

Alpine County Mental Health Services Act (MHSA): Annual Update FY 2019-20 Prevention and Early Intervention (PEI) Three- Year Evaluation Report

Alpine County Behavioral Health Services



Prepared by:

Resource Development Associates

June 2019





ACKNOWLEDGEMENTS

Alpine County Behavioral Health Services wishes to thank the many consumers, family members, community members, and agencies who participated in the community program planning and helped guide the development of this Mental Health Services Act (MHSA) Annual Update:

Alpine County Board of Supervisors
Alpine County First 5 Commission
Alpine County Mental Health Board
Alpine County Unified School District and Office of Education
Alpine County Health and Human Services
Alpine Kids
Alpine Native Temporary Assistance for Needy Families (TANF)
Choices for Children
Woodfords Washoe Community Council & Recreation
Tahoe Youth & Family Services
Woodfords Indian Education Center
Suicide Prevention Network
Alpine County Libraries (Bear Valley & Markleeville)
Washoe Tribe Cultural Resources Department

As the preparers of this plan, Resource Development Associates (RDA) is particularly appreciative of the vision and commitment provided by the Mental Health Services Act (MHSA) Planning Committee, comprised of Gail St. James, Director of Behavioral Health, and Amy Broadhurst, Mental Health Services Act (MHSA) Program Coordinator.

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List of Acronyms

- Alpine County Behavioral Health Services (ACBHS)
- Alpine County Mental Health Board (MHB)
- Board of Supervisors (BOS)
- California Mental Health Services Authority (CalMHSA)
- Capital Facilities and Technology Needs (CFTN)
- Community Program Planning (CPP)
- Community Services and Supports (CSS)
- Electronic Health Record (EHR)
- Field Capable Clinical Services (FCCS)
- Full Service Partnerships (FSP)
- Mental Health First Aid (MHFA)
- Mental Health Services Act (MHSA)
- Mental Health Services Oversight and Accountability Commission (MHSOAC)
- Positive Behavioral Intervention Supports (PBIS)
- Prevention and Early Intervention (PEI)
- Primary Intervention Program (PIP)
- Serious Mental Illness (SMI)
- Severe Emotional Disturbance (SED)
- Temporary Assistance for Needy Families (TANF)
- Transition Age Youth (TAY)
- Workforce Education and Training (WET)



MHSA COUNTY COMPLIANCE CERTIFICATION

County: Alpine

Three-Year Program and Expenditure Plan
 Annual Update

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

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on September 3, 2019.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

GAIL ST. JAMES

County Mental Health Director (PRINT)

Gail St. James 9/9/19

Signature

Date





Project Overview

About Alpine County

Alpine County lies along the crest of central Sierra Nevada, south of Lake Tahoe and north of Yosemite. This rural county is the smallest in California, with a population of 1,120. Most of the population is concentrated around a few mountain communities: Markleeville, Woodfords, Bear Valley, and Kirkwood; Alpine County has no incorporated cities. Markleeville is the County seat and home to many of the County's offices. County departments and agencies provide direct services. Alpine County is a "Small County" which is defined as a California county with a population of less than 200,000 as determined by the most recent census data. Population in Alpine County is comprised of 65.7% White, 22.4% American Indian/Alaskan Native, 11.1% Hispanic or Latino, 2% Asian, 3.6% with two or more non-Hispanic races, and 0.1% Native Hawaiian/Pacific Islander.¹ Partially situated in Alpine County, the federally-recognized Washoe Tribe of Nevada and California includes four communities, with three in Nevada and one in Alpine County. The Washoe community in Alpine, Hung A Lel Ti, is concentrated in the town of Woodfords.

Annual Update Contents

Alpine County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Annual Update for FY 2019-20 in January 2019. Alpine County Behavioral Health Services (ACBHS) contracted with Resource Development Associates (RDA) to facilitate the Community Program Planning (CPP) activities that culminated in this Annual Update. The purpose of this document is to describe Alpine County's Community Program Planning (CPP) process, provide an assessment of the needs identified and prioritized via an inclusive stakeholder process, and the proposed updates to programs and expenditures to support a robust mental health system based in wellness and recovery. This Annual Update includes the following sections:

Assessment of mental health needs that identifies both strengths and opportunities to improve the public mental health service system in Alpine County. The needs assessment used multiple data sources (including service data, a county-wide survey, key informant interviews, community work sessions, and public comments) to identify the service gaps that will be addressed by Alpine County's Mental Health Services Act (MHSA) programs updates for FY 2019/20.

Overview of the community planning process that took place in Alpine County from January through March 2019. Alpine County's Community Program Planning (CPP) was built upon the meaningful involvement and participation of mental health consumers, family members, county staff, providers, and other stakeholders as required by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

¹ U.S. Census Bureau. (2017). Quick facts. Available at: <https://www.census.gov/quickfacts/fact/table/alpinecountycalifornia,US/PST045217>. (Accessed April 2019).



Description of Alpine County’s Mental Health Services Act (MHSA) programs by component, which includes a detailed explanation of each program, its target population, the mental health needs it addresses, and the goals and objectives of the program. This section of the plan also provides information on the expected number of unduplicated clients served and the program budget amount.

This plan is required by the Mental Health Services Act (MHSA), approved by California voters in 2004 to expand and transform the public mental health system. The Mental Health Services Act (MHSA) represents a statewide movement to provide a better coordinated and more comprehensive system of care for those with serious mental health issues, and to define an approach to the planning and the delivery of mental health services that are embedded in the Mental Health Services Act (MHSA) Values (see Figure 1). Mental Health Services Act (MHSA) planning and programming is funded through a 1% tax on individual annual incomes at or exceeding one million dollars.

Figure 1: Mental Health Services Act (MHSA) Values



Since completing the needs assessment and program planning phase of the *Three-Year Program and Expenditure Plan 2017–2020*, stakeholders focused on addressing gaps that have emerged and enhancing the services offered by current Mental Health Services Act (MHSA) programs. Priority service areas include:

- Continue to expand services and engagement in Bear Valley and Kirkwood;
- Improve outreach and engagement among transition age youth; and
- Enhance supports to community members and staff at risk for experiencing secondhand trauma.

This plan reflects the deep commitment of Alpine County Behavioral Health Services (ACBHS) leadership, staff, providers, consumers, family members, and other stakeholders to the meaningful participation of the community as a whole in designing Mental Health Services Act (MHSA) programs that are wellness and recovery-focused, client and family-driven, culturally competent, integrated, and collaborative. Below, we include Alpine County Behavioral Health Services (ACBHS) updates on progress made in each priority area.

Three-Year Program And Expenditure Plan 2017-2020: Priority Area Updates

Alpine County Behavioral Health Services (ACBHS) describes here progress made and challenges encountered in each priority area to date from the three-year plan.



Continue to expand services and engagement in Bear Valley and Kirkwood

It has been challenging to maintain a dedicated staff member in **Bear Valley**, in large part due to the remoteness and significant weather conditions encountered in the area. Two floods displaced Bear Valley staff from their office for up to 6 months. One staff member lived an hour's drive away from the office and, faced with this commute in extreme winter weather conditions, discontinued employment in this position after two months, in April, 2018. The current employee in Bear Valley was hired in August, 2018, and serves as a clinician and also conducts outreach and prevention. A community member is also currently employed in Bear Valley to assist the clinician with the local Create the Good² event twice each month.

After first occurring in other local locations, as of January 2019, Bear Valley's Create the Good Program takes place at the local elementary school. Community members take turns cooking while a clinician provides education to increase public knowledge of mental health and available resources. Alpine County Behavioral Health Services (ACBHS) staff members have observed increased community involvement, decreasing isolation, and increased pride and satisfaction amongst participants for taking part in this community program.

Yoga services began in Bear Valley in January 2014, in response to stakeholder input. Attendance has dwindled over time, as many regular attendees from this small community moved out of the area. It was challenging for the instructor to get to Bear Valley during the winter months of 2017-2019, due to weather. Alpine County Behavioral Health Services (ACBHS) therefore decided, in late February 2019, to put yoga on hold until summer due to winter conditions and low attendance in classes.

In **Kirkwood**, Alpine County Behavioral Health Services (ACBHS) engages up to six residents who live in Kirkwood year around. These individuals participate in clinical services and senior socialization and exercise programs (including yoga, Senior Soak, and monthly potlucks for individuals over age 50). Alpine County Behavioral Health Services (ACBHS) provided a weekly yoga class in Kirkwood, as a method of outreach to the community to promote mental health wellness and inform them about behavioral health services. Yoga is currently suspended until a space to provide the class is determined. Existing clients who live in Kirkwood are able to seek clinical services in the Markleeville office. While the current client load in Kirkwood is not yet large enough to support this, Alpine County Behavioral Health Services (ACBHS) may provide transportation or look into developing clinical space in Kirkwood, if the number of clients with behavioral health needs increases.

A large corporation in Kirkwood, Vail Resort, has multiple behavioral health programs for its resort employees. Alpine County Behavioral Health Services (ACBHS) has a good working relationship with them. In 2017, Alpine County Behavioral Health Services (ACBHS) provided a Mental Health First Aid class in Kirkwood, and, at the resort's request, will provide another in Fall 2019.

² The Create the Good Program is described in greater detail in the program-specific updates that follow the needs assessment findings described later in this report.



Improve outreach and engagement among transition-age youth (TAY)

It continues to be challenging for behavioral health services to engage with this population. Alpine County Behavioral Health Services (ACBHS) continues to make conscious efforts to connect with 12-15 year olds, promote support for them and increase their awareness of resources, with the goal of establishing trust by age 16 and continuing to engage with them. In 2018, Alpine County Behavioral Health Services (ACBHS) surveyed 37 youth from seventh through 12th grade (offering movie tickets as an incentive for completion) to gather more information on their interests and needs. The intention of this survey, particularly with those in junior high, was to establish a relationship with these youth before they had to transition from a very small elementary school in the County to a large high school across the state line. The survey included questions about demographics; preferences in food; books; activities; outings; strengths; challenges; role models; career goals; and what respondents felt was the biggest issue facing them, and their age group. Respondents identified issues including bullying; depression; suicide and teen death; intra-peer conflict and conflict resolution; substance use; acceptance; lack of non-school-based activity; peer and social pressures; social media; low income; generational concerns; isolation and a lack of transportation; marketable skills; fears about transitioning from small school to large high school; finding a job; making friends; and gang activity. Fewer than five youth attend high school in South Lake Tahoe. Although they were included in taking the survey, Alpine County Behavioral Health Services (ACBHS) has not yet connected with those students at their campus. The County hopes to engage with them throughout the upcoming school year and during breaks from school.

To build upon information gathered in this survey, an Alpine County Behavioral Health Services (ACBHS) staff member, with collaborating partners, visits the high school weekly, to conduct outreach, building relationships, and providing an adult connection to assist with life transitions and the challenges that come with growing up. Building on Alpine County Behavioral Health Services' (ACBHS') previous work with the Strengths Model to develop Personal Recovery Plans, which include setting a goal and identifying the steps necessary to achieve that goal, staff have utilized this tool with high schoolers as they prepare for graduation or work towards getting a job. Alpine County Behavioral Health Services (ACBHS) provides lunch and a mental health topic each month to Alpine students and recognizes graduates at the final lunch of the school year. During this final lunch, graduating seniors are recognized and honored with a bag containing a variety of resources and a gift card.

The County contracts with the Suicide Prevention Network, they provide regular outreach at the elementary school a few times each month, and participate in the Positive Behavioral Intervention Supports (PBIS) incentive program. Activities include making healthy smoothies; providing classes on life skills, emotions, coping skills, bullying responses, values, and friendship; leading a Kindness assembly in February; and, participating in a Youth Employment Event during the spring school break.

Prior to the start of school in August 2018, Alpine County Behavioral Health Services (ACBHS) offered a group Strengths Assessment session with students 13-18 years of age. The session aimed to teach participants how to use their personal strengths to succeed in their academic year. The County also hosted "Create Your Own Vision Board" events. The first of these events had only a few attendees, so the County



repeated the activity at its Honoring Our Mothers event in May. At this event, youth worked with adults to create vision boards together, and 43 attended that event.

Finally, the County took nine youth to SacAnime, a pop culture event, for the day. There, attending youth met amateur and professional artists, writers, and actors from popular television comics, who presented and displayed original artwork, costumes and cosplay. Four of the youth enjoyed this trip so much that they returned a few months later.

Enhance supports to community members and staff at risk for experiencing secondhand trauma.

Alpine County Behavioral Health Services (ACBHS) has completed a number of activities in support of this priority area. The Alpine County Behavioral Health Services (ACBHS) clinical team trained Diamond Valley School personnel on secondhand trauma prior to the start of the recent school year. The County continues to offer the Family Night event weekly, which is an evening meal that is open to all ages and that has been a consistent forum for community engagement, building community capacity, education and problem-solving. This year, the County linked Family Night to the Talking Circle program, which it offers for individuals with behavioral health issues, to reduce behavioral health stigma and support broader discussions about healthy community. These discussions support the core beliefs of the White Bison program, a behavioral health recovery program designed for Native American communities. Many individuals who attend Talking Circle have long-term sobriety and stay to mingle with others during Family Night. They are natural leaders for community-level intervention, assisting in building community, identifying and using natural resources, and promoting mutual aid when individuals need help.

