
POSTED FOR PUBLIC COMMENT

May 6, 2024 through June 4, 2024



Alpine County Behavioral Health Services

MENTAL HEALTH SERVICES ACT (MHSA) FY 2024/2025 Annual Update

This proposed MHSA Annual Update is available for a 30-day public review and comment period from May 6, 2024 through June 4, 2024.

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

Public Hearing Information

Wednesday, June 5, 2024
11:00 am-1:00 pm

IN PERSON:

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

BY ZOOM:

<https://us06web.zoom.us/j/84402482693?pwd=ELLeGk6o5dlYaLACbpRQD2iARiNV9N.1>

BY PHONE:

Dial: 1-689-278-1000
Enter Meeting ID: 844 0248 2693
Enter Passcode: 813543

Feedback or Questions?

Please Contact:

Cindy Heikes
Administrative Assistant
MHSA Annual Update Comments
Alpine County Behavioral Health
40 Diamond Valley Road
Markleeville, CA 96120

Phone: 530-694-1314
cheikes@alpinecountyca.gov

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

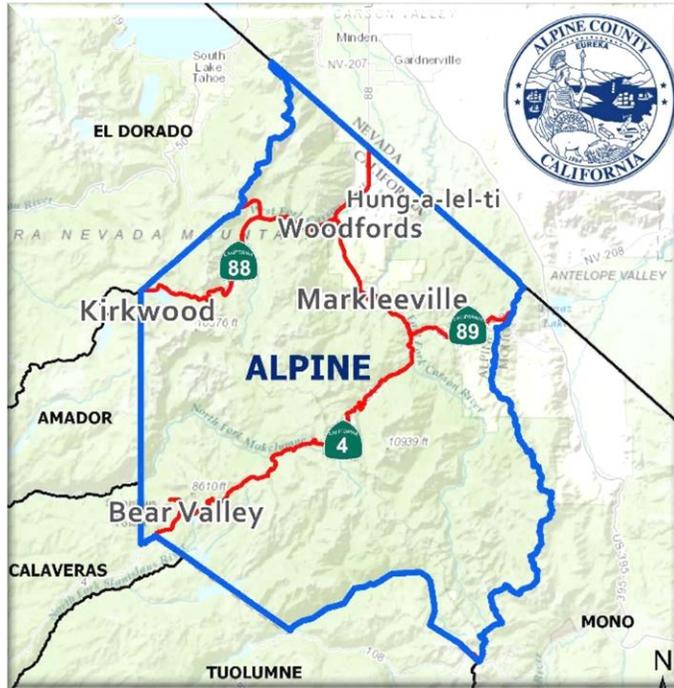
Thank you!

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Alpine County Behavioral Health Services
MHSA ANNUAL UPDATE
Fiscal Year 2024/2025

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, Woodfords, 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 community of Woodfords. 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*) 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*)

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*).

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. In the past two years, fentanyl has had a major impact on the Hung-A-Lel-Ti Community; and unfortunately, Alpine County is now in the top five (5) counties for opioid-related deaths in California per population. 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

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 MHSA. 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 MHSA system.

C. MHSA COMMUNITY PROGRAM PLANNING

1. Community Program Planning Activities

The Alpine County Behavioral Health Services (ACBHS) Community Program Planning (CPP) process for the development of the MHSA FY 2024-2025 Annual Update builds upon the planning process that was utilized for the development of the most recent MHSA 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. As part of the MHSA 3-Year Plan planning process, three (3) focus groups were held in May and June 2023, each focusing on one or more of the distinctive communities within Alpine County (Hung-A-Lel-Ti; Woodfords/Markleeville; and Bear Valley). All Alpine County community members were invited to attend any of three (3) meetings. Over 60 community members participated across the focus groups.

The focus groups provided the opportunity for the community and stakeholders to learn about ACBHS and MHSA; discuss current services and supports; and brainstorm ideas for new programs and services. As part of the stakeholder meetings, ACBHS also provided basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components. The focus group discussions provided excellent input into new projects and programs to be implemented in the coming fiscal years, as well as provided community members the opportunity to provide feedback on ways to improve existing services. *For detailed information about the 2023 focus groups, please refer to the MHSA FYs 2024-2026 Three Year Program and Expenditure Plan.*

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. As feasible, various mechanisms are used to gather information and inform services, including annual reviews, audits, and other quality improvement activities. This information 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 through quality improvement activities and during the monthly Alpine County Behavioral Health Board meetings. All stakeholder groups and boards are in full support of this Annual Update and the strategies to maintain and enhance services. All of the recent planning information gathered was used to inform the development of this MHSA Annual Update.

D. CAPACITY TO IMPLEMENT SELECTED 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 struggled with workforce shortages in the past, especially the recruitment of clinicians and other direct service staff who are licensed. Currently, all Clinical positions are filled. Staff development and retention is a priority. Recruiting and retaining staff in the Bear Valley community, which is separated from the rest of Alpine County by the Sierra Nevada mountains, has been even more challenging.
 - c. **Bilingual Proficiency of ACBHS Staff:** Currently, English is the only state-designated threshold language in Alpine County.
 - i. 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.
 - 1) ACBHS has hired a bilingual staff member in Bear Valley who speaks Spanish.
 - 2) In addition, ACBHS plans to work with the Washoe Tribe's Cultural and Language Program to publish signage and visual representations of their culture.

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 2020 with a total population of 1,204. 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%) and MH clients (7.1%) is comparable. However, ACBHS staff shows that 16.7% of staff are Latino. For gender, there are 47.4% females in the population; 60.7% female clients; and 100% female staff. It is important to note that BHS staff population is so small that the staff demographics can be influenced by one individual.

