment
- 3) Undergraduate College and University Scholarships
- 4) Clinical Master and Doctoral Graduate Education Stipends
- 5) Retention Activities (including training)

Each participating county is able to select its local priorities within the 5 potential categories. ACBHS selected 3) Scholarships, 4) Stipends, and 5) Retention/training as its priorities. Since this project was implemented in FY 2022/23, ACBHS will report on the SRP activities and impacts in the FY 2023/24 Annual Update.

## 2. WET Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

- a) Training and Technical Assistance: ACBHS will continue to provide the same level of WET activities in the coming years.
- b) SRP/CalMHSA Staffing Project: In FY 2025/26, ACBHS may make a one-time funds transfer from CSS to WET to continue participation in the SRP or another staffing expansion project.

## **J. CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS COMPONENT**

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

### **1. Report on Prior Year's CFTN Projects (FY 2021/2022)**

#### **a) CFTN Project Report**

In FY 2021/22, ACBHS transferred funds from CSS to CFTN for the following projects:

- 1) **CF Project – Building Modification:** These funds were used to make necessary modifications to the new MHSA building to better meet the needs of MHSA staff, clients, and the community.
- 2) **TN Project – EHR Upgrade:** These funds were used to initiate the implementation of an upgraded Electronic Health Record (EHR) system.

#### **b) Project Benchmarks and Status Updates**

- 1) **CF Project – Building Modification:** The FY 2021/22 CF project was implemented on time and within budget.
- 2) **TN Project – EHR Upgrade:** In FY 2021/22, the TN project was successfully initiated; and full implementation is anticipated by the end of FY 2022/23.

### **2. CFTN Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)**

- a) In FY 2023/24, ACBHS plans to transfer funds from CSS to CFTN to implement the following project:
  - 1) **TN Project – Smart Upgrades:** This project will allow ACBHS to fill the technological needs of the ACBHS clinics and the Wellness Center, including the purchase of smart whiteboards and other technology to better provide MHSA services.
- b) In addition, in future fiscal years, ACBHS anticipates transferring funds from CSS to CFTN to implement projects that support goals related to client and community access, serving at-risk populations, and technological upgrades. Future projects will be determined by funding levels, department and community needs, and local opportunities. Specific projects will be included in future Annual Updates, once they have been identified.

## K. PRUDENT RESERVE ASSESSMENT

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

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

The initial five-year FY 2019/20 Prudent Reserve assessment calculations are included below. ACBHS will conduct a new Prudent Reserve assessment in FY 2024/25, to be published in the MHPA FY 2024/25 Annual Update.

