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# POSTED FOR PUBLIC COMMENT

April 22, 2025 through May 21, 2025

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Alpine County Behavioral Health Services

## MENTAL HEALTH SERVICES ACT (MHSA) FY 2025/2026 Annual Update

This proposed MHSA Annual Update is available for a 30-day public review and comment period from April 22, 2025 through May 21, 2025.

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

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### Public Hearing Information

Thursday, May 22, 2024  
12:00-1:00 pm

#### IN PERSON:

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

#### BY ZOOM:

<https://us02web.zoom.us/j/89062039806?pwd=uHE6Nbd2qnaNDaTqQGaEJHxOyMbsKI.1>

#### BY PHONE:

Dial: 1-669-444-9171  
Enter Meeting ID: 890 6203 9806  
Enter Passcode: 169398

### Feedback or Questions?

#### Please Contact:

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

Phone: 530-694-1816  
[ccruz@alpinecountyca.gov](mailto:ccruz@alpinecountyca.gov)

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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 ANNUAL UPDATE**  
Fiscal Year 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, 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 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.

In 2024, the California Behavioral Health Services Act (BHSA) was approved by California voters. BHSA changes the focus of MHSA to support expanded housing options for high-risk individuals, as well as the inclusion of services for substance use disorders. ACBHS will develop its BHSA Three-Year Program and Expenditure Plan in FY 2025/26, for implementation in FY 2026/27.

## **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 2025/2026 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 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	
<b>Age Distribution</b>						
<b>0 - 14 years</b>	152	12.6%	7	25.0%	-	-
<b>15 - 24 years</b>	120	10.0%	6	21.4%	1	16.7%
<b>25 - 59 years</b>	514	42.7%	9	32.1%	5	83.3%
<b>60+ years</b>	418	34.7%	6	21.4%	-	-
<b>Total</b>	<b>1,204</b>	<b>100.0%</b>	<b>28</b>	<b>100.0%</b>	<b>6</b>	<b>100.0%</b>
<b>Race/Ethnicity Distribution</b>						
<b>Black</b>	10	0.8%	-	-	-	-
<b>American Indian/ Alaskan Native</b>	214	17.8%	7	25.0%	-	-
<b>Asian/ Pacific Islander</b>	12	1.0%	-	0.0%	-	-
<b>White</b>	801	66.5%	16	57.1%	5	83.3%
<b>Latino</b>	84	7.0%	2	7.1%	1	16.7%
<b>Other/ Unknown</b>	83	6.9%	3	10.7%	-	-
<b>Total</b>	<b>1,204</b>	<b>100.0%</b>	<b>28</b>	<b>100.0%</b>	<b>6</b>	<b>100.0%</b>
<b>Gender Distribution</b>						
<b>Male</b>	633	52.6%	10	35.7%	-	-
<b>Female</b>	571	47.4%	17	60.7%	6	100.0%
<b>Other</b>	-	-	1	3.6%	-	-
<b>Total</b>	<b>1,204</b>	<b>100.0%</b>	<b>28</b>	<b>100.0%</b>	<b>6</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 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. In addition, Alpine County has implemented interagency assistance with Public Health Assistants helping to staff MHSA programs.

## 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 April 22, 2025 through May 21, 2025. 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 Behavioral Health Board; County Board of Supervisors; Washoe Woodfords Community Council; consumer groups; and ACBHS staff. Hard copies of the proposed Annual Update are available at the BHS Community room; each US Post Office in the County; at the libraries in Markleeville and Bear Valley; at the clinics in Markleeville and Bear Valley; at the Wellness Center; and at the Firehouse at Hung-A-Lel-Ti. The document is also available upon request, via mail or email.

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 Cruz, Administrative Assistant  
MHSA Annual Update Comments  
Alpine County Behavioral Health Services  
40 Diamond Valley Road, Markleeville, CA 96120  
530-694-1314  
[ccruz@alpinecountyca.gov](mailto:ccruz@alpinecountyca.gov)

### 2. Public Hearing Information

The Public Hearing for the posted MHSA Annual Update will be held on Thursday, May 22, 2025 from 12:00-1:00 pm.

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

<https://us02web.zoom.us/j/89062039806?pwd=uHE6Nbd2qnaNDaTqQGaEJHxOyMbsKI.1>

- **BY PHONE:**
  - To join by phone, please dial: 1-669-444-9171
    - Enter Meeting ID: 890 6203 9806
    - Enter Passcode: 169398

### 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 accordingly.

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

The MHSA Annual Update will be submitted to the County Board of Supervisors (BOS) after the public hearing. After BOS approval, the final approved document will be submitted to the California Commission for Behavioral Health (CBH) 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 Activities (FY 2023/24 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 2023/24)**

*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 2023/24, 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 6.9 hours of services. As seen in Figure 2, the service received were case management and medication.