Figure 1
Alpine County Population, Mental Health Clients, and ACBHS Staff, by Demographics
FY 2022/23

	Alpine County Population 2020 Census		ACBHS Mental Health Clients		ACBHS Staff	
Age Distribution						
0 - 14 years	152	12.6%	7	25.0%	-	-
15 - 24 years	120	10.0%	6	21.4%	1	16.7%
25 - 59 years	514	42.7%	9	32.1%	5	83.3%
60+ years	418	34.7%	6	21.4%	-	-
Total	1,204	100.0%	28	100.0%	6	100.0%
Race/Ethnicity Distribution						
Black	10	0.8%	-	-	-	-
American Indian/ Alaskan Native	214	17.8%	7	25.0%	-	-
Asian/ Pacific Islander	12	1.0%	-	0.0%	-	-
White	801	66.5%	16	57.1%	5	83.3%
Latino	84	7.0%	2	7.1%	1	16.7%
Other/ Unknown	83	6.9%	3	10.7%	-	-
Total	1,204	100.0%	28	100.0%	6	100.0%
Gender Distribution						
Male	633	52.6%	10	35.7%	-	-
Female	571	47.4%	17	60.7%	6	100.0%
Other	-	-	1	3.6%	-	-
Total	1,204	100.0%	28	100.0%	6	100.0%

- 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 may struggle with workforce shortages. In addition, a significant portion of existing staff time is spent responding to and complying with DHCS requirements, which leaves limited time to develop and successfully implement new programs.
 - b. **Mitigation Efforts:** ACBHS is addressing staffing issues through ongoing recruitment activities. 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 Annual Update has been posted for a 30-day public review and comment period from May 6, 2024 through June 4, 2024. An electronic copy, which includes the public hearing notice, has been posted on the County website. This document has been distributed to all members of the local Mental Health Board; County Board of Supervisors; Washoe Woodfords Community Council; consumer groups; and ACBHS staff. The document is available via mail or email, upon request. Hard copies of the proposed Annual Update are available at the BHS Community room; each US Post Office in the County; at the clinics in Markleeville and Bear Valley; and at the Wellness Center. Public Hearing notices have been posted at the local general store in Markleeville; at the libraries in Markleeville and Bear Valley; at the Sheriff's station in Bear Valley; and at the Firehouse at Hung-A-Lel-Ti.

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

Comments and feedback about the proposed Plan are welcome, and should be directed to:

Cindy Heikes, Administrative Assistant
MHSA Annual Update Comments
Alpine County Behavioral Health Services
40 Diamond Valley Road, Markleeville, CA 96120
530-694-1314
cheikes@alpinecountyca.gov

2. Public Hearing Information

The Public Hearing for the posted MHSA Annual Update will be held on Wednesday, June 5, 2023, from 11:00 am to 1:00 pm.

- **IN PERSON:** Alpine County Behavioral Health Services, Conference Room, 40 Diamond Valley Road, Markleeville, CA. *Lunch will be provided.*
- **BY ZOOM / ONLINE:**

<https://us06web.zoom.us/j/84402482693?pwd=ELEeGk6o5dIYaLACbpRQD2iARiNV9N.1>

- **BY PHONE:**
 - To join by phone, please dial: 1-689-278-1000
 - Enter Meeting ID: 844 0248 2693
 - Enter Passcode: 813543

3. Public Feedback on Proposed Document

Feedback on the posted MHSA Annual Update will be summarized and added to the final document.

4. Substantive Recommendations and Changes

Substantive recommendations and changes to the MHSA Annual Update will be reviewed and incorporated into the final document, as appropriate. If no substantive recommendations and changes are received, ACBHS will note in this section accordingly.

5. County Supervisor Approval and State Submission

The MHSA Annual Update will be submitted to the County Board of Supervisors after the public hearing. After BOS approval, the final approved document will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

F. COMMUNITY SERVICES AND SUPPORTS (CSS)

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.

CSS funding includes 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.

1. Report on CSS FSP Program (FY 2022/23 and Current)

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.

In FY 2023/24, ACBHS has been exploring options for utilizing CSS FSP funds for housing high-risk MHSA 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. ACBHS has met with various county partners to discuss funding sources, timelines, dwelling options and locations.

➤ **CSS FSP Program Data (FY 2022/23)**

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 2022/23, 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 5.8 hours of services. As seen in Figure 2, the service received were case management and individual/ family therapy.

Figure 2
FSP Mental Health Hours, Clients, and Average Hours per Client, by Service Type
FY 2022/23