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

*Assessed on 10/07/2019*

*Corrected on 05/12/2020*

*Next Assessment by 07/01/2024*

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

\*Per DHCS IN 19-037

\*\*Per FY 2017/18 RER PR Balance

**L. MHSa 3-YEAR PLANNING BUDGETS**

*See the next pages for the MHSa 3-Year Planning Budgets.*

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Fiscal Planning Summary**

County: Alpine

Date: 11/14/23

	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
All MHSA funds are managed via "first in, first out."						
<b>A. Estimated FY 2023/24 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 2,207,245	\$ 291,477	\$ 492,625	\$ -	\$ -	\$ 354,639
2. Estimated New FY 2023/24 Funding	\$ 1,296,530	\$ 324,132	\$ 85,298			
3. Transfer in FY 2023/24 <sup>a/</sup>	\$ (223,533)			\$ 2,500	\$ 221,033	\$ -
4. Access Local Prudent Reserve in FY 2023/24	\$ -	\$ -				\$ -
5. Estimated Available Funding for FY 2023/24	\$ 3,280,242	\$ 615,609	\$ 577,923	\$ 2,500	\$ 221,033	\$ 354,639
<b>B. Estimated FY 2023/24 MHSA Expenditures</b>	\$ 504,023	\$ 396,711	\$ -	\$ 2,500	\$ 221,033	
<b>C. Estimated FY 2024/25 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 2,776,219	\$ 218,898	\$ 577,923	\$ -	\$ -	\$ 354,639
2. Estimated New FY 2024/25 Funding	\$ 1,335,426	\$ 340,339	\$ 89,563			
3. Transfer in FY 2024/25 <sup>a/</sup>	\$ (229,303)			\$ 2,500	\$ 226,803	\$ -
4. Access Local Prudent Reserve in FY 2024/25	\$ -	\$ -				\$ -
5. Estimated Available Funding for FY 2024/25	\$ 3,882,342	\$ 559,237	\$ 667,486	\$ 2,500	\$ 226,803	\$ 354,639
<b>D. Estimated FY 2024/25 Expenditures</b>	\$ 554,426	\$ 416,546	\$ -	\$ 2,500		
<b>E. Estimated FY 2025/26 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 3,327,916	\$ 142,691	\$ 667,486	\$ -	\$ 226,803	\$ 354,639
2. Estimated New FY 2025/26 Funding	\$ 1,375,488	\$ 357,356	\$ 94,041			
3. Transfer in FY 2025/26 <sup>a/</sup>	\$ (244,593)			\$ 17,500	\$ 227,093	\$ -
4. Access Local Prudent Reserve in FY 2025/26	\$ -	\$ -				\$ -
5. Estimated Available Funding for FY 2025/26	\$ 4,458,811	\$ 500,046	\$ 761,527	\$ 17,500	\$ 453,896	\$ 354,639
<b>F. Estimated FY 2025/26 Expenditures</b>	\$ 609,868	\$ 437,373	\$ -	\$ 17,500	\$ -	
<b>G. Estimated FY 2025/26 Unspent Fund Balance</b>	\$ 3,848,943	\$ 62,673	\$ 761,527	\$ -	\$ 453,896	\$ 354,639

H. Estimated Local Prudent Reserve Balance		
1.	Estimated Local Prudent Reserve Balance on June 30, 2023	\$ 354,639
2.	Contributions to the Local Prudent Reserve in FY 23/24	\$ -
3.	Distributions from the Local Prudent Reserve in FY 23/24	\$ -
4.	Estimated Local Prudent Reserve Balance on June 30, 2024	\$ 354,639
5.	Contributions to the Local Prudent Reserve in FY 24/25*	\$ -
6.	Distributions from the Local Prudent Reserve in FY 24/25	\$ -
7.	Estimated Local Prudent Reserve Balance on June 30, 2025	\$ 354,639
8.	Contributions to the Local Prudent Reserve in FY 25/26	\$ -
9.	Distributions from the Local Prudent Reserve in FY 25/26	\$ -
10.	Estimated Local Prudent Reserve Balance on June 30, 2026	\$ 354,639

\*See note below

\*An updated Prudent Reserve assessment will be published in the FY 24/25 Annual Update and may result in a contribution in FY 24/25.

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

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	<b>Fiscal Year 2023/24</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHA funds are managed via "first in, first out."						
<b>FSP Programs</b>						
1. CSS FSP Program	\$ 257,052	\$ 257,052				
<b>Non-FSP Programs</b>						
2. CSS Non-FSP Program	\$ 196,569	\$ 196,569				
<b>CSS Administration</b>	\$ 50,402	\$ 50,402				
<b>CSS MHA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	\$ 504,023	\$ 504,023				
<b>FSP Programs as Percent of Total</b>	51.0%					

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	<b>Fiscal Year 2024/25</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHPSA funds are managed via "first in, first out."						
<b>FSP Programs</b>						
1. CSS FSP Program	\$ 282,757	\$ 282,757				
<b>Non-FSP Programs</b>						
2. CSS Non-FSP Program	\$ 216,226	\$ 216,226				
<b>CSS Administration</b>	\$ 55,443	\$ 55,443				
<b>CSS MHPSA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	\$ 554,426	\$ 554,426				
<b>FSP Programs as Percent of Total</b>	51.0%					

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	Fiscal Year 2025/26					
	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
All MHA funds are managed via "first in, first out."						
<b>FSP Programs</b>						
1. CSS FSP Program	\$ 311,033	\$ 311,033				
<b>Non-FSP Programs</b>						
2. CSS Non-FSP Program	\$ 237,849	\$ 237,849				
<b>CSS Administration</b>	\$ 60,987	\$ 60,987				
<b>CSS MHA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	\$ 609,868	\$ 609,868				
<b>FSP Programs as Percent of Total</b>	51.0%					