Four staff and three community members attended the Adverse Childhood Experiences (ACEs) Activating High Leverage Prevention Opportunities meeting in December 2018. The focus of the meeting was for attendees to learn Neuroscience, Epigenetics, Adverse Childhood Experiences, and Resilience (NEAR) Science, and the Living Systems model. This instruction was grounded in the theory that a self-healing community is a group of people linked by geography or interests, who intentionally use culture, social structure and interactions to improve intergenerational well-being and equity.

Finally, in April 2019, Alpine County Behavioral Health Services (ACBHS) staff attended a Trauma Transformed presentation for counties. This presentation trained attendees on the themes of focusing on systems rather than science, bringing humanity into behavioral health systems of care, and being intentional. Attendees found their key take-away learnings to be to shift from activities that might induce trauma (e.g., asking what is “wrong”) to those that might reduce trauma (e.g., asking what has “happened”); to remember that both resiliency and adversity begin in the generations before the individual being served; and, that counties can gradually shift the system toward better engagement with trauma by using the knowledge within the system. The County’s Health and Human Services colleagues are pursuing additional training in this area.

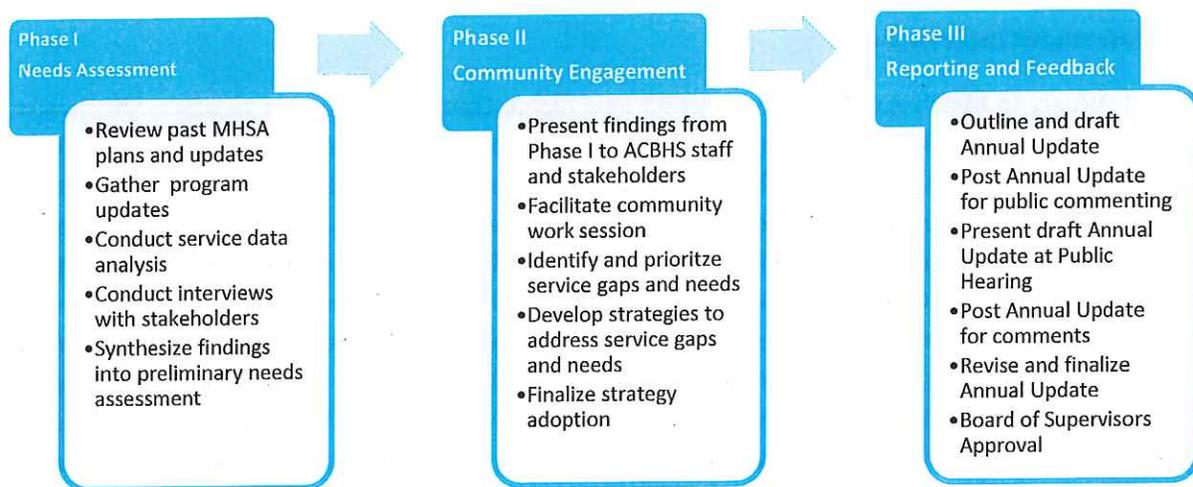
Planning Process

Approach and Methodology

In January of 2019, Alpine County Behavioral Health Services (ACBHS) initiated a planning process for the Mental Health Services Act (MHSA) Annual Update for FY 2019-2020. The Mental Health Services Act (MHSA) Planning Committee was led by Gail St. James, Director of Behavioral Health Services; Amy Broadhurst, Mental Health Services Act (MHSA) Coordinator; and Resource Development Associates (RDA), a consulting firm with mental health planning expertise.

The update team utilized a participatory framework to engage stakeholders, including service providers, consumers, family members, and other interested community members. The update process consisted of three distinct phases: 1) Needs Assessment; 2) Community Engagement; and 3) Reporting and Feedback, as detailed in Figure 2.

Figure 2: Community Planning Process



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

Needs Assessment

Data Collection Activities

To ensure sufficient opportunities for community input, RDA and Alpine County Behavioral Health Services (ACBHS) collected data across a variety of activities. These efforts took place from January through April 2019, and included administration of a countywide survey, interviews with a range of stakeholders, and



updates from Alpine County Behavioral Health Services (ACBHS) staff on Mental Health Services Act (MHSA) programs and populations served.

Mental Health Services Act (MHSA) Program and Service Data

In March 2019, Alpine County Behavioral Health Services (ACBHS) compiled service data for each of its programs in FY 2017/18 and submitted them to RDA for analysis and incorporation into the Annual Update. These data detailed the numbers of individuals and families served per program as well as the funding amount for each program. In addition to reviewing the service data, RDA interviewed several Alpine County Behavioral Health Services (ACBHS) staff associated with one or more of the County's Mental Health Services Act (MHSA) programs. These interviews were used to assess the program implementation status of each of the planned programs in FY 2017/18, identify program successes and barriers, and explore future programmatic plans. For seven programs, staff submitted formal written updates to Alpine County Behavioral Health Services (ACBHS) and the Mental Health Services Act (MHSA) team subsequently submitted them to RDA. Written updates responded to the same questions included in the program update interview guide.

Key Informant Interviews

From February to March 2019, RDA interviewed nine Alpine County stakeholders to assess the current strengths and areas for improvement in Mental Health Services Act (MHSA) services for the county. Alpine County Behavioral Health Services (ACBHS) leadership identified 17 stakeholders to reach out to for these key informant interviews based on their connection or familiarity with Alpine County Behavioral Health Services (ACBHS) programming. Key informants with whom RDA sought interviews had a broad range of affiliations with Alpine County Behavioral Health Services (ACBHS), including behavioral health service consumers and their family members, service providers, education representatives, representatives from social services agencies, and representatives of underserved populations, as set forth by the Mental Health Services Act (MHSA) Community Planning Process (CPP) guidelines. RDA reached out to potential interviewees at least three times over telephone or email, and either scheduled a telephone interview, or discontinued outreach attempts due to no response. During interviews, RDA asked those participants to express their needs and concerns related to public mental health services, share their experiences with the current system of services, and provide suggestions for improved programming and services.

Countywide Stakeholder Survey

In an effort to reach more Mental Health Services Act (MHSA) stakeholders, particularly those who are geographically isolated, the Mental Health Services Act (MHSA) Planning Team administered an online and paper-based survey countywide. The Mental Health Services Act (MHSA) Planning Team administered the survey across Alpine County from February through March. Seventy-five individuals completed the survey, sharing their awareness and opinions of, and recommendations for, behavioral health services in the County. Participants were also asked to rate their satisfaction with the availability of services, to rate the extent to which services met their needs, and to identify populations who were in particular need of behavioral health services. The survey, in combination with other community planning activities and



planning activities and program data, highlighted the strengths of Alpine County Behavioral Health Services (ACBHS) programs and identified opportunities to address needs.

Community Program Planning and Review

In addition to making opportunities for various Alpine County Behavioral Health Services (ACBHS) stakeholders to participate in the needs assessment, the Mental Health Services Act (MHSA) Planning Team also provided opportunities for stakeholders to participate in the Annual Update planning. The details of these opportunities are further described below.

Table 1. Stakeholder Participation in Community Program Planning (CPP) Activities

Activity	Date	Total Participants
Community Work Session	March 8, 2019	15
30-Day Public Posting	July 22 –Aug 20, 2019	13
Public Hearing	August 28, 2019	6

Community Work Session

Following the conclusion of the Needs Assessment, RDA synthesized the results of stakeholder interviews, the countywide survey, and the program and service data analysis to identify key strengths and challenges in Alpine County’s mental health services as experienced by a variety of stakeholders. Through this process, RDA also identified program and services needs and gaps. RDA then presented this information during a one-day community work session on March 8, 2019, held at the Firehouse Wellness Center in the Hung A LeI Ti Community.

Work Session Process

The team designed the work session to discuss the results of the needs assessment and to identify strategies to address these needs and gaps and maximize resources. Key findings from the needs assessment were presented, and RDA then asked attendees to confirm whether these findings aligned with their perceptions of service strengths and needs in Alpine County; to add any information they felt might have been missed; to suggest modifications to themes found through the needs assessment; and, to complete a facilitated discussion and exercise to prioritize identified needs as participants felt was appropriate. Participants were given the opportunity to vote for up to three needs they felt were the highest priority for the County and the community to address in the coming year. RDA then facilitated another discussion around prioritized needs, during which attendees were asked to identify existing services that either were addressing priority needs in part, or could be modified to do so, and discuss outstanding training and service needs. Throughout the work session, comment cards were left available for participants to record comments that they either did not have the opportunity to share with the group or may not have wished to share publicly.



The community work session provided an opportunity for participants to corroborate service gaps and needs from the needs assessment and expand this list based on their knowledge and experience of mental health services in Alpine County.

Local Review Process

Draft Plan

Public Comments

All comments included in Appendix V

Key Findings

Summary of Stakeholder Participation

A total of 181 stakeholders participated in various needs assessment and Community Program Planning (CPP) activities from January through May 2019.³ Several stakeholders participated in more than one activity, and all who participated in needs assessment activities were also invited to participate in the Community Program Planning (CPP) process. The following table displays the various Community Program Planning (CPP) activities the Mental Health Services Act (MHSA) Planning Team conducted to gather stakeholders’ input and the number of stakeholders engaged in each activity.

Table 2: Planning Components and Participation

Data Collection Component	Date Collected	Number
<i>Key Informant Interviews</i>	February – March, 2019	9 participants
<i>Countywide Stakeholder Survey</i>	February – March, 2019	75 participants
<i>Program Update Interviews</i>	February – March, 2019	6 participants
<i>Written Program Updates</i>	February – March, 2019	7 updates provided
<i>Program-Specific Feedback Forms and Evaluations</i>	February – March, 2019	69 participants
<i>Community Work Session</i>	March 8 th , 2019	15 participants
<i>Public Comment Period</i>	July 22-Aug 20, 2019	13 comments
<i>Public Hearing</i>	August 28, 2019	0 comments

Of the 181 participants in needs assessment and community program planning activities, 68 submitted demographic information via voluntary forms. Not all forms submitted were completed with all of the demographic information requested. Full demographics can be viewed in the Appendix to this report. (Appendix I: Stakeholders Engaged in Community Program Planning). Fifty-nine percent of respondents were between the ages of 25 and 59. Seventy-five percent of the participants identified as female. Sixty

³ Total participation at events was tallied based on sign-in sheets. It is possible that some participants did not sign in at all events.





were between the ages of 25 and 59. Seventy-five percent of the participants identified as female. Sixty percent of respondents identified as White/Caucasian and 34 percent identified as American Indian/Alaskan Native.

The majority of respondents were from Woodfords (31%), Hung A Lel Ti Community (28%), Bear Valley (21%), and Markleeville (18%). About 30 percent of the participants were residents of other areas of Alpine County, out-of-county, or preferred not to answer (Table 3).

Table 3. Key Characteristics of Update Planning Participating Stakeholders (N=68)⁴

Characteristic	Findings
Stakeholder Affiliation	Community Member (62%) Consumer (29%) Family Member (19%)
Age	25-59 years old (59%)
Gender Identity	Female (75%)
Race/Ethnicity	White/Caucasian (60%) American Indian/Alaskan Native (34%)
Home Location	Woodfords (31%) Hung A Lel Ti (28%) Bear Valley (21%) Markleeville (18%)

The Mental Health Services Act (MHSA) Planning Team was successful in engaging diverse stakeholders as set forth by the Mental Health Services Oversight and Accountability Commission’s (MHSOAC) Community Program Planning (CPP) guidelines, including behavioral health service consumers and their family members, service providers, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations.⁵

Complete, de-identified survey results are included (Appendix II: Community-Wide Survey Results) for review. Also included for review are community planning presentation slides, as well as flip chart notes on needs, key themes, and priorities identified by participants in the community planning session (Appendix III: Community Program Planning Session Slides; Appendix IV: Community Program Planning

⁴ Numbers are based on demographic data submitted by around 1/3 of participating individuals and should be interpreted with caution. These numbers are not unduplicated, as respondents identified multiple demographic categories. Percentages will not add up to 100.

⁵ At the time of this planning process, the Mental Health Services Oversight and Accountability Commission (MHSOAC) had not released updated guidelines. This planning process was conducted based on instructions the Mental Health Services Oversight and Accountability Commission’s (MHSOAC) FY 2016-2017 MHSA Annual Update Instructions.



Session Notes). Key informant and program update interview notes have not been included in this report, in order to maintain the confidentiality of participants in this small sample.

Needs Assessment Findings

Service Utilization: All Programs

Mental Health Services Act-funded programs in Alpine County served 2,119 people in FY 2017-18.⁶ The number of individuals served exceeds the County population but the number served is not unduplicated. Many MHSA consumers participate in more than one program. The majority of consumers served were adults (873 individuals), followed by older adults (533 individuals), children (445 individuals) and transition age youth (268 individuals). Of all the persons who received services through the Mental Health Services Act (MHSA), 22 percent of consumers received services through the Community Services and Supports (CSS) component while 78 percent engaged in MHSA-funded Prevention and Early Intervention (PEI) activities that were offered to the community at large.

Overall Satisfaction

Across needs assessment measures, the majority of participants expressed positive views of the Alpine County Behavioral Health Services (ACBHS) Mental Health Services Act (MHSA) staff and overall services. For example, a majority of survey respondents who had experience accessing Alpine County Behavioral Health Services (ACBHS) programs and services were satisfied with access, availability, and quality of services, as well as staff knowledge and helpfulness (see

Figure 3).