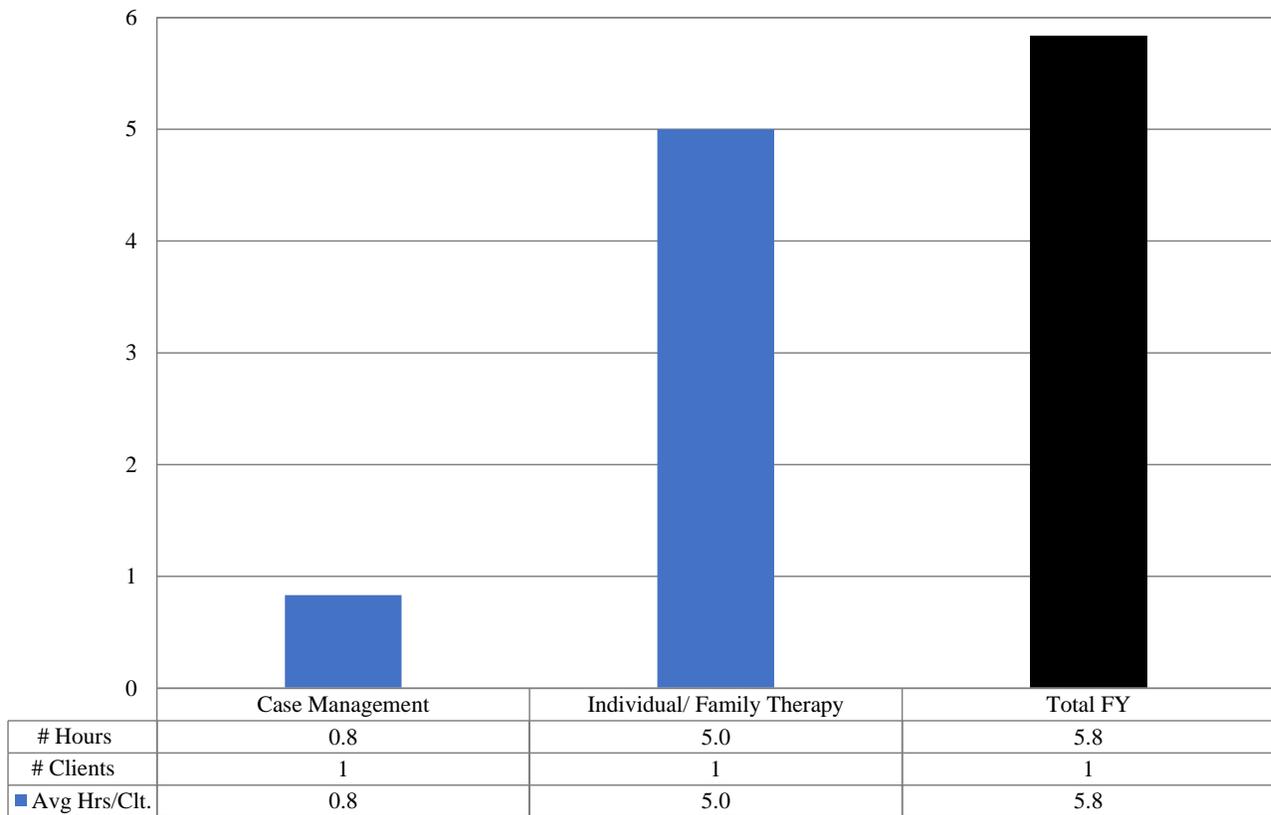


Figure 3 shows the number and percent of FSP clients who remained out of inpatient and crisis in FY 2022/23. This data shows that 100% of FSP clients did not need those intensive services, an excellent outcome!

Figure 3
Number and Percent of FSP Clients Who Remained Out of Inpatient and Crisis
 FY 2022/23

	# Clients	% Clients
No Inpatient or Crisis Services	1	100%
Inpatient or Crisis Services	-	-
Total	1	100%

Figure 4 shows the estimated average MHSA cost per CSS FSP client in FY 2022/23. Estimated MHSA FSP expenditures were \$59,614; 1 client was served; and the estimated average cost per client was \$59,614.*

Figure 4
CSS Full-Service Partnership Services
Total FSP Expenditures, Clients, and Cost per Client
 FY 2022/23

Total FY 22/23 FSP Costs*	\$ 59,614
Total FY 22/23 FSP Clients	1
FY 22/23 Cost per FSP Client*	\$ 59,614

**Costs are rough estimates based on the Alpine County FY 2021/22 MHSA Revenue and Expenditure Report (RER), pending the FY 2022/23 RER. Estimates include only MHSA dollars and do not include other funding sources.*

2. Report on CSS Non-FSP Program (FY 2022/23 and Current)

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 lease also allows access to a gym within walking distance. 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 trauma response 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 may include, but are not limited to, a variety of evidence-based intervention strategies for individuals and families, such as: Positive and Adverse Childhood Experiences (PACE) treatment; Trauma-Focused Cognitive Behavioral Therapy; Attachment-Based Therapy; Dialectical Behavior Therapy; Motivational Interviewing; Solution-Focused Therapy; and Mindfulness Training.

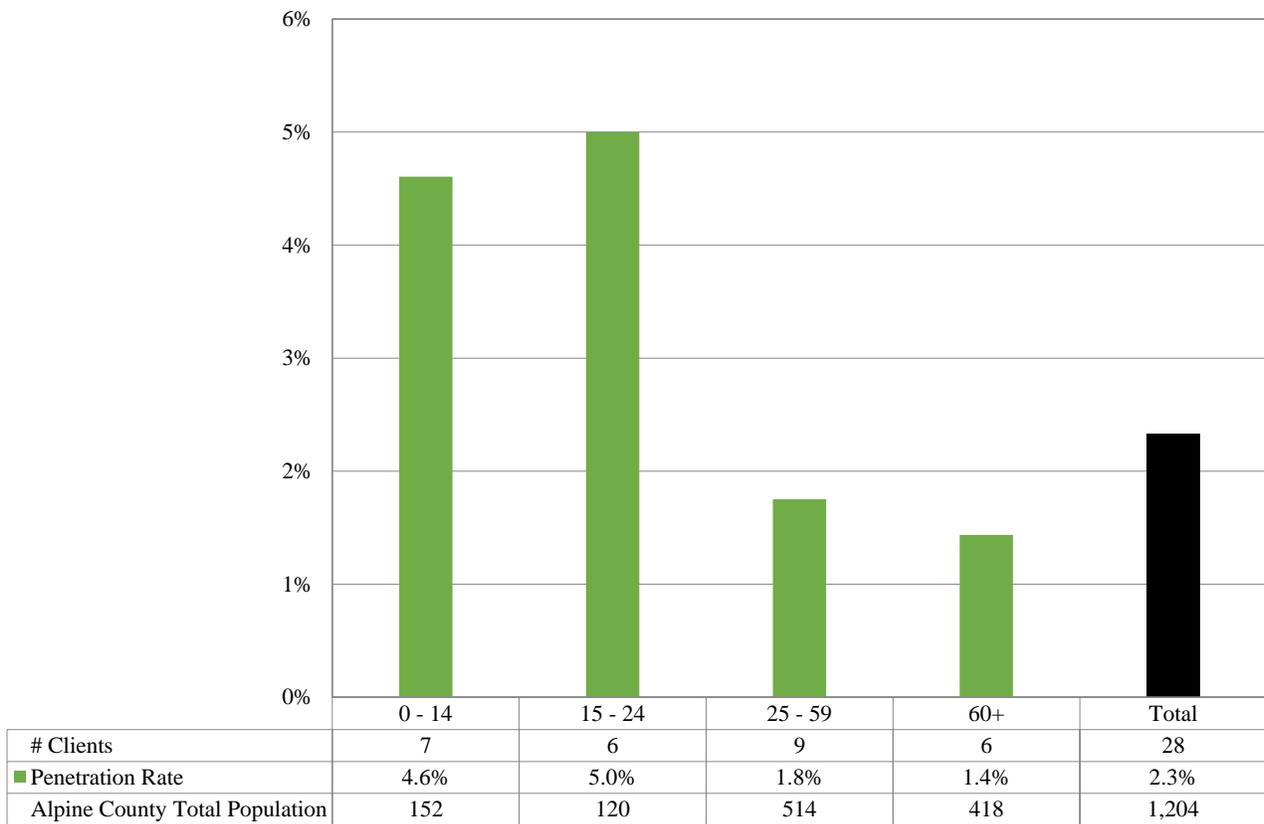
Additional evidence-based services such as Play Therapy, a practice designed to deliver clinical services to children in a supportive environment, may be offered to youth. Play Therapy enables children to decrease anxiety; increase confidence; make healthier choices; and decrease behavioral issues through 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.