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	Fiscal Year 2023/24					
	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
All MHSA funds are managed via "first in, first out."						
<b>PEI Programs</b> <i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>						
1. Foundations of Wellness (P)	\$ 71,408	\$ 71,408				
2. Washoe Prevention Program (P)	\$ 107,112	\$ 107,112				
3. Bear Valley Community Connections (P)	\$ 89,260	\$ 89,260				
4. TO BE DETERMINED (EI)	\$ 35,704	\$ 35,704				
5. Strategies for Outreach, Access, & Stigma Reduction (O/A/SR)	\$ 35,704	\$ 35,704				
6. Suicide Prevention Program (SP)	\$ 17,852	\$ 17,852				
<b>PEI Administration</b>	\$ 39,671	\$ 39,671				
<b>PEI Assigned Funds (CalMHSA)</b>						
<b>Total PEI Program Estimated Expenditures</b>	396,711	396,711				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	Fiscal Year 2024/25					
	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
All MHSA funds are managed via "first in, first out."						
<b>PEI Programs</b> <i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>						
1. Foundations of Wellness (P)		\$ 74,978				
2. Washoe Prevention Program (P)		\$ 112,467				
3. Bear Valley Community Connections (P)		\$ 93,723				
4. TO BE DETERMINED (EI)		\$ 37,489				
5. Strategies for Outreach, Access, & Stigma Reduction (O/A/SR)		\$ 37,489				
6. Suicide Prevention Program (SP)		\$ 18,745				
<b>PEI Administration</b>	\$ 41,655	\$ 41,655				
<b>PEI Assigned Funds (CalMHSA)</b>	\$ -					
<b>Total PEI Program Estimated Expenditures</b>	41,655	416,546				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	Fiscal Year 2025/26					
	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
All MHSA funds are managed via "first in, first out."						
<b>PEI Programs</b>						
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>						
1. Foundations of Wellness (P)	\$ 78,727	\$ 78,727				
2. Washoe Prevention Program (P)	\$ 118,091	\$ 118,091				
3. Bear Valley Community Connections (P)	\$ 98,409	\$ 98,409				
4. TO BE DETERMINED (EI)	\$ 39,364	\$ 39,364				
5. Strategies for Outreach, Access, & Stigma Reduction (O/A/SR)		\$ 39,364				
6. Suicide Prevention Program (SP)		\$ 19,682				
<b>PEI Administration</b>	\$ 43,737	\$ 43,737				
<b>PEI Assigned Funds (CalMHSA)</b>	\$ -					
<b>Total PEI Program Estimated Expenditures</b>	<b>378,328</b>	<b>437,373</b>				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Innovation (INN) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
<b>INN Programs</b> <i>No INN programs at this time</i>	\$ -					
	\$ -					
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>	\$ -	\$ -				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Innovation (INN) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSAs are managed via "first in, first out."						
<b>INN Programs</b> <i>No INN programs at this time</i>	\$ -	\$ -				
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>	\$ -	\$ -				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Innovation (INN) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	<b>Fiscal Year 2025/26</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHSAs are managed via "first in, first out."						
<b>INN Programs</b> <i>No INN programs at this time</i>	\$ -	\$ -				
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>	\$ -	\$ -				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Workforce Education and Training (WET) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
<b>WET Programs</b>						
1. Training and Technical Assistance	\$ 2,500	\$ 2,500				
2. SRP/CalMHSA Staffing Project (multi-year contract)	\$ -	\$ -				
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	\$ 2,500	\$ 2,500				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Workforce Education and Training (WET) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	<b>Fiscal Year 2024/25</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHSA funds are managed via "first in, first out."						
<b>WET Programs</b>						
1. Training and Technical Assistance	\$ 2,500	\$ 2,500				
2. SRP/CalMHSA Staffing Project (multi-year contract)	\$ -	\$ -				
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	<b>\$ 2,500</b>	<b>\$ 2,500</b>				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Workforce Education and Training (WET) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	<b>Fiscal Year 2025/26</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHSAs are managed via "first in, first out."						
<b>WET Programs</b>						
1. Training and Technical Assistance	\$ 2,500	\$ 2,500				
2. SRP/CalMHSA Staffing Project (renewal)	\$ 15,000	\$ 15,000				
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	<b>\$ 17,500</b>	<b>\$ 17,500</b>				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	Fiscal Year 2023/24					
	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
All MHSAs are managed via "first in, first out."						
<b>CFTN Programs</b> <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i>						
1. Wellness Center & BV remodel/upgrades (CF)		148,092				
2. Tech upgrades to ACBHS facilities (TN)		72,941				
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>	0	221,033				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	<b>Fiscal Year 2024/25</b>					
		<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs</b> <i>Note type of program: Capital Facilities (CF) or                      Technological Needs (TN)</i>  Projects TBD in FY 24/25 Annual Update						
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>						