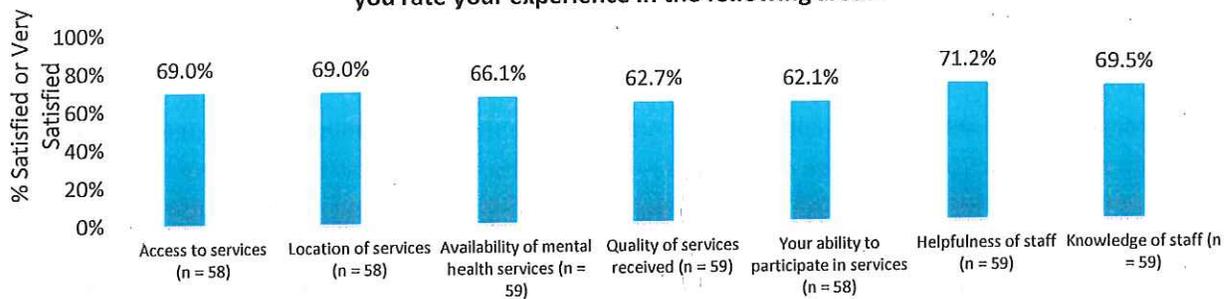
Figure 3. Countywide Survey: Stakeholder Satisfaction with Alpine County Behavioral Health Services (ACBHS) Programs and Services⁷

⁶ Alpine County Behavioral Health Services (ACBHS) collaborates with several agencies who serve Alpine County and neighboring communities, and Mental Health Services Act (MHSA) programs are open to the community including service providers, family members of Alpine County residents and others who are not Alpine County residents.

⁷ Number of respondents for each indicator is noted. Not all survey participants responded to each indicator. Percentages reflect the proportion of respondents for each indicator, not a proportion of the total number of survey respondents.



If you have experience seeking and/or receiving behavioral health services, how would you rate your experience in the following areas:



Below, we present service strengths and needs themes identified through the needs assessment across the following key areas: (1) access to services; (2) cultural appropriateness of services; (3) services for children and families; (4) services for transition-age youth (TAY); and, (5) services for adults and seniors/elders.

Access to Services

Transportation is both a need and a strength. Given the vast geography of Alpine County, access to transportation to reach behavioral health services and events remains a persistent need, one that stakeholders have noted in previous updates. However, transportation also emerged as a strength in this year's needs assessment. Alpine County Behavioral Health Services (ACBHS) provides transportation to consumers to access clinical services and supports, and, to the extent available, to prevention and wellness events and activities. In short, the needs assessment indicated that participants had noticed the provision of this service and viewed it positively. However, many also cited it as a need, noting that there are many individuals, particularly transition-age youth (TAY) who do not have other reliable access to transportation and therefore are not able to access non-clinical services as desired when Alpine County Behavioral Health Services (ACBHS) transportation services are unavailable. Another vendor, Dial-A-Ride, is utilized, but some participants noted that its service range, hours, and capacity are not as broad as they would like. To the extent that transportation was highlighted as a need, it should be noted that this need indicates that Alpine residents want to participate in MHSA programs, and particularly PEI programs, to a greater extent than they currently do.

Overall, services and programs are working well enough that consumers want them to be expanded. As noted above, participants on the whole were pleased with the outreach for, locations, quality, availability, consistency, and quality of services. In particular, outreach and engagement programs (such as yoga offerings) and prevention and early intervention programs (such as Create the Good and Combining Past & Present activities) were frequently cited as valued parts of consumers' wellness, socialization, community engagement, and mental health. It is perhaps unsurprising, then, that participants also frequently expressed desires for increased frequency of these existing programs, specialized variants of these programs (e.g., yoga for individuals with limited mobility), and expanded program hours to increase access (e.g. evening programming for working consumers). As noted previously, these findings indicate



that many residents appreciate Alpine County Behavioral Health Services (ACBHS) program offerings and want to increase their participation.

Cultural Appropriateness of Services

Services aligned with Native culture were noted frequently and positively among needs assessment respondents. Such services were viewed not only as directly beneficial to the consumers, but also as an opportunity for increased rapport between the County and its community, through culture. In particular, activities designed by the relatively new Native Wellness Advocate, such as traditional teachings and storytelling, were mentioned as strengths of County programming and valued opportunities for Native residents to engage with their cultural heritage and share it with non-Native residents.

Demand for Native Wellness events exceeds supply. A number of needs assessment participants related that some community events were more heavily attended than expected, resulting in insufficient supplies for all attendees to complete the scheduled activity. While Alpine County Behavioral Health Services (ACBHS) does seek RSVPs for such activities in advance, an RSVP is not currently required in order to attend.

Services for Children and Families

Family events continue to be well-liked activities. Participants noted the benefits of specific events to parents and children, such as utilizing the Family Night event as an opportunity for a parent struggling with substance abuse to remain sober, and a chance for children to be engaged in healthy activity.

Parents need more support. While many participants noted the increased availability of, and focus on, substance use treatment and prevention services, many also expressed that such services should place particular emphasis on reaching and supporting parents. In addition, access to childcare or child activities during adult events (so that parents are free to participate) was cited as an outstanding barrier to optimal parental participation in programs and services.

Services for Transition-Age Youth (TAY)

Views regarding transition-age youth were mixed. Many cited behavioral health engagement programs for at-risk youth as very well-attended and well-liked. However, roughly an equal number of respondents expressed concern that the TAY population continues to be underserved. For example, nearly half of survey respondents cited TAY as a local population in specific need of behavioral health services. It should be noted that concerns for this population were not especially specific, but there did appear to be a consistent sense that this population is not occupied outside of school enough to prevent negative mental health impacts or substance use experimentation.

Services for Adults and Seniors/Elders

Alpine County adults and seniors/elders are in particular need of mental health services, according to needs assessment participants. Around 60 percent of survey respondents cited these populations as in particular need, and participants in other needs assessment components highlighted these populations



as well. Similar to themes articulated above, the theme for these populations seem to be that **current service offerings are desirable and should be expanded**. Participants noted the increased availability of substance use prevention and treatment services but wanted to see these services grow. Participants expressed highly positive views of outreach, engagement, and wellness activities, such as yoga classes, but wanted to see them offered more frequently, in the evenings, or in support of specific populations (e.g., families with children with developmental disabilities, young parents).

Community Work Session Findings

RDA presented the needs assessment findings outlined above to work session participants, and highlighted the following themes for their attention:

- Transportation needs continue to exceed availability;
- Transition-age youth, adults, and senior/elders may be in particular need of mental health services;
- There is a need to expand substance use prevention and support that is tailored to parents and families;
- There is broad approval for outreach, engagement, and wellness activities, but also strong desire to increase the variety, frequency, and evening offerings of these activities.

Work session participants generally affirmed that the needs assessment findings resonated with their own experiences with Alpine County behavioral health needs and services. Participants suggested a small number of additional needs they felt were not covered by needs assessment findings, and then completed a prioritization exercise, inclusive of needs assessment themes and work session-originated needs, to select needs that they felt were most important to them. The needs most frequently prioritized by work session participants are described in

Table 4.

Table 4. Needs Prioritized by Work Session Participants

Need	Description
Behavioral Health Consumer Advocate	<p>Work session participants identified the need for a peer advocate to assist consumers in service engagement, treatment planning, and dispute resolution. Participants discussed possible responsibilities and qualifications someone in this role might have, and how these did or did not overlap with the role and qualifications of a new, little-known patient’s right advocate already hired by the County. Participants expressed interest in learning more about this new advocate, but some participants felt that consumers would be better served if a peer advocate was also introduced to the service team, as someone who had lived experience of mental health issues and recovery.</p> <p>Alpine County Behavioral Health Services (ACBHS) staff also presented during the work session on their plans to develop a new Clinically Coordinated Case Management role, which would introduce a case manager to the care team and allow this individual to support consumers’ non-clinical needs. Session</p>



	<p>participants discussed how this role might overlap with and augment that of consumer and peer advocates.</p>
<p>Trauma-Informed Training and Mental Health Support for Teachers</p>	<p>Although Alpine County Behavioral Health Services (ACBHS) is implementing trauma-informed training across programs and services (including providing a Trauma-Informed training in 2017 for teachers and support staff at Diamond Valley School), work session participants felt that there was significant need for teachers and school staff to receive more of this type of training. Participants emphasized the need for training to result in actionable skills that educators could use when working with children who have experienced trauma. Relatedly, participants felt that teachers were a population in particular need of mental health support, due to the sometimes-stressful nature of their jobs, and the demands of serving children with trauma histories and behavioral health needs.</p> <p>Alpine County Behavioral Health Services (ACBHS) staff are researching plans to implement new School-Based Mental Health Clinician roles within County schools in the coming year. These clinicians will focus service provision on children with behavioral health needs that exceed the reach of current prevention and early intervention (PEI) programs. Work session participants weighed in on how this new role might offset some of the burden currently borne by teachers, and thus partially mitigate the needs for educators that they raised.</p>
<p>Continue to Invest in Access</p>	<p>Consistent with themes identified in the needs assessment, work session participants prioritized a number of needs that relate to service access. Specifically, they affirmed that transportation is both valued and needed; that current outreach, engagement, and wellness activities are highly valued and would be utilized even more if offered more frequently, in the evenings, and with consideration to specific populations; and, that access to childcare should be supported to facilitate parent participation in behavioral health services and programs. ACBHS staff noted that when Alpine County Behavioral Health Programs are identified for parents, childcare may be provided for Behavioral health programs as appropriate.</p>

Following the community work session, the Mental Health Services Act (MHSA) Planning Team met to review these prioritized needs and brainstorm about how to utilize, modify, or expand existing programs and resources in support of consumer needs.

Prevention and Early Intervention (PEI) Program and Evaluation Updates

Service Utilization and Demographics: Prevention and Early Intervention (PEI)

The Mental Health Services Oversight and Accountability Commission (MHSOAC) requires counties to report expanded demographic indicators for Prevention and Early Intervention (PEI) programs, as of 2018. However, as a small county (population < 100,000) Alpine is not required by the MHSOAC to report on Prevention and Early Intervention (PEI) demographics by program.⁸ They instead must report demographics for the Prevention and Early Intervention (PEI) component as a whole, across programs. Data were not collected from all programs on all measures because, although Alpine County Behavioral Health Services (ACBHS) has been implementing these changes, it has taken some time for Alpine to

⁸ MHSOAC Presentation: PEI and INN SPRE Amendments. Available at <http://mhsoc.ca.gov/document/2018-10/pei-and-inn-spre-amendments>. (Accessed April 2019.)





develop suitable methods for collecting the newly required data from all programs, especially those that occur in settings with fluid attendance that are not conducive to data collection (e.g., socialization events). Alpine County Behavioral Health Services (ACBHS) reports that moving forward, they have created a plan to capture such data monthly at each Prevention and Early Intervention program. Current contracts with program service providers already require quarterly reporting on this information, and Alpine County Behavioral Health Services (ACBHS) has informed contractors that the County will be increasing enforcement of this provision to support compliance.

Demographic data were available for around 50 percent of consumers served through Prevention and Early Intervention (PEI) programs. Specifically, data were available from the following programs: School-Based Primary Intervention Program (PIP), Senior Socialization and Exercise, Suicide Prevention, Wellness Projects (Alpine Kids only), and Positive Behavior Interventions and Support. Demographic data were not collected for the following Prevention and Early Intervention (PEI) programs: Create the Good (in Markleeville and Bear Valley), Combining Past and Present, Wellness Projects (Family Night, Community Movie Nights, Day trips, Play Groups, TAY outreach at Douglas High School, Bike to School), and Mental Health First Aid (active in June 2019). As noted above, data were not collected on all expanded demographic indicators at this point in time, but Alpine County Behavioral Health Services (ACBHS) has increased data collection capacity in this area and expects to be in compliance going forward. Not all respondents completed every demographic indicator; we have noted the number of responses received for each indicator.

Table 5 summarizes the available demographic data for the Prevention and Early Intervention (PEI) component, and demonstrates service provision to a range of ages, and distributed by race and ethnicity in a manner roughly consistent with the overall racial and ethnic demographics of Alpine County. Among participants who responded to demographic data inquiries, this component served roughly an equal number of male (49.7%) and female (50.3%) consumers, who were mostly adults (42.3%) and children under 15 (34.6%) living without an identified disability (94.1%).⁹ Most participants spoke English as a primary language (99.4%) and identified as either White/Caucasian (53.6%) or Native American/Native Hawaiian (37.0%).

Table 5. Prevention and Early Intervention (PEI) Demographics

PEI Indicator	Number of Individuals (Percent)
Gender Identity	N=954 (57.5% of all 1,658 served)
Male	474 (49.7%)
Female	480 (50.3%)
Age Group	N=962 (58.0% of all 1,658 served)

⁹ Alpine County Behavioral Health Services (ACBHS) is now collecting expanded gender identity data. This will be available in future reports.