**Figure 2**  
***FSP Mental Health Hours, Clients, and Average Hours per Client, by Service Type***  
**FY 2023/24**

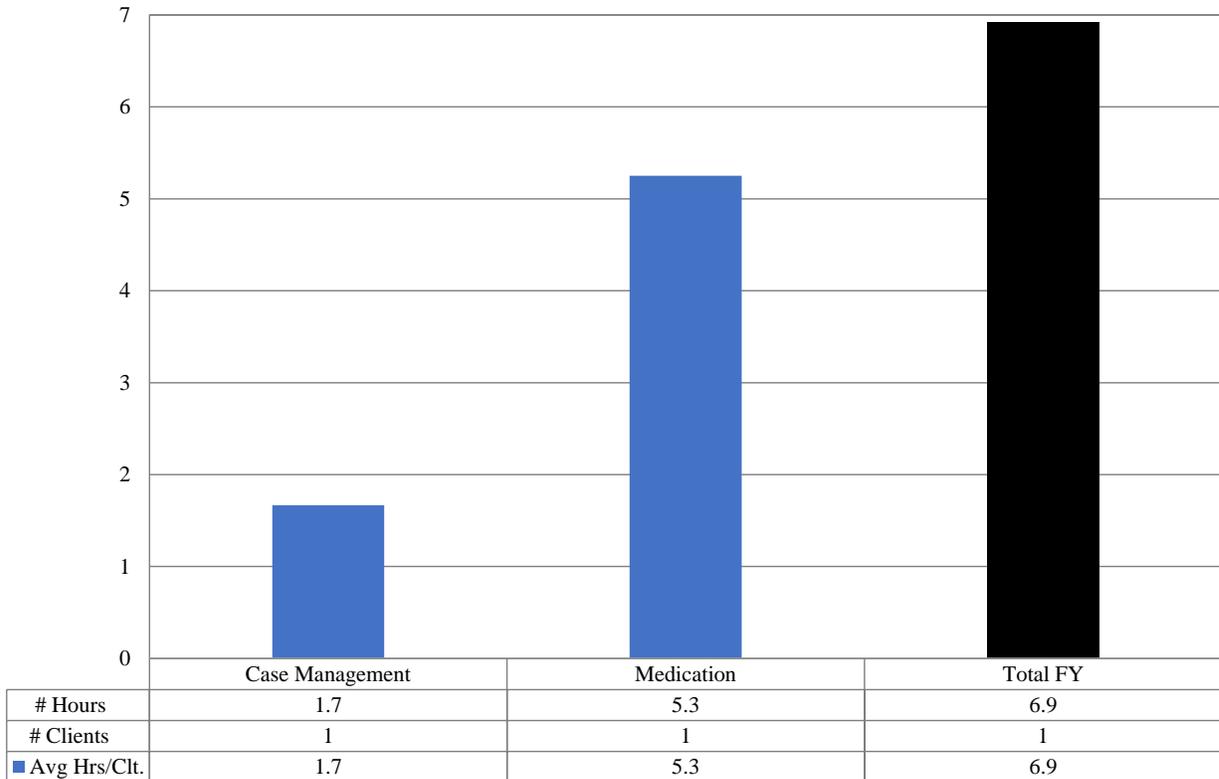


Figure 3 shows the estimated average MHA cost per CSS FSP client in FY 2023/24. MHA FSP expenditures were \$59,012; 1 client was served; and the average cost per client was \$59,012.\*

**Figure 3**  
**CSS Full-Service Partnership Services**  
***Total FSP Expenditures, Clients, and Cost per Client\****  
 FY 2023/24

Total FY 23/24 FSP Costs*	\$ 59,012
Total FY 23/24 FSP Clients	1
<b>FY 23/24 Cost per FSP Client*</b>	<b>\$ 59,012</b>

*\*Costs are based on the Alpine County FY 2023/24 MHA Revenue and Expenditure Report (RER). Costs include only MHA dollars and do not include other funding sources.*

## **2. Report on CSS Non-FSP Program Activities (FY 2023/24 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 MHA 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 MHA 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. In addition, Wellness Center activities include weekly Recovery Talking Circles and support groups for family and friends of those struggling with addiction.

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.

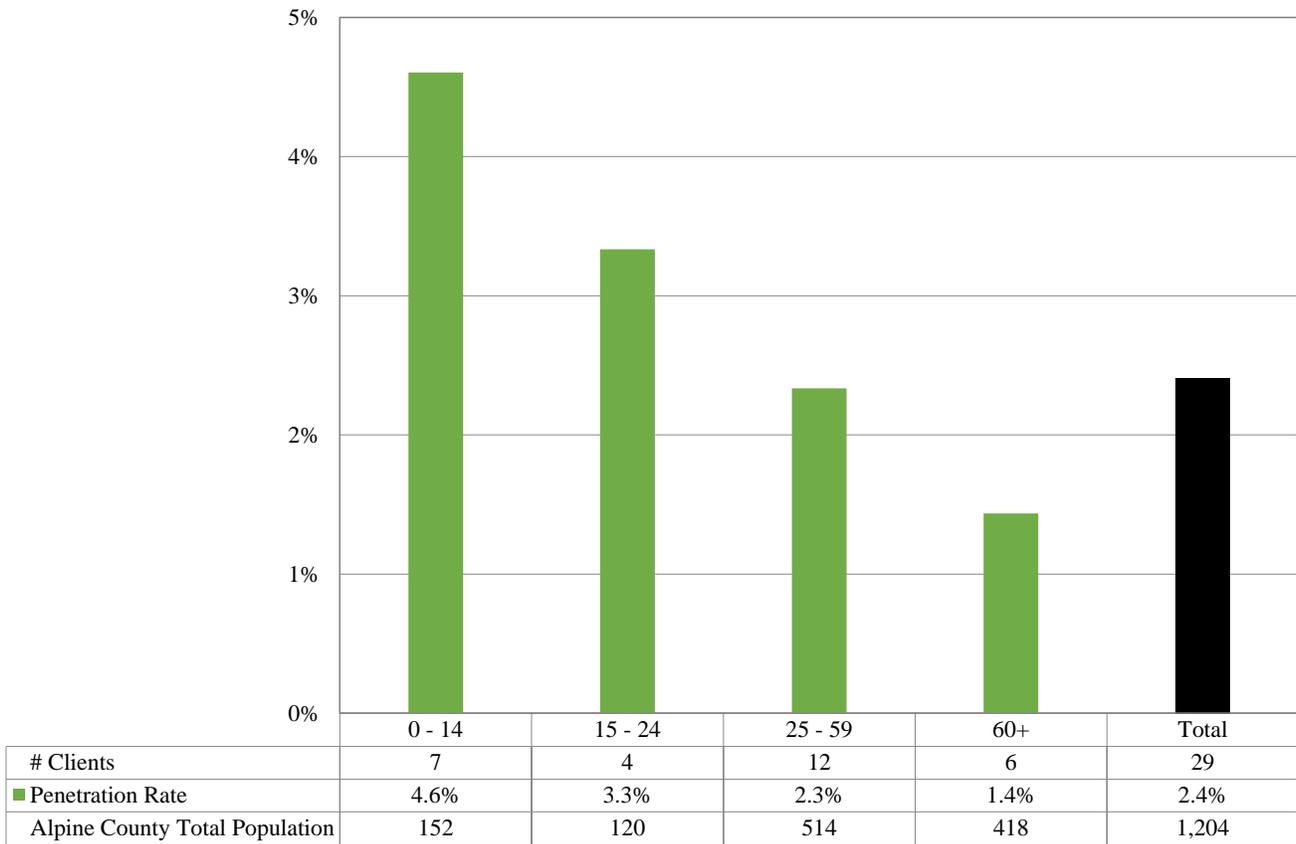
Additional evidence-based services such as Play Therapy, a practice designed to deliver clinical services to children in a supportive environment, may be offered to youth. Play Therapy enables children to decrease anxiety; increase confidence; make healthier choices; and decrease behavioral issues through 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 2023/24)