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Planning Worksheet**

County: Alpine

Date: 11/14/23

	<b>Fiscal Year 2025/26</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs</b> <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i>  Projects TBD in FY 25/26 Annual Update						
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>						

**APPENDIX A**  
**MHSA PLANNING PROCESS: FOCUS GROUP MATERIALS**

# Alpine County Behavioral Health Services

## Your Voice Matters

### Join Our MHSAs Stakeholder Focus Groups

We want to hear your ideas on current and future Mental Health Services Act (MHSAs) programs and funding.

We are seeking input from community members throughout the county by holding a number of community stakeholder groups.

We want to hear your ideas for what is currently working, where there are opportunities for improvement, and suggestions for innovative new ideas.

Please feel free to attend any of the focus groups, based upon the meeting date and time that best fits your schedule.

Three focus groups have been scheduled in May 2023 and June 2023.

All community members are welcome to attend!

### Thursday, May 25 • 5:30 PM – 7:00 PM • In Person

#### Hung-A-Lel-Ti Focus

Meeting at Hung-A-Lel-Ti: 60 Washo Blvd, Markleeville, CA 96120

\*\*Dinner will be provided

### Friday, May 26 • 10:30 AM – 12:00 PM

### In Person and Zoom

#### Markleeville/Woodfords/Kirkwood Focus

In person at Markleeville Behavioral Health:

40 Diamond Valley Road, Markleeville, CA 96120

Via Zoom: Dial-in: 1-669-900-9128 Meeting ID: 878 6815 7504 Password: 600424

<https://us02web.zoom.us/j/87868157504?pwd=dGM2RVk2WjllbXozM09pWWt3c002dz09>



### Wednesday, June 7 • 5:30 PM – 7:00 PM • In Person

#### Bear Valley Focus

Meeting at Perry Walther Community Center: 325 Creekside Dr, Bear Valley, CA 95223

\*\*Dinner will be provided

Behavioral health consumers and family members are encouraged to attend.

# **Mental Health Services Act Community Program Planning**

**MHSA Three-Year Plan  
FY 2023/24 – FY 2025/26**

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**Alpine County Behavioral Health Services  
March 2023**

# What is MHSA?

---

- In November 2004, California voters passed Proposition 63, which created the Mental Health Services Act (MHSA).
- MHSA Vision Statement:

“To create a state-of-the-art, culturally-competent system that promotes recovery and wellness for adults and older adults with severe mental illnesses and resiliency for children with serious emotional disorders, and their families”

# Guiding Principles

---

- Focus on improving access to services
- Access to unserved and underserved persons
- Expand mental health services for Children, Transition Age Youth, Adults, and Older Adults
- Create an integrated array of services
- Promote community collaboration
- Ensure cultural competency
- Promote services that utilize best practices and professional standards

# Community and Stakeholder Engagement

---

- **Community Collaboration** is defined by MHSA as a process of working together with clients and/or families, other community members, organizations, and businesses to share information and resources to achieve a shared vision and goals.
- **Stakeholder Engagement** includes community meetings, focus groups, and surveys to facilitate community participation and input from diverse groups of individuals.