Child/Youth (0-15)	333 (34.6%)
Transition-Age Youth (16-25)	64 (6.7%)
Adult (26-59)	407 (42.3%)
Older Adult (60+)	158 (16.4%)
Race and Ethnicity	N=967 (58.3% of all 1,658 served)
African American/Black	3 (0.3%)
Asian/Pacific Islander	5 (0.5%)
Caucasian/White	518 (53.6%)
Hispanic/Latino	20 (2.1%)
Native American/Native Hawaiian	358 (37.0%)
Decline to State	63 (6.5%)
Primary Language	N=947 (57.1% of all 1,658 served)
English	941 (99.4%)
Non-English	6 (0.6%)
Disability	N=728 (43.9% of all 1,658 served)
Identified Disability	43 (5.9%)
No Identified Disability	685 (94.1%)

Prevention and Early Intervention: Programs, Methods, Outcomes, and Indicators

In recent years, Alpine County Behavioral Health Services has experienced significant growth in participation in its Prevention and Early Intervention (PEI) services. Previously, cultural subsets of the population in the County did not engage in behavioral health services. Alpine County Behavioral Health Services (ACBHS) and Mental Health Services Act (MHSA) stakeholders in Alpine County have, over time, worked to shift programming offered under Prevention and Early Intervention (PEI) to be more culturally responsive to the community, and to be a vehicle for improving trust and engagement with the community. These efforts have been successful, and Prevention and Early Intervention (PEI) programs are now well-utilized. Perhaps more important, Alpine County Behavioral Health Services (ACBHS) has observed that Prevention and Early Intervention (PEI) consumers have, over time, begun to seek direct clinical services, in accordance with the goals of these engagement efforts.

Following this success, Alpine County now is engaging in efforts to shift Prevention and Early Intervention (PEI) programming to align with newer Mental Health Services Act (MHSA) regulations,





the trust and rapport they have established with the local community. As a small county with limited staffing, it has been challenging to have capacity to shift programming to align with newer regulations. However, conversations and planning efforts to come into compliance are underway within Alpine County Behavioral Health Services (ACBHS) to determine which of the program designations under the new regulations to establish within Alpine County; how to align existing programs within these newer designations; what standards and outcome indicators to select for these programs; and, how to develop internal infrastructure to routinely and accurately track, analyze, and report program outcomes. Alpine County Behavioral Health Services (ACBHS) will seek guidance from the Mental Health Services Oversight and Accountability Commission (MHSOAC) as needed, and expects to make significant progress toward compliance within the 2019-2020 Fiscal Year.

Mental Health Services Act (MHSA) Program Plan Updates

This report will provide program and service updates for the following programs:

Table 6. Summary of Mental Health Services Act (MHSA) Programs by Component

Component	Program Title	
Community Services and Supports (CSS)	Field Capable Clinical Services	
	Full Service Partnerships	
	Play Therapy	
	Outreach and Engagement	
	General Systems Development	
Component	Program Title	PEI Program Strategy
Prevention and Early Intervention (PEI)	Senior Socialization and Exercise	Outreach for Increasing Recognition of Early Signs of Mental Illness Program
	Positive Behavior Interventions and Support	Early Intervention
	Create the Good	Stigma and Discrimination Reduction Program
	Combining Past and Present	Prevention
	Wellness Projects	Prevention
	School-Based Primary Intervention Program	Access and Linkage to Treatment Program
	Mental Health First Aid Training	Stigma and Discrimination Reduction Program
	Suicide Prevention Program	Suicide Prevention
Component	Program Title	
Workforce, Education,	Mental Health Services Act (MHSA)	
	Workforce, Education, and Training (WET) Coordination	



and Training (WET)	Fundamental Learning Program
	Increasing Mental Health Staff Through Educational Stipends
Capital Facilities and Technology Needs (CFTN)	Capital Facilities Development
	Electronic Health Record Implementation

Community Services and Supports (CSS) Programs

Through the Community Program Planning (CPP) process, stakeholders indicated overall support for current Community Services and Supports (CSS) programs. We present updates below for each of these programs, with proposed modifications for the coming year included.

Field Capable Clinical Services

Program Description: The Field Capable Clinical Services (FCCS) program increases behavioral health services utilization rates, supports isolated and homebound individuals, and increases behavioral health integration into the Hung-A-Lel-Ti Community by extending services to schools, homes, and community locations throughout the county. The Field Capable Clinical Services (FCCS) program also ensures that therapeutic support and case management can be provided where the client feels most comfortable in the community.

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

- | | |
|---|---------------------------|
| Cognitive Behavioral Therapy | Solution Focused Therapy |
| Individual Cognitive Behavioral Therapy | Perinatal Mood Disorders |
| Trauma-Focused Cognitive Behavioral Therapy | Mindfulness |
| Dialectal Behavior Therapy | Motivational Interviewing |

Population Served: In FY 2017-18, Field Capable Clinical Services served 34 individuals and families and cost \$667 per person. In FY 2019-20, Alpine County Behavioral Health Services (ACBHS) anticipates serving 38 individuals with a per-person cost of \$1,189.

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18: The Field Capable Clinical Services (FCCS) program continued in FY 2017-18 to support consumers who might otherwise find it difficult to engage in behavioral health services. Clinicians met with clients for therapy in their homes, at the school, and in the field (e.g., a local coffee shop) if needed. Around 29 percent of Field Capable Clinical Services (FCCS) consumers served had an identified disability. Many are unable to leave home or have difficulty leaving home, or do not have reliable transportation. Clinicians worked to deliver therapy in an environment best suited to each consumer’s individual needs. In addition, clinicians provided case management to Field Capable Clinical Services (FCCS) consumers to support their ability to engage in behavioral health care.





Program Challenges in FY 2017-18: Alpine County Behavioral Health Services (ACBHS) encountered no challenges in implementing Field Capable Clinical Services in FY 2017-18.

FY 2017-18 Partners: Alpine County Behavioral Health Services (ACBHS) did not report any new program partnerships for this fiscal year.

Proposed Activities for FY 2019 - 2020

Field Capable Clinical Services has been greatly successful at providing clinical services in non-clinical environments, including schools and community locations throughout the county. Therefore, Alpine County Behavioral Health Services (ACBHS) plans to continue implementing Field Capable Clinical Services as designed. In 2019-2020, Alpine County Behavioral Health Services (ACBHS) aims to provide training opportunities for existing clinicians that will allow them to increase their capabilities in the field. In addition, Alpine County Behavioral Health Services (ACBHS) is researching an added role for this program:

School-Based Mental Health Clinicians: These would expand clinical services currently provided within the Field Capable Clinical Service (FCCS) program to provide a higher level of mental health services for children who have emotional or behavioral problems beyond the level of the Mental Health Services Act (MHSA) Prevention and Early Intervention Programs. This new role is being researched in collaboration with Diamond Valley school and Alpine County Behavioral Health Services (ACBHS) expects this to be a position co-funded with the school.

Full Service Partnerships (FSP)

Program Description: The Full Service Partnership (FSP) program is designed to expand mental health services and supports to individuals with serious mental illness and children with severe emotional disturbance, and to assist these residents in achieving their goals. Alpine County Behavioral Health Services (ACBHS) staff members also serve as active partners in County Multi-Disciplinary Teams in order to increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning.

A team composed of Alpine County Behavioral Health Services (ACBHS) clinical staff offers strength-based, client/family-directed, individualized mental health and wraparound services, and supportive funding to children and youth with severe emotional disturbance (SED) who have experienced school disciplinary problems or academic failures, and are either at risk or currently experiencing out-of-home placement, and juvenile justice involvement. Transitional age youth with severe emotional disturbance (SED) who are at risk of or currently experiencing juvenile justice involvement, co-occurring disorders, homelessness, involuntary hospitalization, and or institutionalization also receive these services.

This team also offers these services for adults and older adults with serious mental illness (SMI) who are either currently experiencing or at risk of homelessness, co-occurring substance use disorders, justice involvement, cycling in and out of hospitals for psychiatric problems, and have reduced functioning due to health problems, and/or are isolated or at risk of suicide.

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

- | | |
|---|--------------------------|
| Cognitive Behavioral Therapy | Solution Focused Therapy |
| Individual Cognitive Behavioral Therapy | Perinatal Mood Disorders |





Trauma-Focused Cognitive Behavioral Therapy	Mindfulness
Dialectal Behavior Therapy	Play Therapy
Motivational Interviewing	

Population served: In FY 2017-18, the Full Service Partnership (FSP) program served six individuals and families with a cost of \$12,560 per person in direct services. In FY 2019-20, Alpine County Behavioral Health Services (ACBHS) anticipates serving four individuals with a per-person cost of \$13,000.

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18: In FY 2017-18, Alpine County Behavioral Health Services (ACBHS) continued to work diligently to meet the myriad needs of Full Service Partners, including non-clinical services. For example, the County provided financial assistance for housing and grocery support.

Full Service Partnership services were also provided in a manner consistent with the Strengths Model, which Alpine implemented in January, 2017. The University of Kansas (KU) developed the Strengths Model in the mid-1980s as a response to traditional deficit-oriented approaches in mental health. The Strengths Model is both a philosophy of practice and a set of tools and methods designed to enhance recovery.

The Strengths Model rests on six core principles:

- Principle #1:** People with psychiatric disabilities can recover, reclaim and transform their lives
- Principle #2:** The focus is on an individual’s strengths rather than deficits
- Principle #3:** The community is viewed as an oasis of resources
- Principle #4:** The client is the director of the helping process
- Principle #5:** The relationship is primary and essential
- Principle #6:** The primary setting for our work is in the community

For Full Service Partnership consumers with serious mental illness (SMI), the use of a strengths-based approach is particularly essential to fulfilling the wellness, recovery, and resilience values of the Mental Health Services Act (MHSA).

Program Challenges in FY 2017-18: Alpine County Behavioral Health Services (ACBHS) encountered no challenges in implementing Full Service Partnership in FY 2017-18.

FY 2017-18 Partners: Alpine County Behavioral Health Services (ACBHS) did not collaborate with any other agencies in FY 2017-18.

Proposed Activities for FY 2019-20

The full service partnership (FSP) program will continue to provide and expand mental health services and supports to residents of all ages with serious mental illness (SMI) or severe emotional disturbance (SED) and to assist these residents in achieving their long-term goals. Alpine County Behavioral Health Services (ACBHS) staff will continue to serve as active partners on County Multi-Disciplinary Teams in order to increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning.

Play Therapy

Program Description: Play Therapy is an evidence-based practice designed to deliver clinical services to children in a low-stakes environment with the goal of helping children decrease anxiety, increase





confidence, make healthier choices, and decrease behavior issues through the expression of play. These services include a variety of evidence-based practices, such as Art Therapy.

Population Served: Play Therapy served seven youth during FY 2017-18, spending \$5,542 per person on direct services. In FY 2019-20, Alpine County Behavioral Health Services (ACBHS) anticipates serving 10 individuals with a per-person cost of \$5,000.

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18: Alpine County clinicians continued to utilize Play Therapy as the gold standard, primary modality of treatment for children under the age of 10.

Program Challenges in FY 2017-18: There were no challenges reported for this program for this fiscal year.

FY 2017-18 Partners: In FY 2017-18, the Play Therapy program partnered with Diamond Valley School.

Proposed Activities for FY 2018 - 2019

Alpine County Behavioral Health Services (ACBHS) looks forward to maintaining Play Therapy services and establishing consistency in services. To promote optimal provision of Play Therapy, the County also expects to expand clinical training in the area of play therapy in order to implement the most current, evidence-supported practices in this treatment modality.

Outreach and Engagement

Program Description: The Outreach and Engagement program identifies, educates, and supports individuals in need of mental health services, provides outreach to family members, and serves to reduce stigma and barriers to participation in Behavioral Health Services. Under CSS, outreach and engagement activities intend to improve access and engagement in services to vulnerable and high-risk populations, as well as to family members of people with mental illness or co-occurring disorders.

Population Served: During FY 2017-18, Alpine County Behavioral Health Services (ACBHS) conducted Outreach and Engagement activities that reached 414 unique individuals. Of those reached, 57 percent (n=234) were adults, 28 percent (n=116) were older adults, 13 percent (n=52) were transitional age youth (TAY), and 3 percent (n=12) were children and youth. The per-person cost for Alpine County Behavioral Health Services (ACBHS) to run this program in FY 2017-18 was \$985. In FY 2019-20, Alpine County Behavioral Health Services (ACBHS) plans to serve 450 individuals with a total program cost of \$207,817.

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18: Alpine County Behavioral Health Services (ACBHS) staff continued to conduct outreach through special events and presentations at regular events, such as at the Create the Good meals. Consumers who participated in the needs assessment frequently cited highly positive experience with the County’s engagement programs.

Yoga continues to be a particular, significant success. Feedback forms submitted by yoga participants were overwhelmingly positive and noted significant mental health benefits. One consumer wrote,

“Before finding Yoga, I was spiraling into depression. My health declined, both physically and mentally. I ate poorly, cried often and felt hopeless. But things began to change once I started attending Yoga classes. I learned to appreciate my body and naturally wanted to take good care of it. I began eating healthier and breathing deeper and more fully. Slowly, my body grew stronger. Thanks to continued Yoga practice, I began appreciating many things about life. Simple things. I built healthy relationships with others in my community. As a result, I became happier and better equipped to deal with life’s challenges and daily stresses. Yoga has literally transformed my daily life.”





Program Challenges in FY 2017-18: Inclement weather forced the County to cancel yoga classes in geographically isolated locations, (Bear Valley and Kirkwood) when accessing them would not be safe for consumers or staff. In general, yoga classes are heavily attended, to a degree that will soon require more space. Consumers noted this frequently in their feedback on this program, and also expressed a desire to see yoga offering expand to additional times and styles. The new facility that Alpine County Behavioral Health Services (ACBHS) is constructing using Capital Facilities and Technology Needs (CFTN) funds will provide improved service space for yoga classes.

FY 2017-18 Partners: Alpine County Behavioral Health Services (ACBHS) collaborated with Alpine County Office of Education; Alpine Kids, Diamond Valley School, Bear Valley Library, Choices for Children, Community Services Solutions, Health & Human Services, First 5, Kirkwood Meadows Public Utility District, Markleeville Library, Live Violence Free, Suicide Prevention Network, Tahoe Youth & Family Services, Washoe Tribe Cultural Resources Department, Washoe Tribe Domestic Violence Program, Woodfords Indian Education Center, Woodfords Recreation in FY 2017-18.