Figure 4 shows the Penetration Rate for the total clients served, and by age group. There was a total of 29 individuals who received CSS Non-FSP services in FY 2023/24. The total Alpine County population is 1,204. This calculates into a Penetration Rate of 2.4%. There were seven (7) children ages 0-14 served, with a Penetration Rate of 4.6%. There were four (4) Transition Age Youth ages 15-24 served, with a Penetration Rate of 3.3%. There were 12 adults ages 25-59 served, with a Penetration Rate of 2.3%. There were six (6) older adults ages 60+ served, with a Penetration Rate of 1.4%.

**Figure 4**  
**CSS Non-FSP Mental Health Penetration Rate, by Age**  
 FY 2023/24



The following tables show the percentage of clients receiving CSS Non-FSP services, by demographics. For Race/Ethnicity, of the 29 people served, 16 were White/Caucasian (55.2%), 11 were American Indian/ Alaskan Native (37.9%) and two (2) had other or unknown races (6.9%).

**Figure 5**  
***Number of CSS Non-FSP Clients, by Race/Ethnicity***  
FY 2023/24

	# Clients	% Clients
White/ Caucasian	16	55.2%
American Indian/ Alaskan Native	11	37.9%
Other/ Unknown	2	6.9%
<b>Total</b>	<b>29</b>	<b>100.0%</b>

For Gender, of the 29 people served, nine (9) were Male (31%) and 20 were Female (69%).

**Figure 6**  
***Number of CSS Non-FSP Clients, by Gender***  
FY 2023/24

	# Clients	% Clients
Male	9	31.0%
Female	20	69.0%
<b>Total</b>	<b>29</b>	<b>100.0%</b>

For Preferred Language, of the 30 people served, all reported English as their preferred language (100%).

**Figure 7**  
***Number of CSS Non-FSP Clients, by Preferred Language***  
FY 2023/24

	# Clients	% Clients
English	29	100.0%
<b>Total</b>	<b>29</b>	<b>100.0%</b>

Figure 8 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 2023/24. There was a total of 29 clients that received 373.7 hours of mental health services, with an average of 12.9 hours per client for the fiscal year. For assessment, there were 25 clients who received an assessment, for a total of 116.8 hours. This calculates into an average of 4.7 hours of assessment for each client. There were 19 clients who received individual/ family therapy, for a total of 177.3 hours. This data shows each client received an average of 9.3 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 8**  
**CSS Non-FSP Mental Health Hours, Clients, and Average Hours per Client, by Service Type**  
 FY 2023/24