# MHSA Funding Components

---

- Community Services & Supports (CSS), including housing
- Prevention & Early Intervention (PEI)
- Capital Facilities & Technological Needs (CFTN)
- Workforce Education & Training (WET)
- Innovation (INN)

*Note: MHSA Programs may be funded by more than one funding stream.*

# Overview of the Stakeholder Process

---

- The MHSA Stakeholder Process provides an opportunity for stakeholder input and feedback into all phases of the MHSA:
  - Three-Year Program and Expenditure Plans
  - Annual Updates (to the Three-Year Plans)
  - Innovation Plans (every 5 years)

# Stakeholder Meetings Scheduled (2023)

---

- **Monday, March 13 – Markleeville / Kirkwood Focus**
  - 5:30 pm – 7:00 pm, **Zoom Meeting**
- **Thursday, March 16 – Hung-a-Lel-Ti Focus**
  - 5:30 pm – 7:00 pm, **In-Person meeting:** 60 Washo Blvd., Markleeville, CA 96120
  - **Dinner will be provided**
- **Friday, March 17 Markleeville / Woodfords / Kirkwood Focus**
  - 10:30 am – 12:00 pm, **In-Person meeting:** BH Services Building, 40 Diamond Valley Rd, Markleeville, CA 96120
  - **Snacks will be provided; and *Create the Good* lunch will follow**
- **Wednesday, March 22 – Bear Valley Focus\*\***
  - 5:00 pm – 7:00 pm, **In-Person meeting:** Perry Walther Community Center Building, 325 Creekside Dr., Bear Valley, CA 95223
  - **Dinner will be provided**

# Key Components of Current MHSA Plan

---

- Focus on children, youth, and families
- Collaboration with schools
- Transition Age Youth (TAY) activities
- Suicide Prevention activities
- Increased in-home and community-based services
- Collaboration with Tribe's Cultural Resource Department
- Maintain wellness activities

# Focus Group Discussion: Children (Ages 0-15)

---

- What are the mental health needs of children ages 0-15 in Alpine County?
- What are some services that would help address these needs?
- What services are needed in the schools to promote health and wellness in children?
- What services do families with children need to feel supported?

# Focus Group Discussion: Transition Age Youth (Ages 16-25)

---

- What are mental health needs of youth ages 16-25 in Alpine County?
- What are some Mental Health services that would help address these needs?
- What are some Substance Use treatment services that would help address these needs?
- What services are needed in the schools and community to promote health and wellness in TAY?
- What services do families with TAY need to feel supported?

# Focus Group Discussion: Adults (Ages 26-59)

---

- What are mental health needs of adults ages 26-59 in Alpine County?
- What are some Mental Health services that would help address these needs?
- What are some Substance Use treatment services that would help address these needs?
- What services are needed for adults to promote health and wellness?
- What services do families with an Adult who is receiving services need to feel supported?

# Focus Group Discussion: Older Adults (Ages 60+)

---

- What are mental health needs of older adults ages 60+ in Alpine County?
- What are some Mental Health services that would help address these needs?
- What are some Substance Use treatment services that would help address these needs?
- What services are needed for older adults to promote health and wellness?
- What services do caregivers of older adults need to feel supported?

# Additional Suggestions

---

- Is there anything Alpine County Behavioral Health could do to promote mental health wellness for the community?
- How can we make sure that your voice is heard when decisions are made that affect the community?
- Do you have any other ideas to help promote health and wellness in the community?
- Other thoughts or questions?

# Additional Suggestions

---

- What are the strategies for supporting collaboration between ACBHS and the Managed Care Plan (Anthem) to promote health and mental health wellness for the community?
- What are the strategies to help promote collaboration with Barton Emergency Department and Hospital in El Dorado County?
- What are the strategies to help promote collaboration with Carson Valley Medical Center Emergency Department and Hospital in Gardnerville, NV?
- What are the strategies to help promote collaboration with the Washoe Tribal Health Center?

Alpine County  
Behavioral Health  
thanks you for your  
input into the  
planning process to  
develop the Three-  
Year MHSA Plan!



# **Mental Health Services Act Community Program Planning**

**MHSA Three-Year Plan  
FY 2023/24 – FY 2025/26**

---

**Alpine County Behavioral Health Services  
Nancy M. Callahan, Ph.D. I.D.E.A. Consulting  
June 2023**

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  - Also via **Zoom:**
    - Dial-in: 1-669-900-9128 Meeting ID: 878 6815 7504 Password: 600424
    - <https://us02web.zoom.us/j/87868157504?pwd=dGM2RVk2Wjl1bXozM09pWWt3c002dz09>
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---

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- Other thoughts or questions?

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- What are the strategies to help promote collaboration with regional Emergency Departments?

Alpine County  
Behavioral Health  
thanks you for your  
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