Proposed Activities for FY 2019 - 2020

Alpine County Behavioral Health Services (ACBHS) staff will continue to conduct outreach to Alpine residents, provide a wide range of engagement activities, and facilitate transportation for residents in remote areas of the county when feasible. They will continue to engage with Alpine County's most vulnerable communities, which have a higher level of need. Alpine County Behavioral Health Services (ACBHS) proposes to include trainings that increase community-level capacity-building and trauma reduction.

Yoga programs and special, annual events (i.e., the Halloween Bash, Honoring Mothers, and Health Fair) will be moved in 2019-2020 to become Prevention and Early Intervention Wellness programs.

General Systems Development

Program Description: General systems development activities strive to improve access to Alpine County Behavioral Health Services (ACBHS) activities and events, coordinate service offerings between collaborating agencies, and reduce scheduling conflicts and duplicated efforts among service providers. General systems development funds are allocated to augment and/or amplify Community Services and Supports (CSS) programs in the areas of:

- Mental health treatment, including incentives to facilitate client participation, alternative therapeutic interventions, and culturally specific treatments
- Peer support
- Supportive services to assist clients, and clients' families as appropriate, in obtaining employment, housing, and/or education
- Wellness centers



- Personal service coordination/case management to assist clients, and clients' families as appropriate, to access necessary medical, educational, social, vocational rehabilitative or other community services
- Needs assessment
- Individual services and supports plan development
- Crisis intervention/stabilization services
- Family education services

Population Served: N/A

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18: Interagency collaboration remained strong and enabled Community Services and Supports (CSS) service recipients to engage in wraparound services. Alpine County Behavioral Health Services (ACBHS) now offer transportation support to access clinical and enabling services, and, as space allows, outreach, engagement, and wellness activities. Consumer feedback showed notable appreciation for this service.

Alpine has a relatively small homeless population, but little available low-income housing options within the county. The County supports homeless individuals' temporary housing in less rural communities outside of Alpine County, while staff works with the consumer to help find and secure new housing within Alpine County.

Behavioral Health Services has increased access to services by moving the Mental Health Services Act (MHSA) team to a tribal facility on tribal land. In the past, the Hung-A-Lel-Ti community did not participate in services due to mistrust of government agencies. By administering to the community in their own facility, client participation has increased and treatment programs have become tailored to the needs of this population.

Program Challenges in FY 2017-18:

Transportation remains a barrier for residents living in more remote areas of the county, despite the transportation offerings cited above. As noted above, when housing is lost, there are few options in-county for immediate shelter.

FY 2017-18 Partners: N/A

Proposed Activities for FY 2019 - 2020

In addition to continuing existing activities as designed, in the 2019-2020 fiscal year, Alpine County intends to allocate 20 percent of CSS funds to the new building fund for capital needs and technology improvement, as is allowable under Mental Health Services Act (MHSA) regulations. These funds will be used to purchase furniture, office equipment, and other necessary building enhancements, and to allow for information technology (IT) cabling and computer equipment needed to support the Department's use of electronic health records.

The County also plans to develop capacity by adding an additional staff role:

Clinically Coordinated Case Management: While clinicians will retain current clinical duties, a case manager will be brought on to work with individuals, families, and the individual's primary clinician. Case managers will provide supportive services to maintain independent living and reduce risk of homelessness, improve physical health and manage any chronic health problems, link the individual to community resources, and use a strength-based perspective to focus on creating opportunities for





growth, education, and skill development. A van will be purchased and designated for case management to assist clients and help reduce current transportation gaps.

Proposed New Program: Social Emotional Learning Groups for Children and Adolescents

Program Description: Alpine County Behavioral Health Services has proposed implementing a program of Social and Emotional Learning Groups for Children and Adolescents. 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. A number of well-designed, evidence-based Social and Emotional Learning (SEL) programs have demonstrated the effectiveness of peer groups with children and adolescents in promoting cognitive, emotional, and behavioral skills. Children and teens can develop better coping skills for managing their emotions, learning more effective ways to communicate their needs and frustrations, setting and achieving positive goals, feeling and showing empathy for others, and making responsible decisions. Group members have the opportunity to connect with others and get support for their own personal difficulties through discussions as well as activities.

Population Served: Social and Emotional Learning Groups, proposed as an addition to the Alpine County Behavioral Health Services (ACBHS) Community Services and Supports (CSS) plan, will serve Alpine County Behavioral Health Services (ACBHS) clients between the ages of 5 and 18 in developmentally-appropriate small groups. Alpine County Behavioral Health Services (ACBHS) anticipates serving 15 youth in FY 2019-20, with an anticipated per-person cost of \$650.

Prevention and Early Intervention (PEI) Programs

Through the Community Program Planning (CPP) process, stakeholders indicated overall support for current Prevention and Early Intervention (PEI) programs. Prevention and Early Intervention (PEI) programs in Alpine reflect the components of Prevention; Early Intervention; Outreach for Increasing Recognition of Early Signs of Mental Illness; Stigma and Discrimination Reduction; Suicide Prevention; and Access and Linkage to Treatment Program. The County has not implemented a program under the Improve Timely Access to Services for Underserved component because Alpine County Behavioral Health Services (ACBHS) department guidelines stipulate that appointments must be scheduled within 10 business days of initial request, and this timeliness standard has been consistently met.

We present updates below for each Prevention and Early Intervention program, with proposed modifications for the coming year included. Prevention and Early Intervention (PEI) program strategy designations are noted with each program. As stated earlier in this report, planning efforts to come into full compliance with new regulations are underway within Alpine County Behavioral Health Services (ACBHS). The County expects to make significant progress toward compliance within the 2019-2020 Fiscal Year to determine what standards and outcome indicators to select for these programs; and, how to develop internal infrastructure to routinely and accurately track, analyze, and report program outcomes.



Senior Socialization and Exercise

Program Description: The Senior Socialization and Exercise Program focuses on improving the healthy attitudes, beliefs, skills, and lifestyles of older adults in Alpine County through meaningful participation in activities and services. The Senior Socialization and Exercise Program serves to reduce isolation, depression, fear, anxiety, and loneliness among seniors and increase referrals to and knowledge about supportive services. This program provides a warm and caring environment where seniors can develop a sense of connection and belonging; encourages development of new skills and creative abilities; and supports active, healthy lifestyles. Mindfulness is one of the evidence-based practices used in this program.

Program Strategy: This program is designed to conduct outreach for increasing recognition of early signs of mental illness.

Population Served: In FY 2017-18, Senior Socialization and Exercise served 367 individuals with a per person cost of \$47. In FY 2019-20, Alpine County Behavioral Health Services (ACBHS) plans to serve 380 individuals with an overall program cost of \$25,000.

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18:

The Senior Socialization and Exercise program incorporated a wide range of activities in FY 2017-18 to bring seniors together in a warm, welcoming environment. Socialization activities included:

- Collaboration with the 50+ Club, which provides an opportunity for seniors to gather and socialize with each other and the broader community on a monthly basis. In FY 2017-18, the club opened up membership to younger individuals to promote sustainability of the program and increase opportunity for someone to step into a vacant leadership role. Potlucks the club runs provide a venue for mental and physical health and wellness presentations from County staff and agencies and are designed in collaboration with Alpine County Behavioral Health Services (ACBHS).
- Senior/Elder Luncheons, held monthly, afforded seniors an opportunity to socialize while playing bingo, or creating a hands-on project.
- Cultural Activities including gathering and preparing Native and cultural foods, and sharing traditional knowledge.
- Senior Soak socialization outings to Grover Hot Springs State Park. This program was so well attended that Alpine County Behavioral Health Services (ACBHS) expanded the hours of the program last year to now be open to seniors all day long for two days a week in the Fall, Winter and Spring, and one day per week during the Summer. Alpine County Behavioral Health Services (ACBHS) created and distributed an admission card to simplify attendance, which 163 seniors/elders accepted.

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

- Bi-Weekly holistic health classes with instructor.
- Bi-weekly chair exercise classes, performed with free weights, bands, and balls, as well as pre- and post-exercise stretching and focus on balance, flexibility, strength and coordination. In October 2018, an aerobic session was added to the beginning of classes.
- Access to swimming through pool passes at a location in a neighboring County issued by Alpine County Behavioral Health Services (ACBHS) was piloted in June 2018 but will not be repeated



in 19/20 because the County was not able to transport attendees regularly and had no feasible method to track when consumers used the pool.

Overall, senior socialization and exercise activities have provided consumers with opportunities to connect to each other and develop a support network. They also provided opportunities to inform consumers about other Mental Health Services Act (MHSA) programs which resulted in increased enrollment. Consumer feedback on these programs was overwhelmingly positive. When asked what they liked about the Senior Soak Program, participants said such things as, "Everything!" and, "It helps with my anxiety and depression," and "The camaraderie and socialization."

Program Challenges in FY 2017-18:

Consumers noted some difficulty with sound systems and their ability to hear during luncheons and recreational events. The new building for behavioral health services in Alpine County, which is set to be completed December 2019, has a designated community room that will add to sound quality and decrease these issues.

It may be helpful to have some programs create sessions designated for Hung-A-Lel-Ti elders (such as a specific Senior Soak) and to provide targeted transportation to encourage participation from this community.

FY 2017-18 Partners: Alpine County Behavioral Health Services (ACBHS) partnered with Grover Hot Springs State Park, Woodfords Recreation, Washoe Tribal Health Clinic, and the 50+ Club. To plan presentations at social events, Senior Socialization and Exercise programs collaborated with Alpine County Behavioral Health Services (ACBHS) staff, Live Violence Free, the Child Abuse Prevention Council, the Sheriff's Department, health care providers, and local educators.

Proposed Activities for FY 2018 – 2019

The Senior Socialization and Exercise program has been greatly successful in engaging community members. Consumers report immense satisfaction with the program as well as improved well-being and reduced feelings of isolation and depression. Therefore, Alpine County Behavioral Health Services (ACBHS) plans to continue implementing the Senior Socialization and Exercise program as designed, with an increased focus on advertising and outreach to encourage more seniors to participate.

Positive Behavior Intervention Support (PBIS)

Program Description: Positive Behavior Intervention Supports (PBIS) is an evidence-based school-based approach to student support and discipline. The approach includes systemic and individualized strategies to achieve learning and social outcomes at both the individual and the school-wide levels, while preventing problem behaviors and emotional stress as well as increasing academic achievement. Positive Behavior Intervention Supports (PBIS) programs effectively reduce disciplinary referrals within schools and reduce the number of out-of-school student suspensions.

Program Strategy: This program is an early-intervention strategy.

Population Served: In FY 2017-18, Positive Behavior Intervention Supports (PBIS) served 90 children with a per-person cost of \$387. Alpine County Behavioral Health Services (ACBHS) anticipated serving 80 children (depending on school enrollment) in FY 2019-20, with a per-person cost of \$438.

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18:

Enhanced focus on social-emotional learning and character building. Students have participated in monthly discussions of positive character traits: generosity, unity and empathy/compassion, including how to practice them. Other courses were (as appropriate to grade level) an anger management unit on coping skills; developing positive coping skills; an emotional awareness program; and, curriculum on bullying. Grades 3-8 completed a School Climate Survey, discussed results, and how staff and students can work together to improve the school climate and culture. Students discussed how anti-bullying initiatives could be improved and identified a need to increase students' help-seeking behavior. Students also have the opportunity to earn fun lessons with the counselor.

Consistent implementation of check-in systems. Another key success involves consistent implementation of student check-in systems, in which students submit slips to the counselor regarding issues with a peer. For some students, the Check-in Check-out (CICO) intervention is implemented to provide increased positive adult contact, social skills training, a direct link to school-wide behavior goals and expectations, frequent feedback, and positive reinforcement. Of CICO students, the majority have met their goals successfully; five students are experiencing low or declining success in the program. For the latter five students, the Multi-Tiered System of Supports (MTSS) team continues to innovate and develop options.

The reward store system. Diamond Valley has continued the reward store system as a positive reinforcement strategy. Each student has the opportunity to earn HAWK feathers, which are added to their individual accounts by classroom teachers. The accumulated HAWK feathers are used to purchase desirable rewards from the Positive Behavior Intervention Supports (PBIS) store. Some teachers also use their own individualized Positive Reinforcement Systems in their classrooms. These are beneficial because the class works together to earn the reward, and the reward is shared by all.

The HAWK breakfast. The first HAWK reward breakfast of the year was successful. Last year, attendance ballooned beyond the HAWK of the month recipients and their parents/guardians, diluting the reward aspect. This year, school officials were able to successfully ensure that only those students being recognized for their exemplary behavior and their families attended the breakfast. Ideally students who have not earned this reward will want to work toward it.

Fidelity in data tracking. The counselor and many Multi-Tiered System of Supports (MTSS) team members believe that there has been an improvement in data tracking since last year. Teachers and staff are completing forms more consistently, and have been trained to use the forms, and the importance of these forms for decision making has been emphasized. A modified form has been developed for bus drivers and instructional aides supervising recess and lunch, which can be completed quickly to increase the likelihood that behaviors will be documented. The entire staff has been trained on how to respond to behaviors, and what constitutes as a class-managed and office-managed behavior.