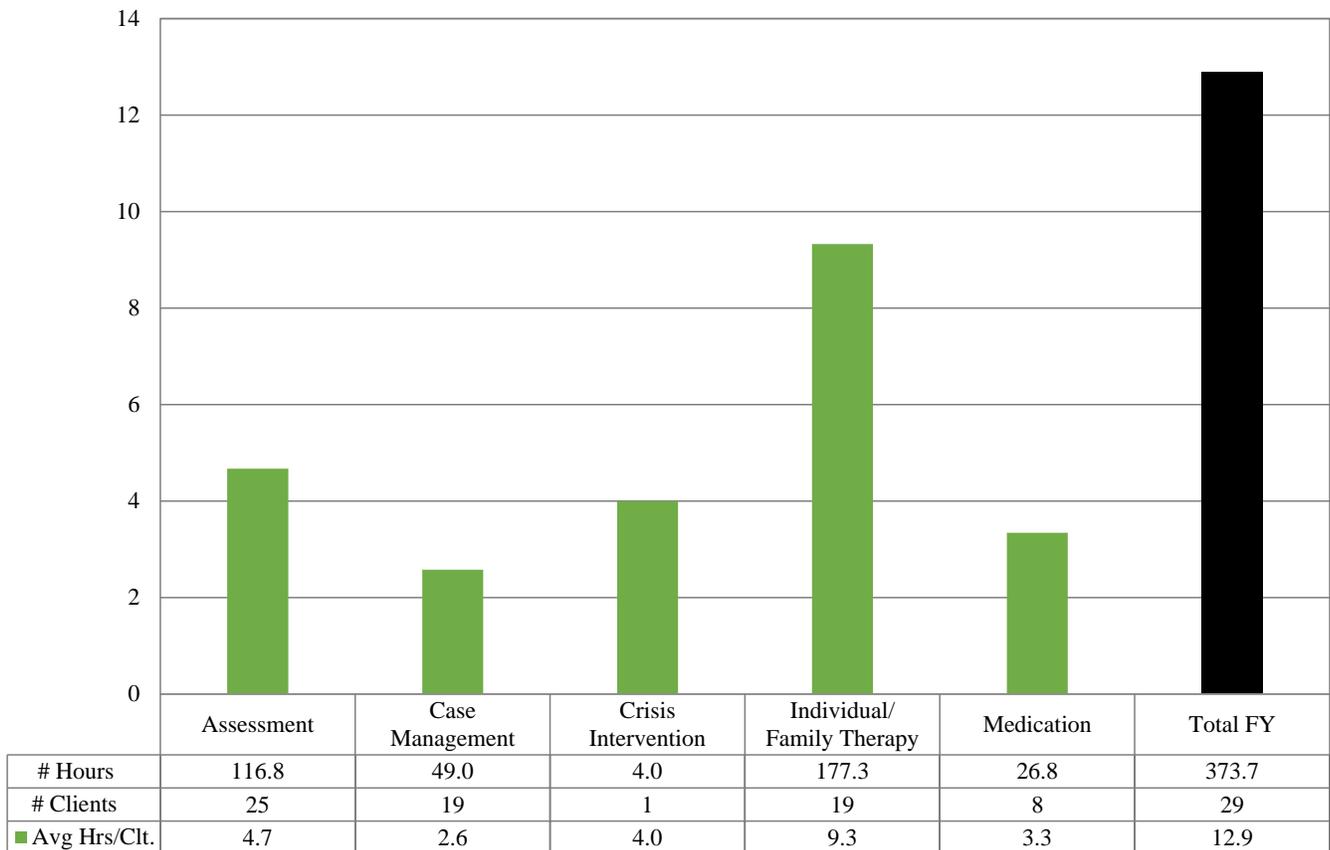


Figure 9 shows the total number and percentage of clients who received crisis services and those who did not receive crisis services in FY 2023/24. This data shows that 96.6% of clients did not receive a crisis service in the fiscal year, another great outcome.

**Figure 9**  
**CSS Non-FSP Mental Health Services**  
*Number and Percent of CSS Non-FSP Clients Who Remained Out of Crisis*  
 FY 2023/24

	<b># Clients</b>	<b>% Clients</b>
No Crisis Services	28	96.6%
Crisis Service(s)	1	3.4%
<b>Total</b>	<b>29</b>	<b>100.0%</b>

Figure 10 shows the estimated average MHA cost per CSS Non-FSP client in FY 2023/24. MHA CSS Non-FSP expenditures were \$656,561; 29 clients were served; and the estimated average cost per client was \$22,640.\*

**Figure 10**  
**CSS Non-FSP Mental Health Services**  
*Total CSS Non-FSP Expenditures, Clients, and Cost per Client\**  
 FY 2023/24

Total FY 23/24 Non-FSP Costs*	\$ 656,561
Total FY 23/24 Non-FSP Clients	29
<b>FY 23/24 Cost per Non-FSP Client*</b>	<b>\$ 22,640</b>

*\*Costs are based on the Alpine County FY 2023/24 MHA Revenue and Expenditure Report (RER). Costs 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 MHA 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 challenges in implementing services that align with the California Codes of Regulations pertaining to CSS and PEI include the numbers of individuals who meet the demographic criteria and the ability to meet those needs given staffing shortages and lack of affordable housing for potential employees. ACBHS has been working to mitigate these shortages through contracts with individuals and providers to offer services based upon the community needs assessments, and to offer culturally relevant programs and services. Alpine

County's recruitment efforts seek candidates with a broad scope of experience and interests who are willing and able to work within a wide range of job duties. Alpine County Board of Supervisors (BOS) authorized a classification and compensation study in September 2022 to determine whether the County's compensation schedule has parity with other rural and frontier counties.

#### **4. Planned CSS FSP Program Activities in FY 2025/26**

- In FY 2025/26, ACBHS will continue to provide the same level of CSS FSP services as in FY 2024/25. No new CSS FSP activities or changes to existing activities are anticipated.
- In FY 2025/26, ACBHS projects that the CSS FSP program will serve approximately 3 FSP clients, with a projected MHSA cost per client of \$103,678. *(Calculations are based on FY 2023/24 data with a modest increase in the number of clients; and the FY 2025/26 planning budget estimates.)*
  - The projected age breakdown of the 3 clients is: 0 children (ages 0-15); 1 TAY (ages 16-25); 1 adult (ages 26-59); and 1 older adult (ages 60+). *(Calculation is based on anticipated client population.)*

#### **5. Planned CSS Non-FSP Program Activities in FY 2025/26**

- In FY 2025/26, ACBHS will continue to provide the same level of CSS Non-FSP services as in FY 2024/25. No new CSS Non-FSP activities or changes to existing activities are anticipated.
- In FY 2025/26, ACBHS projects that the CSS Non-FSP program will serve approximately 32 Non-FSP clients, with a projected MHSA cost per client of \$7,433. *(Calculations are based on FY 2023/24 data with a modest increase in the number of clients; and the FY 2025/26 planning budget estimates.)*
  - The projected age breakdown of the 32 clients is: 8 children (ages 0-15); 4 TAY (ages 16-25); 13 adults (ages 26-59); and 7 older adults (ages 60+). *(Calculation is based on FY 2023/24 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 Program Activities (FY 2023/24 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 transgenerational trauma, social inequality, historical trauma, serious chronic medical conditions, and intergenerational poverty.

Activities under the Foundations of Wellness programming prioritizes our indigenous community which has the greatest need. Honoring the Past and Present Through Traditional Knowledge, is a culturally-based program for Alpine County and may include Alpine County community members of all ages outside of the Washo Tribe. The program objective is to preserve cultural traditions and create opportunities for connection within the Hung-A-Lel-Ti community where the risks for depression, PTSD, and substance use disorders are significantly higher. In the tribal communities, conversation and story-telling during activities such as sewing and beading create a safe container for connection and learning about the impact of historical trauma in the present and how it affects families. The objective is for tribal community members community dialogue and activities, trauma-related mental health topics specific to Tribal communities are addressed, such as historical trauma.