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 2022/23)

Figure 5 shows the Penetration Rate for the total clients served, and by age group. There was a total of 28 individuals who received CSS Non-FSP services in FY 2022/23. The total Alpine County population is 1,204. This calculates into a Penetration Rate of 2.3%. There were seven (7) children ages 0-14 served, with a Penetration Rate of 4.6%. There were six (6) Transition Age Youth ages 15-24 served, with a Penetration Rate of 5%. There were nine (9) adults ages 25-59 served, with a Penetration Rate of 1.8%. There were six (6) older adults ages 60+ served, with a Penetration Rate of 2.3%.

Figure 5
CSS Non-FSP Mental Health Penetration Rate, by Age
FY 2022/23



The following tables show the percentage of clients receiving CSS Non-FSP services, by demographics. For Race/Ethnicity, of the 28 people served, 16 were White/Caucasian (57.1%) and 12 had other or unknown races (42.9%).

Figure 6
Number of CSS Non-FSP Clients, by Race/Ethnicity
 FY 2022/23

	# Clients	% Clients
White/ Caucasian	16	57.1%
Other/ Unknown	12	42.9%
Total	28	100.0%

For Gender, of the 28 people served, 10 were Male (35.7%); 17 were Female (60.7%); and one (1) individual selected Other Gender.

Figure 7
Number of CSS Non-FSP Clients, by Gender
 FY 2022/23

	# Clients	% Clients
Male	10	35.7%
Female	17	60.7%
Other	1	3.6%
Total	28	100.0%

For Preferred Language, of the 28 people served, all reported English as their preferred language (100%).

Figure 8
Number of CSS Non-FSP Clients, by Preferred Language
 FY 2022/23

	# Clients	% Clients
English	28	100.0%
Spanish	-	-
Total	28	100.0%

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 in FY 2022/23. There was a total of 28 clients that received 256.8 hours of mental health services, with an average of 9.2 hours per client for the fiscal year. For assessment, there were 21 clients that received an assessment, for a total of 60 hours. This calculates into an average of 2.9 hours of assessment for each client. There were 17 clients that received individual/ family therapy, for a total of 90.3 hours. This data shows each client received an average of 5.3 hours of individual/ family therapy. One can see the average hours per client for the other mental health services received over the fiscal year as well.

Figure 9
CSS Non-FSP Mental Health Hours, Clients, and Average Hours per Client, by Service Type
FY 2022/23

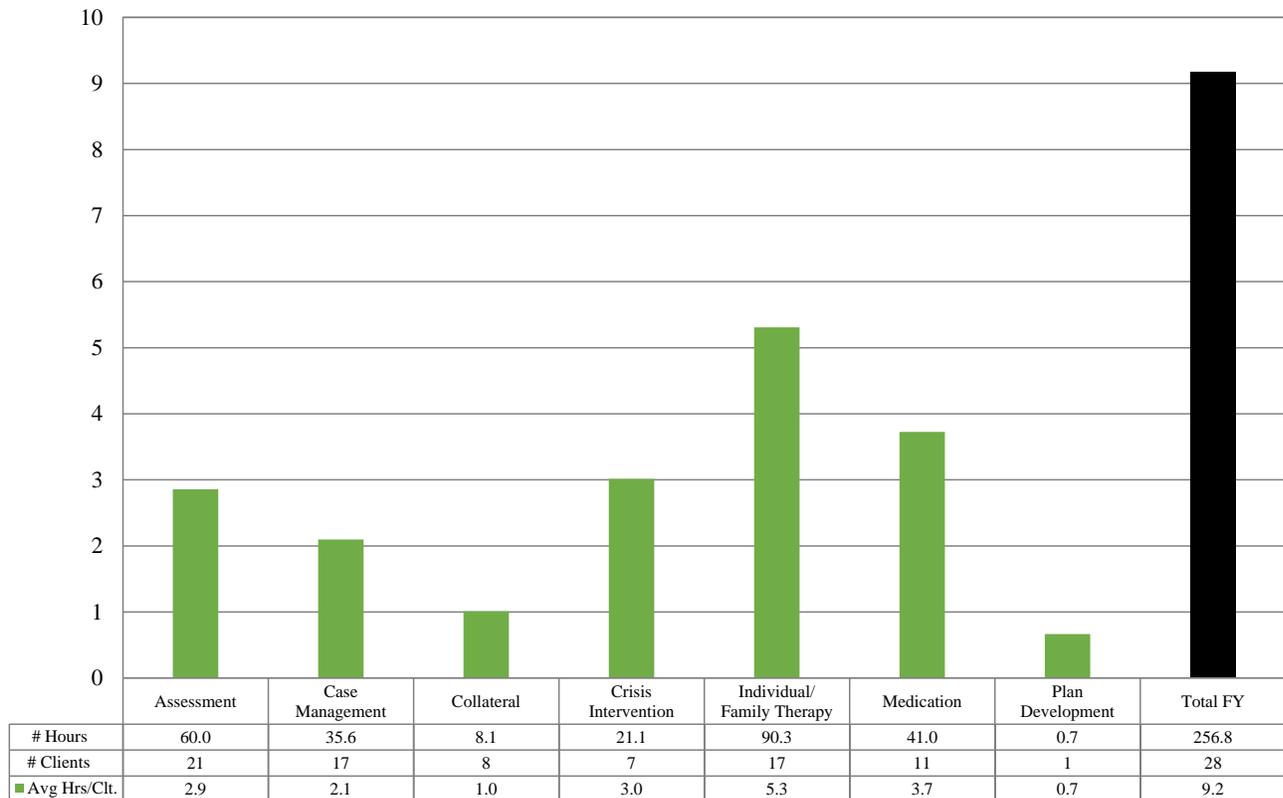


Figure 10 shows the total number and percent of clients who receive psychiatric inpatient services and those who were not admitted in FY 2022/23. This data shows that 96.4% of clients were not hospitalized in the fiscal year, an excellent outcome!