Consistent meeting and follow through from the Multi-Tiered System of Supports (MTSS) team. Multi-Tiered System of Supports (MTSS) meetings have been scheduled and held consistently three times per month, utilizing the Team-Initiated Problem Solving (TIPS) model, which helps the team identify, address and resolve students' social, behavioral and academic problems.



Initial development of Positive Behavior Intervention Supports (PBIS) at Bear Valley Elementary. For Bear Valley Elementary School, the counselor has made two visits to facilitate group counseling lessons with all of the students at the school, met with each of the students. The teacher, instructional assistant, and counselor met on each of these dates to discuss student concerns, strategies for areas of need, student progress, and recommendations. The Bear Valley teacher and district counselor have emailed at least monthly to discuss areas of need, how the counselor can support them, and to set goals for Bear Valley. Collaboration will continue to create a set of PBIS values, adopt monthly character traits, and connect the classroom positive reinforcement system with the PBIS rewards store.

Program Challenges in FY 2017-18: The Diamond Valley Elementary School (DVE\$) principal left his position in early October. An interim principal has been capably filling that role since that time, making every effort to maintain and improve PBIS implementation. As the principal plays a pivotal role in PBIS, recruitment for that position is underway.

FY 2017-18 Partners: Tahoe Youth & Family Services (TYFS) and the Alpine County Probation Department have participated in Multi-Tiered System of Supports (MTSS) team meetings. Suicide Prevention Network participates in the reward store system by providing smoothie rewards as a positive reinforcement strategy. Other key partners include Live Violence Free; Alpine Parents Group; Alpine Watershed Group; Alpine County Behavioral Health; Alpine County Health & Human Services; and Alpine County Public Health.

Proposed Activities for FY 2019 – 2020

For the remainder of the 18/19 school year, the primary goal of this program is to maintain consistent implementation of initiatives begun in FY 2017-2018. With the change in principal and an upcoming leave for the counselor, consistency will be essential to staying on track with PBIS. By continuing the commitments to Multi-Tiered System of Supports (MTSS), supporting student character development, consistency in data collection, and quality professional development, program staff believe that Positive Behavior Interventions and Supports (PBIS) will continue on the path it has forged this year at Diamond Valley. The counselor and administration will continue to support Bear Valley Elementary School in growing their Positive Behavior Interventions and Supports (PBIS) program to best suit that school and population.

Create the Good

Program Description:

Create the Good began as an adult luncheon geared toward adults and seniors featuring presentations on topics related to health and wellness. As a stigma reduction program, Create the Good promotes socialization, awareness of mental and physical health issues, wellness subjects, and learning opportunities. The program has created opportunities for “meet and greets” between participants and Alpine County Behavioral Health Services (ACBHS) staff, including the geographically isolated communities.



Create the Good offers weekly luncheons, wellness center drop-in hours specific to youth and adults, a summer lunch program for school-aged youth if needed, and alternate weekly dinners in Bear Valley. These events offer an opportunity for members of the community to come together and enjoy healthy, balanced meals. Events feature presentations on topics related to health and wellness, including healthy eating. These events also support community members in learning new skills, building relationships with neighbors, and socializing. Monthly themes promote topics such as friendship; suicide prevention; drug awareness; veteran experiences; storytelling; kindness; music; art; mental health awareness; and mindfulness.

Program Strategy: This program is designed to be a Stigma and Discrimination Reduction Program.

Population Served: Create the Good served 350 community members at a cost of \$89 per person. A majority (47%) were adults, followed by transitional age youth (TAY) and older adults (19% each) and children and youth (15%). In the coming year, Alpine County Behavioral Health Services (ACBHS) anticipates serving 360 individuals through Create the Good for a total program cost of \$22,000.

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18: Create the Good has increased attendance numbers from around 12-15 to 20, on average. Presentations include health and wellness topics, and some fun things. Community Service Solutions, an organization that has been coming out for about a year on the 1st and 3rd Fridays of the month, does diabetes prevention and education. This program was a change the attendees were suspicious of initially, but rapport has been created over time. Many Alpine County Behavioral Health Services (ACBHS) collaborative agencies come to Create the Good because it is during the work day, and an opportunity to present to a larger group of people at one time. Live Violence Free presented TED Talk in Teen Dating Violence Awareness month. Suicide Prevention staff attend every week and present multiple times throughout the year.

Program Challenges in FY 2017-18: No challenges were reported for Create the Good for this year.

FY 2017-18 Partners: Alpine County Behavioral Health Services (ACBHS) collaborated with Community Service Solutions and the Suicide Prevention Network, Bear Valley and Markleeville Libraries, the Bear Valley Lodge and Creekside Dining, Bear Valley School, Live Violence Free, Washoe Tribe Cultural Resources, and the Washoe Tribe Health Center.

Proposed Activities for FY 2019 – 2020

Create the Good will continue to offer weekly luncheons in Markleeville and dinners in Bear Valley twice a month with guest speakers and presentations on integrated health and wellness topics. These continue to be an opportunities for the public to learn more about Alpine County Behavioral Health Services' (ACBHS) programming and clinical staff, in addition to stigma reduction, the effects of trauma and other topics. Alpine County Behavioral Health Services (ACBHS) aims to add desired programming to Create the Good, when possible, in lieu of creating an entirely separate event. Wellness Center Hours will be increased to four days per week and will target youth and adults at separate times of day.

Honoring Our Past in the Present Through Traditional Knowledge

Program Description: Honoring our Past in the Present Through Traditional Knowledge is a culturally based prevention program for Alpine County residents of all ages. The program seeks to preserve





cultural traditions, build community, and prevent the onset of depression and anxiety related to lack of socialization for members of the Hung-A-Lel-Ti community. Through community dialogue and activities, the program also addresses trauma-related mental health topics specific to Tribal communities, such as historical trauma and identity confusion.

Program Strategy: This program is an early intervention strategy.

Population Served: In FY 2017-18, Combining Past and Present served 160 community members. A majority (38%) were adults, followed by children (34%), older adults (18%), and transitional age youth (TAY) (10%). The per-person cost of Combining Past and Present is \$108. In the coming year, Alpine County Behavioral Health Services (ACBHS) anticipates serving 165 individuals through Combining Past and Present for a total program cost of \$8,500.

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18: Honoring our Past in the Present Through Traditional Knowledge has been very successful in sharing and appreciating traditional knowledge and culture with the Alpine County community. This year participants completed many projects and activities that aimed to allow Tribal people to show their past and unify them with who they are as an indigenous person.

Learning through play and storytelling: Stories were shared at the Early Learning Center, Diamond Valley Elementary School, Culture Camps, and has recently been added as a bridge between Talking Circle and Family Night. Elders and youth have begun to share family stories creating leadership, community connection, public speaking, personal confidence, Washiw language and leadership skills. Storytelling provides powerful cognitive effects on the brain. Storytelling connects people to the land. Research is showing that storytelling has psychological and therapeutic effects. Peer-to-peer interaction in form of cultural storytelling shall begin.

Rock Your Mocs, moccasin making and video: November is “Native American Month” and there is a nation-wide week where native people unify to collectively wear their moccasins, which serves as a vehicle for our rural county members to connect to natives across the nations. Moccasins were made as a reminder that we walk in two worlds; contemporary and traditional. The video allows participants to take pride in who they are and where they come from. The participants are wearing their moccasins at other social events stating they feel good being able to show up for events with their moccasins.

Native American Movies: Monthly movies were shown in collaboration with Live Violence Free as a forum to discuss topics associated with trauma. Attendees were introduced to the ACES study and often filled out assessments on characters in the movies.

Women’s Skirt and Men’s Ribbon Shirts, & Shawl Classes: Presentations on traditional knowledge (as to who, what, when, how were answered) were given where the Washiw language and traditional teachings were the primary focus. Then instruction on how to make clothing created empowerment, and pride in their work as well as the development of items needed to confidently take part in tribal dances and social gatherings. This has also provided community members to take pride in individuals which has reinstalled traditional thinking of respecting and acknowledging individuals for their traditional knowledge. Community members are now taking the lead and teaching classes.

Fashion Show: The program ran a fashion show that allowed shawl makers to show case their individual shawls.



Beading: Classes became a storytelling session in which people told who they learned from and history lessons are formed naturally, therefore oral traditions are continued. Washoe traditional lands are surrounded by Paiute, Shoshone, and Maidu tribes as well as other ethnicities. There has been past rivalry causing people who may not be full Washoe to suppress acknowledging other tribal blood, but through these classes, people speak about other tribes and pride in their personal lineage.

Basketry: This is a life skills development class in which participants are spoken to first by their elders, so they are aware of the rules and what is expected of them. Then, participants are taken out onto traditional Washoe lands and made to introduce themselves to the land, water, and the plants. Mindfulness is practiced throughout the process; participants are reminded to cognitive behavioral cultural group in which control what they are thinking, what they are doing, and are saying, as well as taught to take a break when needed. It could take a beginner a year to prepare all their material prior to weaving their first basket, and once they complete their basket, they must give it away to a non-relative.

Program Challenges in FY 2017-18: Accessibility and cost of materials for events has been a challenge. It can be difficult to plan in advance or obtain sufficient supplies when the activity is reliant upon what naturally grows in the area at a particular time. Several consumers noted during the needs assessment that they attended an event and did not have enough materials to complete the project. County staff do seek attendance RSVPs prior to events but actual participation numbers vary, and materials for traditional crafts can be relatively expensive or difficult to obtain (e.g. due to seasonality). Developing programming in this area can also require upfront time and research, including assessing what consumers may be interested in. These activities also tend to take more time and energy to complete than consumers expect.

FY 2016-17 Partners: Alpine County Behavioral Health Services (ACBHS) collaborated with Washoe Tribe Cultural Resources Department, Health Center, Diamond Valley School, Live Violence Free, and the Woodfords Washoe Community Council and Recreation.

Proposed Activities for FY 2019 – 2020

Combining Past and Present will continue to provide activities intended to preserve cultural traditions, build community, and prevent the onset of depression and anxiety related to lack of socialization and identity loss. The Native Wellness Advocate will continue to work with consumers to develop culturally appropriate activities. The Native Wellness Advocate reported interest in the following activities:

- Collaboration with tribal clinic to have the diabetes program work with traditional foods to teach healthy cooking.
- Using traditional storytelling to encourage the community to talk about how these stories impact our lives and challenges (e.g. sexuality, intimate partner violence).
- Increased incorporation of traditional language into activities, in a fun and healthy way.

Wellness Projects

Program Description: Alpine County's Wellness Projects are designed to provide targeted programming for a variety of distinct populations. These programs provide continued support to prevent the development and onset of mental health issues among Alpine County residents and engage residents in programming to decrease barriers to accessing services for serious mental illness (SMI) and severe emotional disturbance (SED). Programs for youth include Bike to School in May and Play Groups.





Outreach to TAY occurs weekly at the high school during lunchtime with a monthly lunch provided the last Tuesday of the month and a celebration at the end of the year honoring graduating seniors. For both youth and Adults, we contract with Alpine Kids, host monthly Community Movie nights and day outings to museums, thrift stores or attractions. Family night occurs weekly following Talking Circle as a support for clients and their families to come together.

Program Strategy: This program is a prevention strategy.

Population Served: Wellness Projects served 476 community members. A majority were youth or adults (31% and 33%, respectively), followed by transitional age youth (TAY) (23%), and older adults (13%). The per-person cost was \$252. In the coming year, Alpine County Behavioral Health Services (ACBHS) anticipates serving 230 individuals through Alpine Kids and 180 through other Wellness Projects, at a total program cost of \$47,000.

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18: Family Night, Talking Circle, and youth engagement Wellness Projects continue to be well-received and well-attended. All were mentioned frequently and positively across needs assessment findings. Increasingly, Talking Circle and Family Night have had a smooth transition from one program to the next, as Talking Circle is finishing up as people are coming in to Family Night so the two intersect. Talking Circle uses a traditional prayer and storytelling to close. This prayer includes everyone in the Family Night group as well as the Talking Circle Group and allows transition between these events. This unification between the events reduces the stigma of a recovery group. Family Night has an average of 50 people attend every week. Native traditions including storytelling and others around washing up and eating together have been integrated into this event.

Activities led by the Native Wellness Advocate have been very well-received. Her focus has been to get community members back onto and in touch with the land in its traditional Washoe territory, which helps Native residents deal with historical trauma. Engaging in traditional gathering fosters the connection between the people and the land, so, among others, activities have focused on harvesting and utilizing traditional foods. Elders in the community provide leadership and mentorship in these activities.

Specific successes from the Alpine Kids Wellness Project include:

- Recruiting younger individuals to lead the teen program, which has helped to involve some teens who enrolled in the family program but previously did not attend the teen outings.
- A wider variety of activities for the participants, and a wider variety of family types (e.g., grandmother-led, single fathers) join the activities.
- Having a Family Dinner and Craft night in Bear Valley.
- New Year's Eve Family Dinner and Game Night was well attended and had fun activities, including community members helping kids do tricks with donated yo-yos.
- Monthly family and teen outings are well attended.

Program Challenges in FY 2017-18: Inclement weather has presented a barrier for Alpine Kids to get to Bear Valley to have a family event. Scheduled events have had to be cancelled due to weather. Separately, for a time, the Diamond Valley School would not allow Alpine Kids to advertise events and information in their monthly newsletter. This had previously been a way to reach out to new families in the area. Eventually, the school board allowed Alpine Kids announcements with a disclaimer stating



that the school district did not support the group and that the announcements were for information only.