Alpine County partners with the Washoe Tribal community, the Washoe Indian Education Center, and the Washoe Tribal Healing Center to provide linkage with behavioral health services, access to opportunities for culturally relevant creative activities, social engagement, and in-home visiting services to reduce isolation. Our staff and partners offer programs and presentations on trauma-awareness, opportunities to understand healthy food choices to reduce risk for obesity, diabetes, cancer, and other diseases that disproportionately affect indigenous people. Services provided include culturally-based integrated behavioral health services such as beading activities for jewelry, collars for dolls, and moccasins; sewing traditional clothing; storytelling; 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. Currently, there are weekly beading classes and weekly sewing classes for members of the Hung-A-Lel-Ti community as a means of bringing people together in an activity that encourages connection. MHSA/PH staff are facilitating these classes with Washoe teachers.

Past programming such as the Play Group is a collaborative activity scheduled weekly between September and May 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 providing developmentally-appropriate fun activities for children. In the past year, Play Groups have not been held because of a lack of participation. ACBHS plans to resurrect these groups and collaborate with First 5 Alpine at the Washoe Indian Education Center for a reading and story time activity for children 0-5 years old, featuring native books and stories.

Bike Fix-It and Bike-to-School events are youth-centered wellness activities that promote safe and healthy exercise along with community collaboration that 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 that decrease social isolation by offering individuals an opportunity to get out, explore surrounding points of interest, and socialize with others. Many County residents live in underserved communities and do not have transportation. Many live alone on a fixed income, and may also live with physical disabilities that contribute 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. Community trips provide opportunities for participants to engage with others, build a stronger social network, and strengthen community collaboration.

Similarly, ACBHS offers Movie Nights and Archery Tag during the winter months which provide healthy activities in support of support children, transition age youth, and families.

Create the Good is a weekly lunch gathering in the Hung-A-Lel-Ti community at the Firehouse. The purpose is to provide an opportunity for community members to interact in a positive healthy activity and to decrease stigma around mental illness and recovery from substance use disorders. The intention has been to include the Washoe tribal members and senior community members who would otherwise not have opportunities to participate in creating healthy meals and to learn skills for identifying symptoms of mental illness and suicidal behavior. Create the Good has been successful in building community and decreasing shame and stigma around mental illness and substance use. Participants also learn about nutrition and health problems associated with obesity and illnesses that disproportionately affect indigenous people such as hypertension, cancer, heart disease, and diabetes. The weekly Create the Good lunch gatherings are opportunities for “meet and greets” between participants and ACBHS staff, including the geographically-isolated communities.

Foundations of Wellness has provided the following opportunities to prevent isolation depression, fear, anxiety, and loneliness among seniors. Programs listed below increase protective factors by providing access and linkage to mental health and substance use services, opportunities for connection and belonging, and serve to support active, healthy lifestyles.

- Swim passes and opportunities for recreational classes for seniors at the regional swimming pool and the local hot springs to encourage fitness and decrease risk factors for depression and increased substance use and encourage healthy beliefs, skills, and lifestyles of older adults. In FY 2024, there were 65 participants in the Swim Pass programs.
- Online and in-home Chair Exercises & Holistic Health classes for Hung-A-Lel-Ti community members and seniors
- 50+ Club and Elders’ luncheons

- Online yoga classes for community members living in Bear Valley where access to social activities and mental health services is difficult and often unavailable due to winter driving conditions and pass closure between November and April.
- In-person yoga classes twice weekly for seniors living in eastern Alpine County to decrease risk factors for depression, anxiety, and increased substance use due to isolation and lack of opportunities for social connection.
- Classes are taught by contracted instructors who are trained in teaching trauma-aware yoga, and are certified and insured. Online classes are offered when appropriate.

Figure 11 shows the number of Foundation of Wellness clients who attended groups in FY 2023/24. There was a total of 432 unduplicated clients, with 14.1% children, 13.2% TAY, 36.1% Adults, and 36.6% Older Adults.

**Figure 11**  
**PEI Prevention: Foundation of Wellness**  
*Number of Participants, by Age*  
 FY 2023/24

	<b># Clients</b>	<b>% Clients</b>
Child	61	14.1%
TAY	57	13.2%
Adult	156	36.1%
Older Adult	158	36.6%
<b>Unduplicated Total</b>	<b>432</b>	<b>100.0%</b>

Figure 12 shows that 93 Foundation of Wellness groups were held in FY 2023/24. The total attendance to those groups was 1,375 attendees, which shows an average of 14.8 attendees per group. NOTE: Individuals may have participated in more than one group, so the total number of attendees is a duplicated count.

**Figure 12**  
**PEI Prevention: Foundation of Wellness**  
*Average Attendance per Group*  
 FY 2023/24

Number of Groups	93
Total Attendance	1,375
<b>Avg. Attendance per Group</b>	<b>14.8</b>

## **2) Washoe People for Prevention Program**

ACBHS partners with Washoe Tribal Healing Center and the Woodfords Indian Education Center to monitor needs and appropriate service delivery in the Hung-A-Lel-Ti community to include in-home therapy and case management; mental health treatment at the Firehouse; trauma recovery groups and presentations at the Washoe Indian Education Center (WIEC); women's support groups; culturally-guided recovery services; Wellbriety groups; White Bison meetings; Families of Tradition meetings; Native Fatherhood Programming; and activities specific to Native youth.