Figure 10
CSS Non-FSP Mental Health Services
Number and Percent of CSS Non-FSP Clients Who Remained Out of Inpatient
 FY 2022/23

	# Clients	% Clients
No Inpatient Admissions	27	96.4%
Inpatient Admission(s)	1	3.6%
Total	28	100.0%

Figure 11 shows the total number and percentage of clients who received crisis services and those who did not receive crisis services in FY 2022/23. This data shows that 75% of clients did not receive a crisis service in the fiscal year, another great outcome.

Figure 11
CSS Non-FSP Mental Health Services
Number and Percent of CSS Non-FSP Clients Who Remained Out of Crisis
 FY 2022/23

	# Clients	% Clients
No Crisis Services	21	75.0%
Crisis Service(s)	7	25.0%
Total	28	100.0%

Figure 12 shows the estimated average MHA cost per CSS Non-FSP client in FY 2022/23. Estimated MHA CSS Non-FSP expenditures were \$473,041; 28 clients were served; and the estimated average cost per client was \$16,894.31.*

Figure 12
CSS Non-FSP Mental Health Services
*Total CSS Non-FSP Expenditures, Clients, and Cost per Client**
 FY 2022/23

Total FY 22/23 Non-FSP Costs*	\$ 473,041
Total FY 22/23 Non-FSP Clients	28
FY 22/23 Cost per Non-FSP Client*	\$ 16,894.31

**Costs are estimates based on the Alpine County FY 2021/22 MHA Revenue and Expenditure Report (RER), pending the FY 2022/23 RER. Estimates include only MHA dollars and do not include other funding sources.*

3. CSS Program Successes and Challenges

➤ *CSS Program Successes*

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

➤ *CSS Program Challenges*

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

In addition, a significant portion of existing staff time is spent responding to and complying with DHCS requirements, which leaves limited time to develop and successfully implement new programs.

4. Planned CSS FSP Program in FY 2024/25

- In FY 2024/25, ACBHS will continue to provide the same level of CSS FSP services as in FY 2023/24. No new activities are anticipated.
 - NOTE: A significant portion of existing staff time is spent responding to and complying with DHCS requirements, which leaves limited time to develop and successfully implement new programs.
- In FY 2024/25, ACBHS projects that the CSS FSP program will serve approximately 3 FSP clients, with a projected MHSA cost per client of \$94,252.36. *(Calculations are based on FY 2022/23 data with a modest increase in the number of clients; and the FY 2024/25 planning budget estimates.)*
 - The projected age breakdown of the 3 clients is: 0 children (ages 0-15); 0 TAY (ages 16-25); 2 adults (ages 26-59); and 1 older adult (ages 60+). *(Calculation is based on FY 2022/23 CSS FSP data and anticipated client population.)*

5. Planned CSS Non-FSP Program in FY 2024/25

- In FY 2024/25, ACBHS will continue to provide the same level of CSS Non-FSP services as in FY 2023/24.
- In addition, in FY 2024/25, ACBHS may expand the CSS Non-FSP Program to include the following activities:
 - ACBHS is exploring options for implementing in-home visits for new parents and older adults who may be struggling with depression, isolation, and other mental health issues and factors. These engagement 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.
 - NOTE: A significant portion of existing staff time is spent responding to and complying with DHCS requirements, which leaves limited time to develop and successfully implement new programs.
- In FY 2024/25, ACBHS projects that the CSS Non-FSP program will serve approximately 30 Non-FSP clients, with a projected MHSA cost per client of \$7,207.53. *(Calculations are based on FY 2022/23 data with a modest increase in the number of clients; and the FY 2024/25 planning budget estimates.)*
 - The projected age breakdown of the 30 clients is: 8 children (ages 0-15); 6 TAY (ages 16-25); 10 adults (ages 26-59); and 6 older adults (ages 60+). *(Calculation is based on FY 2022/23 CSS Non-FSP client data.)*

G. PREVENTION AND EARLY INTERVENTION (PEI)

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 PEI Programs (FY 2022/23 and Current)

a. Prevention Program Report

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 the 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, and Live Violence Free. 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 such as 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 programing 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 programing 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. Online classes are offered when appropriate.

In FY 2023/24, ACBHS expanded activities that target adults and older adults, including Create the Good meals, Senior Soak, 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.

Figure 13 shows the number of Foundation of Wellness clients who attended groups in FY 2022-23. There was a total of 502 unduplicated clients, with 11.6% children, 10.6% TAY, 48.6% Adults, and 29.3% Older Adults.