FY 2017-18 Partners: Alpine County Behavioral Health Services (ACBHS) partnered with the following organizations: Alpine Kids, Choices for Children, Live Violence Free, Diamond Valley School, Douglas High School, Health & Human Services, Grover Hot Springs, Markleeville Library, Fish and Game, Alpine County Probation, and Suicide Prevention Network.

Proposed Activities for FY 2019 – 2020

Family Night and Talking Circle will be trying to integrate activities that will be consistent with themes selected for other behavioral health programming, such as Native storytelling songs for a music-themed month, and activities for Mental Health Awareness Month and Suicide Prevention Awareness Month. For Family Night, staff members have a goal of enlisting younger attendees to do small activities to support the program, such as serving the elders, which may increase their engagement in the program.

Alpine County Behavioral Health Services (ACBHS) will continue to provide targeted programming for its distinct populations described above. These programs will provide continued support to prevent the development and onset of mental health issues among Alpine County residents. Additionally, Yoga will be covered under Wellness Project. Alpine Kids plans to continue having monthly family and teen outings. All outings will remain drug, alcohol and tobacco free, including no vaping. Alpine Kids will continue to have community events: Dinner and Crafts at Bear Valley; Community New Year’s Family Dinner and Games Night at Turtle Rock Park; Dinner and Bingo Night at Bear Valley; Rainbow Awards Dinner at Turtle Rock Park and Bear Valley; Teddy Bear Parade; and Kids’ Fishing Day.

School-Based Primary Intervention Program

Program Description: The Primary Intervention Program (PIP) provides one-to-one services to students through the use of non-directive play sessions, including games, arts and crafts activities, and conversations. Services are delivered by a child aide, with close supervision from a mental health professional. Once a week, children receive a 30-40-minute, one-on-one session for a period of 12-15 weeks. The Primary Intervention Program (PIP) program is designed to enhance the social, emotional, and behavioral development of young students; to build children’s self-esteem and confidence; to encourage positive attitudes toward school and improved academic achievement; and to provide access to services for children with severe emotional disturbance (SED). Primary Intervention Program (PIP) services are provided by Tahoe Youth & Family Services (TYFS) through the Mental Health Services Act (MHSA) plan.

Program Strategy: This program is designed to improve access and linkage to treatment.

Population Served: In FY 2017-18, 13 children were served by the Primary Intervention Program (PIP), with a total cost of \$13,428 and per-person cost of \$1,033. In FY 2019-20, Alpine County Behavioral Health Services (ACBHS) intends to serve ten children with a total cost of \$10,000 and a per-person cost of \$1,000.

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18: The Primary Intervention Program (PIP) continues to have an impact on children with mental health needs. Staff cited the case study of a young student who struggled with anger and anxiety. She started receiving Primary Intervention Program (PIP) services, including daily check-ins with the school. She started to have fewer negative marks on her daily check-ins and her



anxiety and anger became less. Over time, the student appeared to be happier and more relaxed in her school activities.

Overall, children receiving Primary Intervention Program (PIP) services showed significantly greater improvements in FY 2017-18 in five of seven measured indicators of school adjustment: anxiousness, assertive social skills, learning problems, task orientation and peer social skills.

Program Challenges in FY 2017-18: Staff found serving a few children with extreme anger issues to be challenging. Staff worked with the student study team and Alpine County Behavioral Health Services (ACBHS) staff to give the youth extra time-outs during class. Children were referred to a higher level of care when needed.

FY 2017-18 Partners: The Primary Intervention Program contracted with Tahoe Youth & Family Services to provide the Primary Intervention Program (PIP) worker, and Alpine County Behavioral Health Services (ACBHS) provides bi-weekly supervision to that worker. Partners include Tahoe Youth & Family Services, school counselors, teachers, the principal, and clinical staff to collaboratively problem-solve and come up with the best plan for children who struggle with school adjustment.

Proposed Activities for FY 2019 – 2020

Alpine County Behavioral Health Services (ACBHS) is researching plans to continue Primary Intervention Program (PIP) implementation changes since Tahoe Youth and Family Services are not available to provide this program.

Mental Health First Aid Training

Program Description: Mental Health First Aid (MHFA) is an eight-hour course for community members that teaches how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps community members identify, understand, and respond to signs of mental illnesses and substance use disorders. The goal of mental health first aid is to reduce the stigma of mental illness and to help support an individual until appropriate professional help arrives. Community members learn a strategy that includes assessing risk, respectfully listening to and supporting the individual in crisis, and identifying appropriate professional help and other supports. Community members are introduced to risk factors and warning signs for mental health or substance use problems, engage in experiential activities that build understanding of the impact of illness on individuals and families, and learn about evidence-supported treatment and self-help strategies.

Program Strategy: This program is designed to reduce stigma and discrimination.

Population Served: In FY 2017-18, Mental Health First Aid (MHFA) was not implemented because certification for the Instructors on staff expired due to not offering a minimum of three courses per year. Alpine County Behavioral Health Services (ACBHS) intends to implement this program in FY 2019-20 to 50 individuals at a total program cost of \$4,000.

FY 2017 – 2018 Activities and Outcomes

Mental Health First Aid Training was not implemented in 2017-2018 because certification for the Instructors on staff expired in May 2018 due to not offering a minimum of three courses per year.

Proposed Activities for FY 2019 – 2020





Alpine County Behavioral Health Services (ACBHS) plans to continue to prioritize Mental Health First Aid in FY 2019-20. Two youth courses and one adult course were offered in June 2019, training 30 individuals.

Suicide Prevention

Program Description: Alpine County Behavioral Health Services (ACBHS) partners with the Suicide Prevention Network of Douglas County which provides the following services:

- **Training.** Several training programs are currently available. Applied Suicide Intervention Strategies Training (ASIST) is a national suicide prevention training program. The training is recognized as an established best practice and is specifically popular among small and mid-size counties. Through a two-day training session, stakeholders learn how to recognize the risk and how to intervene to prevent the immediate risk of suicide. The purpose of the training is to prepare participants to integrate intervention principles into everyday practice. Question, Persuade, Refer (QPR) is another suicide prevention training program. Guided by certified trainers, QPR is an interactive one-hour presentation.
- **Outreach and Engagement.** The primary goal of this component is to lead presentations to raise community awareness about suicide. Presentations are typically delivered at community groups (Create the Good, 50+ Potluck, Elders Lunch & Bingo, Lunch and Learn, Door to Door) and in K-12 schools (Douglas High School Meet and Greet for staff and Alpine County Students; Diamond Valley School; summer outings in collaboration with Tahoe Youth and Family Services; summer activities at Washoe Indian Education Center; and Youth Empowerment Day and Youth Awareness Day with other local tribes participating).
- **Suicide Hotline.** Alpine County Behavioral Health Services (ACBHS) contracts with Crisis Support Services of Alameda County to operate a 24 hour per day, 7 days per week crisis line. In addition, the National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Individuals in crisis are connected to the closest available crisis center where a trained counselor assists the individual to connect them to necessary services and supports in their county.

Suicide Prevention Communication Materials. The California Mental Health Services Authority (CalMHSA) has developed a healthy communication campaign on suicide prevention, titled Know the Signs. In addition, it has identified strategies for collaborating with media and schools to conduct a general public education campaign to promote awareness of suicide and reduce stigma around seeking help.

Program Strategy: This program provides a comprehensive program of suicide prevention.

Population Served: In FY 2017-18, Suicide Prevention served 202 individuals, the majority of whom (59%) were adults. Services were provided at a cost of \$215 per-person. In FY 2019-20, Alpine County Behavioral Health Services (ACBHS) aims to serve 238 individuals through the Suicide Prevention Program, at a cost of \$168 per-person.

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18:





Alpine County Behavioral Health Services

Mental Health Services Act (MHSA) Annual Update FY 2019-20

Key successes include an initial expansion of program-reach to include Bear Valley and Markleeville communities. The connection to the students and staff of Diamond Valley Elementary School is evident through continued and encouraged engagement. Successes include classes for grades 1-8 about bullying, creating a positive school environment, coping skills, suicide prevention and depression identification. Additional successes include Kindness Week, Bike-A-Thon, Signs of Suicide training, PBIS rewards and updated bulletin board content. Promising expansions include monthly Life Skills lessons for grades 6-8. Outreach to Alpine County students at Douglas High School has proved effective at connecting with and informing our students about mental health awareness and suicide prevention.

Inclusion of Alpine County residents of the Walk for Hope proved positive with several Alpine County residents' participation. Awareness presentations such as SafeTALK, ASSIST and Suicide Prevention were extremely well attended. After the presentation, an attendee sought out professional help. Additionally, a home visit to a family in distress ensued with positive effects. Additional suicide awareness and stigma reduction materials were distributed during different community events like the Mini Senior Health Fair and others. Identification of "Hot Spots" focused efforts to promote Mental Health through bulletin boards and the like for effective use of SPN and County resources. These spots include PTSD and Survivors of Suicide support groups locations.

Cultural inclusiveness successes included outstanding attendance at the Cultural Awareness Conference and Native Youth Conference. Monthly Message newsletter as well as awareness presentations have been improved to include Washoe language.

Program Challenges in FY 2017-18:

It has been challenging to broaden the reach of the program to ensure that those beyond the Native community—who were more heavily served by the program at first—are reached.

FY 2017-18 Partners:

Suicide Prevention Network continued the community dialog during Behavioral Health Services staff meetings, Health & Wellness Coalition, Interagency, Cultural Humility Committee meetings and more. There was collaboration with Alpine County Behavioral Health Services, Diamond Valley Elementary School, Douglas High School, Washoe Indian Education Center, Washoe Tribe Recreation Department, Tahoe Youth and Family Services, Live Violence Free, Washoe Tribe Police Department, Markleeville Library and Museum and Hung-A-Lel-Ti Recreation Gym. Suicide Prevention Network is also on Alpine Threads' editorial board.

Proposed Activities for FY 2019 – 2020

Alpine County Behavioral Health Services (ACBHS) plans to continue to implement the Suicide Prevention program via the Suicide Prevention Network and will continue to work in the community to promote suicide prevention awareness through training and campaigns, and to equip residents with the tools to prevent suicide. Key trainings and activities include:

- Walk in the Park;
- Cultural Awareness Conference;
- Walk for Hope;
- ASIST and/or SafeTALK trainings;
- Awareness presentations;
- PTSD Support Group to present at 50+ Potluck;
- Coping and Art Series for Create the Good;



- Summer Youth 4 week program for Kindergarten thru 6th graders
- Improved connection and outreach at local schools.

Proposed New Program: Social Emotional Learning Groups for Youth Outreach

Program Description: Many risky behaviors (e.g., drug use, violence, bullying and dropping out) can be prevented or reduced when prevention efforts are used to develop social and emotional skills in youth. Through participation in activity-based peer groups, at-risk youth in the community who are not currently in treatment will develop and apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

Program Strategy: This program is an early intervention strategy.

Population Served: Social and Emotional Learning Groups for Youth Outreach are proposed as an addition to the Alpine County Behavioral Health Services (ACBHS) Prevention and Early Intervention plan and will serve youth living in the county between the ages of 12 and 18 in age-appropriate small groups. Alpine County Behavioral Health Services (ACBHS) anticipates serving 20 youth in FY 2019-20 with an anticipated per-person cost of \$550.

Innovation (INN) Project

Alpine County did not identify the need for or capacity to implement an innovation (INN) project at this time.

Workforce, Education, and Training (WET) Programs

Workforce, Education, and Training (WET) programs have supported staff development and training. Funds in this Mental Health Services Act (MHSA) component will expire in June 2019.

Mental Health Services Act (MHSA) Workforce, Education, and Training (WET) Coordination

Program Description: Alpine County Behavioral Health Services (ACBHS) dedicated the Mental Health Services Act (MHSA) Coordinator position to oversee the coordination and implementation of Mental Health Services Act (MHSA) Workforce, Education, and Training (WET) programs in addition to overseeing the coordination and implementation of the Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Capital Facilities and Technology Needs (CFTN) components of its Mental Health Services Act (MHSA) Plan. The Mental Health Services Act (MHSA) Coordinator has been responsible for coordinating and sustaining an education and training program for Alpine County Behavioral Health Services (ACBHS) staff, volunteers, partners, and consumers. Under the supervision of the Alpine County Behavioral Health Services (ACBHS) Director, this individual has been responsible for promoting a work environment that values learning, cultural, and linguistic competence and humility, as well as personal and professional development.

FY 2017 – 2018 Activities and Outcomes





Key Successes in FY 2017-18: The Mental Health Services Act (MHSA) Program Coordinator has successfully developed training plans to increase internal staff and community capacity. While hiring remains challenging in a small, rural county environment, Alpine County Behavioral Health Services (ACBHS) has worked diligently to promote development and growth within existing personnel and stakeholders. Specific training activities are described under the Fundamental Learning Program section, below.

Along with two other small counties we completed Strengths Learning Collaborative, staff conducted 30 Strengths Assessments with clients and will continue to use within treatment plans when necessary.

Program Challenges in FY 2017-18: As noted above, it can be challenging to recruit and hire in a small, rural county environment. This makes training for existing personnel all the more important, so the primary challenge for this program is that its funds are slated to expire in June 2019 and will exhaust in 2020.

Proposed Activities for FY 2019 – 2020

While activities will cease to be funded through this program after June 2019, training and capacity building activities will continue.