- a. The Woodfords Indian Education Center at Hung-A-Lel-Ti is intended to be a safe and 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.
- b. ACBHS partners with the Woodfords Indian Education Center to implement a youth literacy and cultural humility reading program to encourage appreciation and connection with tribal history and culture.
- c. 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.
- d. 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**

ACBHS expanded 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 provides leadership for groups, events, and ongoing activities. ACBHS also started offering stipends for local residents to lead activities. Bear Valley activities include community hikes; crafts and other activities including sewing machines to support craft projects; and game and movie nights.

- a. This program offers 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.
- b. The Bear Valley Community Connections prevention activities help to mitigate the factors that contribute to mental health issues, especially isolation and lack of social

supports; and it increases referrals to, and knowledge of, supportive services through ACBHS.

Figure 13 shows the number of Bear Valley Community Connections clients who attended groups in FY 2023/24. There was a total of 177 unduplicated clients, with 11.3% children, 23.2% TAY, 46.3% Adults, and 19.2% Older Adults.

**Figure 13**  
**PEI Prevention: Bear Valley Community Connections**  
*Number of Participants, by Age*  
 FY 2023/24

	# Clients	% Clients
Child	20	11.3%
TAY	41	23.2%
Adult	82	46.3%
Older Adult	34	19.2%
<b>Unduplicated Total</b>	<b>177</b>	<b>100.0%</b>

Figure 14 shows that 11 Bear Valley Community Connections groups were held in FY 2023/24. The total attendance to those groups was 380 attendees, which shows an average of 35 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: Bear Valley Community Connections**  
*Average Attendance per Group*  
 FY 2023/24

Number of Groups	11
Total Attendance	380
<b>Avg. Attendance per Group</b>	<b>35</b>

Figure 15 shows the average MHSA cost per PEI Prevention contact in FY 2023/24, across all Prevention activities provided in that fiscal year. PEI Prevention expenditures were \$96,239; 2,364 contacts were made (may include duplicated clients); and the estimated average cost per contact was \$41.\*

**Figure 15**  
**PEI Prevention: Foundations of Wellness**  
***Total Prevention Expenditures, Contacts\*, and Cost per Contact\*\****  
 FY 2023/24

Total FY 23/24 PEI Prevention Costs**	\$ 96,239
Total FY 23/24 PEI Prevention Contacts*	2,364
<b>FY 23/24 Cost per FSP Contact**</b>	<b>\$ 41</b>

*\*Individuals may have participated in more than one activity, so the calculation is based on the total number of contacts made across all Prevention activities.*

*\*\*Costs are based on the Alpine County FY 2023/24 MHSA Revenue and Expenditure Report (RER). Costs include only MHSA dollars and do not include other funding sources.*

**b. Early Intervention Program Report**

**4) Early Intervention Program: To Be Determined**

CORRECTION: In the ACBHS MHSA FY 2024/25 Annual Update, it was noted that Positive Behavioral Interventions and Supports (PBIS) was terminated as an Early Intervention program at the end of FY 2021/22 (June 30, 2022), and that no PBIS activities were conducted in FY 2022/23. This information was incorrect. The Alpine County Office of Education conducted limited PBIS activities in FY 2022/23, and the program was fully terminated on June 30, 2023. Final available program data is from FY 2021/22 and was published in the most recent MHSA Three-Year Program and Expenditure Plan.

ACBHS is exploring options for implementing a new Early Intervention Program under BHSA. This program will be identified in the next MHSA Three-Year Program and Expenditure Plan.

**c. Outreach, Access, and Stigma Reduction Program Report**

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

ACBHS PEI outreach activities focuses on residents of all ages such as:

- a. Semi-structured groups for school-aged children and adolescents that are co-ed, focused on building relationships, and developing critical social-emotional skills in a safe and fun environment.
- b. ACBHS subcontracts 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.” The Character Counts curriculum is implemented with all children who attend the camp (up to age 18); however, 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.

- c. 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.
- d. 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. In response to youth and other stakeholder feedback, the TAY Outreach Program was expanded to include monthly “High School Hangout Nights” at the ACBHS Wellness Center. In addition, a monthly Alpine Coffee Club is held at the high school to maintain connection with TAY students. Trips to trade schools, community colleges, and universities are planned events.
- e. 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. Activities and events have included:
  - Halloween Bash: An annual 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: Some events host guest speakers, including Allen King of Collective Empowerment Solutions, which is dedicated to empowering communities through educational programs, support for recovery and healing, and cultural awareness initiatives. In addition, ACBHS hosted a community-requested indigenous dinner and comedy show called “Good Medicine,” a national comedy showcase featuring local tribal member comedians Jackie Keliiaa (Washo) and Marc Yaffee (Paiute).

Figure 16 shows the number of attendees for Outreach Activities in FY 2023/24. There was a total of 266 attendees, with 26.7% children, 27.1% TAY, 25.6% Adults, and 20.7% Older Adults. NOTE: Individuals may have participated in more than one group, so the total number of attendees is a duplicated count.

**Figure 16**  
**PEI Outreach and Stigma Reduction: Outreach Activities**  
*Number of Participants, by Age*  
 FY 2023/24

	<b># Clients</b>	<b>% Clients</b>
Child	71	26.7%
TAY	72	27.1%
Adult	68	25.6%
Older Adult	55	20.7%
<b>Total (duplicated)</b>	<b>266</b>	<b>100.0%</b>

Figure 17 shows that there were 13 Outreach Activities held in FY 2023/24. The total attendance of those activities was 266 attendees, which shows an average of 20.5 attendees per activity.

**Figure 17**  
**PEI Outreach and Stigma Reduction: Outreach Activities**  
*Average Attendance per Group*  
 FY 2023/24

Number of Activities	13
Total Attendance	266
<b>Avg. Attendance per Activity</b>	<b>20.5</b>

Figure 18 shows the estimated average MHSa cost per PEI Outreach contact in FY 2023/24, across all Outreach and Stigma Reduction activities. PEI Outreach expenditures were \$8,739; 266 contacts were made; and the estimated average cost per contact was \$33.