Figure 13
PEI Prevention: Foundation of Wellness
Number of Participants, by Age
 FY 2022/23

	# Clients	% Clients
Child	58	11.6%
TAY	53	10.6%
Adult	244	48.6%
Older Adut	147	29.3%
Unduplicated Total	502	100.0%

Figure 14 shows that 135 Foundation of Wellness groups were held in FY 2022-23. The total attendance to those groups was 1,773 attendees, which shows an average of 13.1 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 2022/23

Number of Groups	135
Total Attendance	1,773
Avg. Attendance per Group	13.1

Figure 15 shows the estimated average MHSA cost per PEI Prevention client in FY 2022/23, across all Prevention activities provided in that fiscal year. Estimated PEI Prevention expenditures were \$91,530; 502 individuals were served; and the estimated average cost per client was \$182.33.*

Figure 15
PEI Prevention: Foundations of Wellness
Total Prevention Expenditures, Clients, and Cost per Client*
 FY 2022/23

Total FY 22/23 PEI Prevention Costs*	\$ 91,530
Total FY 22/23 FS PEI Prevention Clients	502
FY 22/23 Cost per FSP Client*	\$ 182.33

**Costs are estimates based on the Alpine County FY 2021/22 MHSA Revenue and Expenditure Report (RER), pending the FY 2022/23 RER. Estimates include only MHSA dollars and do not include other funding sources.*

2) Washoe People for Prevention Program

ACBHS is partnering 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. 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 a 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:
 - i. 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.
 - ii. 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 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. ACBHS is also working with the Woodfords Indian Education Center to implement a youth literacy and cultural humility reading program, as well as outdoor wellness activities for Native youth at Grover Hot Spring State Park. ACBHS may provide transportation to other state parks and local ancestral sites.
- f. Alpine County Public Health is working with Tribal Council to implement a "My Two Aunties" program that is staffed with indigenous and peer supports to act as service navigators. This program may be provided in the Wellness Center on Tribal land. There are opportunities for ACBHS staff to collaborate with the program to provide services to families with young children.
- g. This program may 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.
- h. 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.
- i. Data on this new Prevention program will be reported in the next Annual Update.

3) Bear Valley Community Connections

ACBHS is working to 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. In May 2024, a part-time staff member was hired for Bear Valley. This individual will provide leadership for groups, events, and ongoing activities. 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.
- c. Data on this new Prevention program will be reported in the next Annual Update.

b. Early Intervention Program Report

4) Early Intervention Program: *To Be Determined*

Note: At the beginning of FY 2022/23, Positive Behavioral Interventions and Supports (PBIS) was terminated as an Early Intervention program. The final FY 2021/22 data was published in the most recent MHSA Three-Year Program and Expenditure Plan.

ACBHS is exploring options for implementing a modified or new Early Intervention Program that provides needed services to an identified at-risk population. A significant portion of existing staff time is spent responding to and complying with DHCS requirements, which leaves limited time to develop and successfully implement new programs.

c. Outreach, Access, and Stigma Reduction Program Report

5) Strategies for Outreach, Access, and Stigma Reduction (SOASR)

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), 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 schools out of the area, including in South Lake Tahoe (El Dorado County), Angels Camp (Calaveras County) and in Douglas County, Nevada. This out-of-county change is 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 provided lunch once each month, and served, on average, 22 of the 36 Alpine students (61%) who attend Douglas High School. This outreach activity has recently resumed. 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 16 shows the number of attendees for Outreach Activities in FY 2022-23. There was a total of 215 attendees, with 44.7% children, 18.6% TAY, 27.9% Adults, and 8.8% Older Adults. *Please note that individuals could attend multiple outreach activities so this may be a duplicated count of individuals.*

Figure 16
PEI Outreach and Stigma Reduction: Outreach Activities
Number of Participants, by Age
 FY 2022/23

	# Clients	% Clients
Child	96	44.7%
TAY	40	18.6%
Adult	60	27.9%
Older Adut	19	8.8%
Total (duplicated)	215	100.0%

Figure 17 shows that there were 10 Outreach Activities held in FY 2022-23. The total attendance of those activities was 215 attendees, which shows an average of 21.5 attendees per group.

Figure 17
PEI Outreach and Stigma Reduction: Outreach Activities
Average Attendance per Group
 FY 2022/23

Number of Activities	10
Total Attendance	215
Avg. Attendance per Activity	21.5

Figure 18 shows the estimated average MHSa cost per PEI Outreach participant in FY 2022/23, across all Outreach and Stigma Reduction activities. Estimated PEI Outreach expenditures were \$47,810; 215 participants were engaged; and the estimated average cost per participant was \$222.37.*

Figure 18
PEI Outreach and Stigma Reduction: Outreach Activities
Total Outreach Expenditures, Participants, and Cost per Participant*
 FY 2022/23

Total FY 22/23 PEI Outreach Costs*	\$ 47,810
Total FY 22/23 FS PEI Outreach Participants	215
FY 22/23 Cost per Outreach Participant*	\$ 222.37

**Costs are estimates based on the Alpine County FY 2021/22 MHSa Revenue and Expenditure Report (RER), pending the FY 2022/23 RER. Estimates include only MHSa dollars and do not include other funding sources.*

d. Suicide Prevention Program Report: Suicide Prevention Program

6) Suicide Prevention Activities

Past suicide prevention activities have included prevention and awareness activities through the Suicide Prevention Network (SPN) 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.

Per the current Alpine County Suicide Prevention Strategic Plan, ACBHS staff are responsible for delivering suicide prevention programs and training. Sessions at Diamond Valley Elementary School (DVES) for elementary students and middle school students were provided in FY 20/21. The SPN has a renewed partnership with the Alpine County Office of Education and DVES to resume these activities.

ACBHS has also contracted with Crisis Support Services of Alameda County to ensure that a well-staffed and trained crisis hotline response team is available 24 hour per day, 7 days per week. The program provides risk assessment and brief intervention for people in crisis and people suffering from chronic mental illness, and links callers to local emergency services as needed. Crisis Support Services of Alameda County is accredited by the American Association of Suicidology and is a member of the National Suicide Prevention Lifeline and the 988 Lifeline.

Figure 19 shows that there was one (1) Mental Health First Aid training held in FY 2022-23. The total attendance was 5 attendees to this training.

Figure 19
Suicide Prevention: Mental Health First Aid
Number of Trainings, Attendees, and Average Attendance per Training
 FY 2022/23

Number of Trainings	1
Total Attendance	5
Avg. Attendance per Activity	5

Figure 20 shows that there was one (1) SafeTALK training held in FY 2022-23. The total attendance was 25 attendees to this training.