**Figure 18**  
**PEI Outreach and Stigma Reduction: Outreach Activities**  
*Total Outreach Expenditures, Contacts\*, and Cost per Contact\*\**  
 FY 2023/24

Total FY 23/24 PEI Outreach Costs**	\$ 8,739
Total FY 23/24 FS PEI Outreach Contacts	266
<b>FY 23/24 Cost per Outreach Contact**</b>	<b>\$ 33</b>

*\*Individuals may have participated in more than one activity, so the calculation is based on the total number of contacts made across all Prevention activities.*

*\*\*Costs are based on the Alpine County FY 2023/24 MHSa Revenue and Expenditure Report (RER). Costs include only MHSa dollars and do not include other funding sources.*

**d. Suicide Prevention Program Report: Suicide Prevention Program**

**6) Suicide Prevention Activities**

Suicide prevention activities include 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. SPN and its affiliates provide and deliver suicide prevention programs and training for staff, community and students.

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 2023/24. The SPN has a partnership with the Alpine County Office of Education and DVES to conduct 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 hours 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) SafeTALK training held in FY 2023/24. The total attendance was six (6) attendees to this training.

**Figure 19**  
**Suicide Prevention: SafeTALK**  
*Number of Trainings, Attendees, and Average Attendance per Training*  
FY 2023/24

Number of Trainings	1
Total Attendance	6
<b>Avg. Attendance per Activity</b>	<b>6</b>

Figure 20 shows the estimated average MHSa cost per PEI Suicide Prevention participant in FY 2023/24. PEI Suicide Prevention expenditures were \$96,285; 6 individuals participated in training; and the average cost per participant was \$16,048.\*

**Figure 20**  
**Suicide Prevention: Mental Health First Aid**  
***Total Suicide Prevention Expenditures, Participants, and Cost per Participant\****  
 FY 2023/24

Total FY 23/24 PEI Suicide Prevention Costs*	\$ 96,285
Total FY 23/24 PEI Suicide Prevention Participants	6
<b>FY 23/24 Cost per Suicide Prevention Participant*</b>	<b>\$ 16,048</b>

*\*Costs are based on the Alpine County FY 2023/24 MHSa Revenue and Expenditure Report (RER). Costs 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 which has impacted service capacity. Alpine County has been able to provide a broad scope of services and programs despite having few staff resources by engaging community members. ACBHS is partnering with other agencies to increase the capacity to provide services and programs using MHSa funding in the best way possible within the State regulations.

### **3. Planned PEI Program Activities in FY 2025/26**

#### **a. Prevention Programs in FY 2025/26: Foundations of Wellness; Washoe People for Prevention; Bear Valley Community Connections**

- In FY 2025/26, ACBHS will continue to provide the majority of PEI Prevention services that were offered in FY 2024/25.
- ACBHS is exploring options to modify the following activities:
  - Partnering with Suicide Prevention Network to provide a broad scope of prevention services for unserved and underserved Alpine County residents, including water exercise; yoga classes; Create the Good with specific culturally-relevant activities; 50+ lunches for elders who struggle with isolation and lack of resources to participate in group activities; and home visits to clients who need support following losses due to fentanyl deaths and illnesses associated with chronic substance use.
- In FY 2024/25, ACBHS projects that the PEI Prevention programs will conduct approximately 2,482 contacts across all activities, with a projected MHSA cost per contact of \$37. *(Calculations are based on FY 2023/24 data with a 5% increase in the number of contacts; and the FY 2025/26 planning budget estimates.)*
  - The estimated age breakdown for the 2,482 contacts is: 330 children (ages 0-15); 399 TAY (ages 16-25); 970 adults (ages 26-59); and 783 older adults (ages 60+). *(Calculation is based on FY 2023/24 Prevention unduplicated client data.)*

#### **b. Early Intervention Program in FY 2025/26**

- ACBHS is exploring options for implementing a modified or new Early Intervention Program that provides needed services to an identified at-risk population. A program will be selected and published in the next Three-Year Program and Expenditure Plan, under the BHS funding requirements.

#### **c. Outreach, Access, and Stigma Reduction Program in FY 2025/26**

- In FY 2025/26, ACBHS will continue to provide the majority of PEI Outreach, Access, and Stigma Reduction services that were offered in FY 2024/25.
- In FY 2025/26, ACBHS projects that the PEI Outreach, Access, and Stigma Reduction program will engage approximately 278 participants, with a projected MHSA cost per participant of \$30. *(Calculations are based on FY 2023/24 data with a 5% increase in the number of participants; and the FY 2025/26 planning budget estimates.)*

- The estimated age breakdown of the 278 participants is: 74 children (ages 0-15); 74 TAY (ages 16-25); 71 adults (ages 26-59); 58 older adults (ages 60+). *(Calculation is based on FY 2023/24 program participant data.)*

**d. Suicide Prevention Program in FY 2025/26**

- In FY 2025/26, ACBHS will continue to provide the majority of PEI Suicide Prevention services that were offered in FY 2024/25.
- In FY 2025/26, ACBHS projects that the PEI Suicide Prevention program will serve approximately 7 participants, with a projected MHSA cost per participant of \$12,998. *(Calculations are based on FY 2023/24 data with a modest increase of the number of participants; and the FY 2025/26 planning budget estimates.)*
  - The estimated age breakdown of the 7 participants is: 5 adults (ages 26-59) and 2 older adults (ages 60+). *(Calculation is based on anticipated participant population.)*

## **H. INNOVATION (INN)**

ACBHS does not have an active Innovation (INN) project to report. ACBHS may develop an INN project in the next Three-Year Program and Expenditure Plan, under the new BHSAs funding requirements.

# I. WORKFORCE EDUCATION AND TRAINING (WET)

## 1. Report on WET Program Activities (FY 2023/24 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 2025/26

- Ongoing WET activities 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 2023/24 and Current)**

- ACBHS has no CFTN projects to report.