Figure 20
Suicide Prevention: SafeTALK
Number of Trainings, Attendees, and Average Attendance per Training
 FY 2022/23

Number of Trainings	1
Total Attendance	25
Avg. Attendance per Activity	25

Figure 21 shows the estimated average MHSa cost per PEI Suicide Prevention contacts in FY 2021/2022. Estimated PEI Suicide Prevention expenditures were \$1,362; 30 contacts were made; and the average cost per contact was \$45.40.*

Figure 21
Suicide Prevention: Mental Health First Aid
*Total Suicide Prevention Expenditures, Contacts, and Cost per Contact**
 FY 2021/22

Total FY 22/23 PEI Suicide Prevention Costs*	\$ 1,362
Total FY 22/23 FS PEI Suicide Prevention Contacts	30
FY 22/23 Cost per Suicide Prevention Contact*	\$ 45.40

**Costs are estimates based on the Alpine County FY 2021/22 MHSa Revenue and Expenditure Report (RER), pending the FY 2022/23 RER. Estimates include only MHSa dollars and do not include other funding sources.*

2. 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.

➤ *PEI 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.

In addition, a significant portion of existing staff time is spent responding to and complying with DHCS requirements, which leaves limited time to develop and successfully implement new programs.

3. Planned PEI Programs in FY 2024/25

a. **Prevention Programs in FY 2024/25: Foundations of Wellness; Washoe People for Prevention; Bear Valley Community Connections**

- In FY 2024/25, ACBHS will continue to provide the same level of PEI Prevention services as in FY 2023/24.
- In addition, in FY 2024/25, ACBHS may expand the Prevention Program to include the following activities:
 - Foundations of Wellness: ACBHS may implement activities that expand services for students and TAY, including after-school programs for students in the elementary school in Markleeville and at Douglas High 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 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.
 - NOTE: A significant portion of existing staff time is spent responding to and complying with DHCS requirements, which leaves limited time to develop and successfully implement new programs.

- In FY 2024/25, ACBHS projects that the PEI Prevention programs will serve a total of approximately 552 clients across all activities, with a projected MHSA cost per client of \$509.36. *(Calculations are based on FY 2022/23 data with a 10% increase in the number of clients; and the FY 2024/25 planning budget estimates.)*
 - The estimated age breakdown for the 552 clients is: 64 children (ages 0-15); 59 TAY (ages 16-25); 268 adults (ages 26-59); and 162 older adults (ages 60+). *(Calculation is based on FY 2022/23 Prevention client data.)*

b. Early Intervention Program in FY 2024/25

- ACBHS is exploring options for implementing a modified or new Early Intervention Program that provides needed services to an identified at-risk population.
 - Within the selected program, service data and client outcomes will be tracked over time.
 - A formal MHSA document (Update or Annual Update) will be published with the selected program; and the estimated numbers to be served by age, and cost per client, will be calculated at that time.
 - NOTE: A significant portion of existing staff time is spent responding to and complying with DHCS requirements, which leaves limited time to develop and successfully implement new programs.

c. Outreach, Access, and Stigma Reduction Program in FY 2024/25

- In FY 2024/25, ACBHS will continue to provide the same level of PEI Outreach, Access, and Stigma Reduction services as in FY 2023/24.
- In addition, in FY 2024/25, ACBHS may expand this program to include the following activities:
 - 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.
 - 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.
 - 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.

- NOTE: A significant portion of existing staff time is spent responding to and complying with DHCS requirements, which leaves limited time to develop and successfully implement new programs.
- In FY 2024/25, ACBHS projects that the PEI Outreach, Access, and Stigma Reduction program will engage approximately 237 participants, with a projected MHSA cost per participant of \$158.18. *(Calculations are based on FY 2022/23 data with a 10% increase in the number of participants; and the FY 2024/25 planning budget estimates.)*
 - The estimated age breakdown of the 237 participants is: 106 children (ages 0-15); 44 TAY (ages 16-25); 66 adults (ages 26-59); 21 older adults (ages 60+). *(Calculation is based on FY 2022/23 Outreach, Access, and Stigma participant data.)*

d. Suicide Prevention Program in FY 2024/25

- In FY 2024/25, ACBHS will continue to provide the same level of PEI Suicide Prevention services as in FY 2023/24.
- In addition, in FY 2024/25, ACBHS may expand the PEI Suicide Prevention program to include the following activities:
 - Suicide prevention evaluation activities may be implemented to capture the number of individuals reached; and program evaluation may include post-training/event surveys that measure the changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness.
 - NOTE: A significant portion of existing staff time is spent responding to and complying with DHCS requirements, which leaves limited time to develop and successfully implement new programs.
- In FY 2024/25, ACBHS projects that the PEI Suicide Prevention program will make approximately 33 contacts, with a projected MHSA cost per contact of 568.02. *(Calculations are based on FY 2022/23 data with a 10% increase of the number of contacts; and the FY 2024/25 planning budget estimates.)*
 - The estimated age breakdown is: 5 TAY (ages 16-25); 18 adults (ages 26-59); and 10 older adults (ages 60+). *(Calculation is based on county population by age, adjusted to exclude children.)*

H.INNOVATION (INN)

ACBHS does not have an active Innovation (INN) project to report. No new INN project is planned at this time.

I. WORKFORCE EDUCATION AND TRAINING (WET)

1. Report on WET Program (FY 2022-2023 and Current)

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

- 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.

- **Progress Report:** Since this project was rolled out in FY 2022/23, one (1) staff member has completed a licensing program and received tuition support through the SRP Project.

2. Planned WET Program in FY 2024/25

- Ongoing WET activities will include WET coordination; training and technical assistance, and internships, in collaboration with CalMHSa, as appropriate.

J. CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

1. Report on CFTN Program (FY 2022-2023 and Current)

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. This project was completed on time and within budget.
- 2) TN Project – EHR Upgrade:** These funds were used to initiate the implementation of an upgraded Electronic Health Record (EHR) system.

In FY 2023/24, ACBHS transferred funds from CSS to CFTN to implement the following project:

- 3) TN Project – Smart Upgrades:** This project allowed ACBHS to fill the technological needs of the ACBHS clinics and the Wellness Center, including the purchase of smart whiteboards and other technology to provide MHSA services.

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 was completed on time.
- 3) TN Project – EHR Upgrade:** This project has been completed on time.

2. Planned CFTN Program in FY 2024/25

- 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 or Three-Year Plans once they have been identified.

K. PRUDENT RESERVE

ACBHS is obligated to maintain its MHSa 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 at least 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 updated five-year FY 2023/24 Prudent Reserve assessment calculations are included below. ACBHS will conduct a new Prudent Reserve assessment no later than FY 2028/29, to be published in the subsequent Annual Update or Three-Year Program and Expenditure Plan.

Alpine County Behavioral Health Services FY 2023/2024 Prudent Reserve Assessment

Assessed on 02/19/2024

Next Assessment no later than 06/30/2029

MHSA Fiscal Year Funding per SCO Monthly Reports*	
FY 2018/19	\$ 1,516,154
FY 2019/20	\$ 1,257,730
FY 2020/21	\$ 1,888,058
FY 2021/22	\$ 1,656,272
FY 2022/23	\$ 1,038,967
Total 5-Year MHSA Allocation	\$ 7,357,181
CSS Allocations <i>(Total MHSA Allocations x 76% for CSS)</i>	\$ 5,591,457
Average CSS Allocation <i>(CSS Total / 5)</i>	\$ 1,118,291
Maximum Prudent Reserve Amount <i>(Avg CSS x 33%)</i>	\$ 369,036
Current Prudent Reserve Amount**	\$ 354,639
Amount Under allowed Max <i>(To be transferred from CSS in FY 24/25)</i>	\$ 14,397

*Per DHCS IN 19-037

**Per most recent RER PR Balance

L. MHSa FY 2024/25 PLANNING BUDGET

See the next pages for the Annual Update Planning Budget.

**FY 2024/2025 Mental Health Services Act Annual Update
Fiscal Planning Summary**

County: Alpine

Date: 5/1/24

	MHSA Funding					
	A	B	C	D	E	F
<i>All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and ACBHS policy.</i>	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2024/2025 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 2,776,219	\$ 218,898	\$ 577,923			\$ 354,639
2. Estimated New FY 2024/2025 Funding	\$ 1,335,426	\$ 340,339	\$ 89,563			
3. Transfer in FY 2024/2025 ^{a/}	\$ (16,897)			\$ 2,500	\$ -	\$ 14,397
4. Access Local Prudent Reserve in FY 2024/2025	\$ -	\$ -				
5. Estimated Available Funding for FY 2024/2025	\$ 4,094,748	\$ 559,237	\$ 667,486	\$ 2,500	\$ -	\$ 369,036
B. Estimated FY 2024/2025 MHSA Expenditures^{b/}	\$ 554,426	\$ 416,546	\$ -	\$ 2,500	\$ -	\$ -
C. Estimated FY 2024/2025 Unspent Fund Balance	\$ 3,540,322	\$ 142,691	\$ 667,486	\$ -	\$ -	\$ 369,036

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2024	\$ 354,639
2. Contributions to the Local Prudent Reserve in FY 2024/2025	\$ 14,397
3. Distributions from the Local Prudent Reserve in FY 2024/2025	\$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2025	\$ 369,036

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

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

**FY 2024/2025 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Planning Worksheet**

County: Alpine

Date: 5/1/24

	Fiscal Year 2024/2025					
	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
<i>All MHSa funds are managed via "first in, first out."</i>						
FSP Programs						
1. CSS FSP Program	\$ 282,757	\$ 282,757				
FSP Programs						
2. CSS Non-FSP Program	\$ 216,226	\$ 216,226				
CSS Administration	\$ 55,443	\$ 55,443				
CSS MHSa Housing Program Assigned Funds	\$ -	\$ -				
Total CSS Program Estimated Expenditures	\$ 554,426	\$ 554,426				
FSP Programs as Percent of Total	51%					

**FY 2024/2025 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Planning Worksheet**

County: Alpine

Date: 5/1/24

	Fiscal Year 2024/2025					
	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
<i>All MHSA funds are managed via "first in, first out."</i>						
PEI Programs						
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Suicide Prevention (SP); Stigma Reduction (SR); Access (A)</i>						
1. Foundations of Wellness (P)	\$ 74,978	\$ 74,978				
2. Washoe Prevention Program (P)	\$ 112,467	\$ 112,467				
3. Bear Valley Community Connections (P)	\$ 93,723	\$ 93,723				
4. TO BE DETERMINED (EI)	\$ 37,489	\$ 37,489				
5. Strategies for Outreach, Access, & Stigma Reduction (O/A/SR)	\$ 37,489	\$ 37,489				
6. Suicide Prevention Program (SP)	\$ 18,745	\$ 18,745				
PEI Administration	\$ 41,655	\$ 41,655				
PEI Assigned Funds	\$ -	\$ -				
Total PEI Program Estimated Expenditures	\$ 416,546	\$ 416,546				

**FY 2024/2025 Mental Health Services Act Annual Update
Innovation (INN) Planning Worksheet**

County: Alpine

Date: 5/1/24

	Fiscal Year 2024/2025					
	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
<i>All MHSAs are managed via "first in, first out."</i>						
INN Program <i>No INN project at this time</i>						
INN Administration						
Total INN Program Estimated Expenditures						

**FY 2024/2025 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Planning Worksheet**

County: Alpine

Date: 5/1/24

	Fiscal Year 2024/2025					
	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
<i>All MHSA funds are managed via "first in, first out."</i>						
WET Programs						
1. Training and Technical Assistance	\$ 2,500	\$ 2,500				
2. SRP/CalMHSA Staffing Project (multi-year contract)	\$ -	\$ -				
WET Administration						
Total WET Program Estimated Expenditures	\$ 2,500	\$ 2,500				

**FY 2024/2025 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Planning Worksheet**

County: Alpine

Date: 5/1/24

	Fiscal Year 2024/2025					
	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
<i>All MHSA funds are managed via "first in, first out."</i>						
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i> No CFTN Projects at this time; TBD						
CFTN Administration						
Total CFTN Program Estimated Expenditures	\$ -	\$ -				