### **2. Planned CFTN Programs in FY 2025/26**

- 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 MHS A 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 five-year FY 2024/25 Prudent Reserve assessment calculations are included below, updated to match the prudent reserve maximum published by DHCS in August 2024. The ACBHS Prudent Reserve funding was below the maximum level allowed. ACBHS will transfer additional funds in FY 2025/26 to reach the maximum allowance.

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, as required.

<b>Alpine County Behavioral Health Services</b>		
<b>Prudent Reserve Assessment</b>		
MHSUDS IN #19-037 and BHIN 24-029		
	Conducted	04/21/25
<b>MHSA Fiscal Year Funding per SCO Monthly Reports</b>		
	FY 18/19	\$ 1,516,153.96
	FY 19/20	\$ 1,254,016.24
	FY 20/21	\$ 1,887,472.75
	FY 21/22	\$ 1,656,271.50
	FY 22/23	\$ 1,075,728.50
	Total 5-Year Allocation	\$ 7,389,642.95
	CSS Allocations (Total Allocations x 76%)	\$ 5,616,128.64
	CSS Reallocations	\$ 407.40
	Average CSS allocation (CSS total alloc / 5)	\$ 1,123,307.21
	<b>Maximum Prudent Reserve Amount (Avg CSS alloc * 0.33)</b>	<b>\$ 370,691.38</b>
	Current Prudent Reserve Amount**	\$ 369,036
	<b>Over (transfer to CSS) or Under (may transfer from CSS to PR)</b>	<b>\$ 1,655</b>
<i>**Per most recent RER PR Balance</i>		

## **L. MHSa FY 2025/26 PLANNING BUDGETS**

*See the next pages for the Annual Update Planning Budgets.*

**FY 2025/2026 Mental Health Services Act Annual Update  
Fiscal Planning Summary**

County: Alpine

Date: 4/21/25

	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
<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>						
<b>A. Estimated FY 2025/26 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 3,540,322	\$ 142,691	\$ 667,486			\$ 354,639
2. Estimated New FY 2026/26 Funding	\$ 934,677	\$ 233,669	\$ 61,492			
3. Transfer in FY 2025/26 <sup>a/</sup>	\$ (244,593)			\$ 17,500	\$ 225,438	\$ 1,655
4. Access Local Prudent Reserve in FY 2025/26	\$ -	\$ -				
5. Estimated Available Funding for FY 2025/26	\$ 4,230,406	\$ 376,360	\$ 728,978	\$ 17,500	\$ 225,438	\$ 356,294
<b>B. Estimated FY 2025/26 MHSA Expenditures<sup>b/</sup></b>	\$ 609,869	\$ 211,326	\$ -	\$ 17,500	\$ -	\$ -
<b>C. Estimated FY 2025/26 Unspent Fund Balance</b>	\$ 3,620,537	\$ 165,034	\$ 728,978	\$ -	\$ 225,438	\$ 356,294

<b>D. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2025	\$ 369,036
2. Contributions to the Local Prudent Reserve in FY 2025/26	\$ 1,655
3. Distributions from the Local Prudent Reserve in FY 2025/26	\$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2026	\$ 370,691

*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 2025/2026 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Planning Worksheet**

County: Alpine

Date: 3/3/25

	Fiscal Year 2025/2026					
	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 MHA funds are managed via "first in, first out."</i>						
<b>FSP Programs</b>						
1. CSS FSP Program	\$ 311,033	\$ 311,033				
<b>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>	\$ 609,869	\$ 609,869				
<b>FSP Programs as Percent of Total</b>	51%					

**FY 2025/2026 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Planning Worksheet**

County: Alpine

Date: 4/21/25

	Fiscal Year 2025/2026					
	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>						
<b>PEI Programs</b>						
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Suicide Prevention (SP); Stigma Reduction (SR); Access (A)</i>						
1. Foundations of Wellness (P)	\$ 24,252	\$ 24,252				
2. Washoe Prevention Program (P)	\$ 36,379	\$ 36,379				
3. Bear Valley Community Connections (P)	\$ 30,315	\$ 30,315				
4. TO BE DETERMINED (EI)	\$ -	\$ -				
5. Strategies for Outreach, Access, & Stigma Reduction (O/A/SR)	\$ 8,258	\$ 8,258				
6. Suicide Prevention Program (SP)	\$ 90,989	\$ 90,989				
<b>PEI Administration</b>	\$ 21,133	\$ 21,133				
<b>PEI Assigned Funds</b>	\$ -	\$ -				
<b>Total PEI Program Estimated Expenditures</b>	\$ 211,326	\$ 211,326				

**FY 2025/2026 Mental Health Services Act Annual Update  
Innovation (INN) Planning Worksheet**

County: Alpine

Date: 3/3/25

	Fiscal Year 2025/2026					
	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 MHSa funds are managed via "first in, first out."</i>						
<b>INN Program</b>  <i>No INN project at this time</i>	\$ -	\$ -				
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>						

**FY 2025/2026 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Planning Worksheet**

County: Alpine

Date: 3/3/25

	Fiscal Year 2025/2026					
	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>						
<b>WET Programs</b>						
1. Training and Technical Assistance	\$ 2,500	\$ 2,500				
2. SRP/CalMHSA Staffing Project (multi-year contract renewal)	\$ 15,000	\$ 15,000				
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	\$ 17,500	\$ 17,500				

**FY 2025/2026 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Planning Worksheet**

County: Alpine

Date: 3/3/25

	Fiscal Year 2025/2026					
	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 MHSAs funds are managed via "first in, first out."</i>						
<b>CFTN Programs</b> <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i>  <i>No CFTN Projects at this time; TBD</i>	\$ -	\$ -				
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>						