Fundamental Learning Program

Program Description: To ensure its staff is up to date with the basic competencies of behavioral health service provision, the Fundamental Learning Program partners with providers to train its staff and stakeholders on topics such as psychosocial rehabilitation skills, the recovery model, trauma-informed cognitive behavioral health services, integrated care and delivering comprehensive services promoting wellness and recovery. Alpine County also identifies regional and statewide trainings to enhance stakeholders’ understanding of the recovery model, promote effective service delivery, increase cultural competency and humility, promote leadership and team building, and learn other skills.

FY 2017 – 2018 Activities and Outcomes

Key Successes in FY 2017-18: All staff completed the Clifton StrengthsFinder, a tool aimed at helping individuals recognize and leverage their strengths in a professional environment. Alpine County Behavioral Health Services (ACBHS) also took three community members who have been involved in Talking Circle and Family Night events to training on building a healthy community around Adverse Childhood Experiences (ACES). This activity was intended to help empower the community in its own role in behavioral health leadership.

The Fundamental Learning Program implemented the Strengths Model of care management in January 2017, in collaboration with the Eastern Sierra counties of Mono and Inyo, and with support from the California Institute for Behavioral Health Solutions (CIBHS) to implement Strengths Model care management via a learning collaborative approach. The goal of this collaboration was to build county behavioral health infrastructure as recovery-oriented systems and improve outcomes for people with serious mental illness and substance use disorders in the areas of housing, employment, education, and increased community involvement. Behavioral health agencies in Inyo, Mono, and Alpine counties have since tested and adapted innovative practices designed to bring about wide-scale changes at both systems and practice levels that reflect high fidelity implementation of the Strengths Model. These practices have begun to be felt at the program level, as was discussed in the Full Service Partnership section above.





Alpine County Behavioral Health Services has partnered with Relias, a training company that has supplied online trainings to staff on an ongoing basis. Topics have included Health Insurance Portability and Accountability Act (HIPAA), cultural competency, and client/patient rights, among others. As opportunity allows, the County also brings in speakers to provide training for special events such as Mental Health Awareness Month and National Suicide Prevention Week.

The County has also reviewed roles and responsibilities of existing staff to assess how to make use of un- or under-utilized skills, or to utilize targeted training to build on existing skills. For example, a specialist on staff with training in nutrition will be sent to training on case management that will allow this individual to apply her background to a wider range of services.

Program Challenges in FY 2017-18: As noted above, the expiration of Workforce Education and Training (WET) funds in June 2019 presents a challenge to sustaining momentum in staff and community development and training. For example, while Workforce Education and Training (WET) funds were available, no consumers were at a place in their recovery to successfully transition into a formal role as a Peer Recovery Specialist. Now, however, one consumer is ready to do so, and Alpine County Behavioral Health Services (ACBHS) will need to seek other funds to support this individual’s training and time in the position.

Proposed Activities for FY 2019-20

Alpine County will continue to support internal and external capacity building and training and is currently investigating how to do so with the support of other funds.

Increasing Mental Health Staff through Educational Stipends

Program Description: This program aims to increase the number of qualified mental health staff working in Alpine County, especially those representing the Native American community and culture, by offering a stipend to residents who pursue a degree in a mental health related field (psychology, social work, counseling, and substance use treatment). These Workforce, Education, and Training (WET) funds would offer an incentive to local youth to attend college, desire a career in the behavioral health field, and eventually return to the community to work in the public mental health system.

Population Served: N/A

FY 2017 – 2018 Activities and Outcomes

This program was not implemented in FY 2017-18 due to low interest and a lack of potential participants.

Proposed Activities for FY 2019 – 2020

In FY 2019-20, Alpine County Behavioral Health Services (ACBHS) will, under other funds, continue to review rural county staff and career development models and seek to fill needed roles with qualified personnel.

Capital Facilities and Technology Needs (CFTN) Projects

Through the Community Program Planning (CPP) process, stakeholders supported current Capital Facilities and Technology Needs (CFTN) projects.





Capital Facilities: Acquire New Space for Mental Health Services Act (MHSA) Administration and Services

Program Description: Capital Facilities funds are used to build new space for Mental Health Services Act (MHSA) administration and services. The space will offer Mental Health Services Act (MHSA) services to children, transition age youth, families, adults, and older adults and provide activity rooms for individual and group service delivery (e.g., additional wellness programs) and dedicated space for Alpine County Behavioral Health Services (ACBHS) administration.

FY 2017 – 2018 Activities and Outcomes

Key Activities in FY 2017-18: The new facility is being built and is on track to finish in 2020. This facility will provide improved space for clinical services and outreach, engagement, wellness, and prevention activities, including a play therapy room, a children’s room, and community rooms. Alpine County Behavioral Health Services (ACBHS) is currently providing services in a number of buildings throughout the county. The new building will bring more people together and will allow the County to cease to spend money on renting other space; they also will not have to worry about losing non-owned space in the future.

Program Challenges in FY 2017-18: This building is a significant project and is struggling with budgetary issues. In addition to Capital Facilities and Technology Needs (CTFN) and reversion funds, the County is utilizing realignment money and other funds. The building will take around four years to develop, in total. The rural location and frequency of inclement weather complicate engineering needs and extend the timeline needed to complete this project.

Proposed Activities for FY 2019 – 2020

Construction will continue, with a target completion year of 2020. Alpine County’s disbursement of Mental Health Services Act (MHSA) Capital Facilities and Technology Needs (CTFN) funding terminated at the end of FY 2017-18, and reversion funds expire at the end of June 2019, so this project will be sustained under other funds.

Technology Needs: Electronic Health Record Implementation

Program Description: Alpine County Behavioral Health Services (ACBHS) has been implementing an electronic health record (EHR) to document services, streamline assessments, and track programmatic and client outcomes over time. The goal of electronic health record (EHR) is to expedite staff access to client information and enable compliant billing and documentation practices. The electronic health record (EHR) also ensures the privacy of protected health information by having state-of-the-art equipment and software.

FY 2017 – 2018 Activities and Outcomes

Key Program Activities in FY 2017-18: Alpine County Behavioral Health Services (ACBHS) has incorporated state-mandated assessments into their electronic health record (EHR) and have expanded the EHR billing capacity to include Medicare and other third-party payers, which helps them bring in more revenue, to bill for services they have been unable to bill for up to this point, and to serve all consumers.

Program Challenges 2017-18: The Behavioral Health team will be given the training and permissions to bill within the EHR now that the capacity to do so is in place. It has been a challenge to secure the appropriate training as it is not frequently offered.





Proposed Activities for FY 2019 – 2020

Alpine County Behavioral Health Services (ACBHS) will continue to develop capacity of and around the electronic health record (EHR), as other funds allow. As noted above, Alpine County's disbursement of Mental Health Services Act (MHSA) Capital Facilities and Technology Needs (CFTN) funding terminated at the end of FY 2017-18, and reversion funds expire at the end of June 2019.



FY 2019-20 Mental Health Services Act Annual Update: Funding Summary

FY 2019/20 Mental Health Services Act Annual Update Funding Summary

County: ALPINE

Date: July 2019

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years*		0	772,732	98,838	0	
2. Estimated New FY 2019/20 Funding	1,129,444	299,600				
3. Transfer in FY 2019/20 ^{d/}	(225,889)				225,889	
4. Access Local Prudent Reserve in FY 2019/20						
5. Estimated Available Funding for FY 2019/20	903,555	299,600	772,732	98,838	225,889	
B. Estimated FY 2019/20 MHSA Expenditures	903,555	281,800	0	98,500	225,889	
C. Estimated FY 2019/20 Unspent Fund Balance	0	17,800	772,732	338	(0)	

D. Estimated Local Prudent Reserve Balance**	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	577,560
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	(309,940) transfer to CSS
4. Estimated Local Prudent Reserve Balance on June 30, 2020	267,620

*Based on Reversion Tables issued 3/28/18 and projected FY1819 spending as of 2/20/19

^{d/} 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.

** Pursuant to SB192 and DHCS IN 19-017, each county must calculate an amount to establish its prudent reserve that does not exceed 33 percent of the average amount allocated to the CSS component in FY 2013-14, FY 2014-15, FY 2015-16, FY 2016-17, and FY 2017-18.



Community Services and Supports (CSS) Component Worksheet

FY 2019/20 Mental Health Services Act Annual Update Community Services and Supports (CSS) Funding

County: ALPINE

Date: July 2019

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP	148,426	108,426	40,000			
2.						
Non-FSP Programs						
1. Field Capable Clinical Services	55,177.00	45,177.00	10,000			
2. Outreach & Engagement	132,817.00	132,817.00				
3. Play Therapy	88,323.00	81,323.00	7,000			
4. Clinically Coordinated Case Management	77,284.00	72,284.00	5,000			
5. Social Emotional Learning Groups for Youth	77,284.00	72,284.00	5,000			
6. General Systems Development	316,244.00	316,244.00				
7. School-based Mental Health Clinician	75,000	75,000				
CSS Administration*	0					
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	970,555	903,555	67,000	0	0	0
FSP Programs as Percent of Total	12.0%					

*For budget purposes, includes CPP expenses



Prevention and Early Intervention (PEI) Component Worksheet

FY 2019/20 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: ALPINE

Date: July 2019

	Fiscal Year 2019/20					
	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
Access and Linkage						
1. School-based Primary Intervention Program (PIP)	5,000	5,000				
Early Intervention						
2. Positive Behavior Interventions and Supports (PBIS) Honoring Past & Present through Traditional	35,000	35,000				
3. Knowledge (aka Combining Past & Present)	7,000	7,000				
4. Social Emotional Learning Groups for Youth Outreach	5,000	5,000				
Prevention: Wellness Projects						
5. Alpine Kids	20,000	20,000				
6. Bike to School, Fix it & Bike-a-thon	500	500				
7. Community Trips	2,300	2,300				
8. Family Night	13,500	13,500				
9. Movie Nights & Archery Tag	1,200	1,200				
10. Play Group	2,500	2,500				
11. TAY Outreach	7,500	7,500				
Suicide Prevention						
12. Suicide Prevention Network	40,000	40,000				
Outreach for Increasing Recognition of Early Signs of Mental Illness						
15. Senior Socialization & Exercise	25,000	25,000				
16. Yoga	50,000	50,000				
Stigma and Discrimination Reduction						
17. Create the Good	24,000	24,000				
18. MHFA	4,000	4,000				
19. Annual Outreach Events- speakers, MH awareness	10,500	10,500				
PEI Administration	14,800	14,800				
PEI Assigned Funds	14,000	14,000				
Total PEI Program Estimated Expenditures	281,800	281,800	0	0	0	0



Workforce, Education and Training (WET) Component Worksheet

FY 2019/20 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: ALPINE

Date: July 2019

	Fiscal Year 2019/20					
	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
WET Programs						
1. MHSA Coordination	38,500					
2. Fundamental Learning Program	51,338					
3. Educational Stipends	10,000					
WET Administration	0					
Total WET Program Estimated Expenditures	99,838	0	0	0	0	0

Capital Facilities/Technological Needs (CFTN) Component Worksheet

FY 2019/20 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: ALPINE

Date: July 2019

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. new building	145,689					
CFTN Programs - Technological Needs Projects						
1. new building wiring/network cabling	80,200					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	225,889	0	0	0	0	0



Appendix I: Stakeholders Engaged in Community Program Planning

A total of 181 individuals participated in the Community Program Planning (CPP) process and needs assessment activities, throughout the key informant interviews, surveys, community work session, public hearing, and the public commenting period. A total of 68 demographic forms were submitted at the conclusion of these activities. Many consumers selected more than one option for these categories (e.g., a consumer and a community member). Therefore, these numbers are not unduplicated.

Participant Stakeholder Affiliation

29%	Consumers
19%	Family Member of a Consumer
16%	County Government Agency Staff
	Contracted Service Provider or Community-
3%	Based Organization Staff or Volunteer
3%	Law Enforcement Staff
4%	Education Agency Staff
4%	Social Service Agency Staff
6%	Medical or Health Care Organization Staff
62%	Community Member
3%	Other

Participant Age Ranges

0%	Under 16
3%	16-24
59%	25-59
38%	60 and older

Participant Gender

21%	Female
75%	Male
0%	Other

Participant Race/Ethnicity

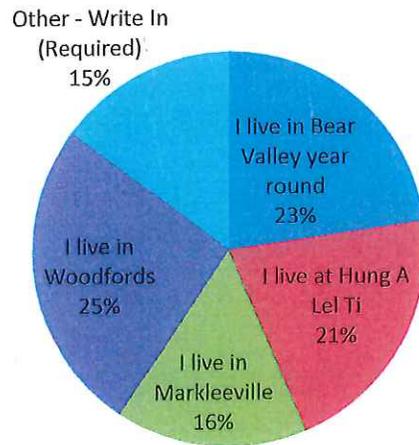
60%	White/Caucasian
0%	African American/Black
0%	Hispanic/Latino
0%	Asian or Pacific Islander
34%	American Indian/Native Alaskan
0%	Multi-race
3%	Other

Participant Residency

21%	Bear Valley
28%	Hung-A-Lel-Ti Community
0%	Kirkwood
18%	Markleeville
31%	Woodfords
18%	Other

Appendix II: Community-Wide Survey Results

1. Where do you live?



Value	Percent	Count
I live in Bear Valley year round	22.6%	14
I live in Bear Valley part of the year	0.0%	0
I live at Hung-A-Lel-Ti	21.0%	13
I live in Kirkwood year round	0.0%	0
I live in Kirkwood for part of the year	0.0%	0
I live in Markleeville	16.1%	10
I live in Woodfords	25.8%	16
Other - Write In (Required)	14.5%	9
Totals		62

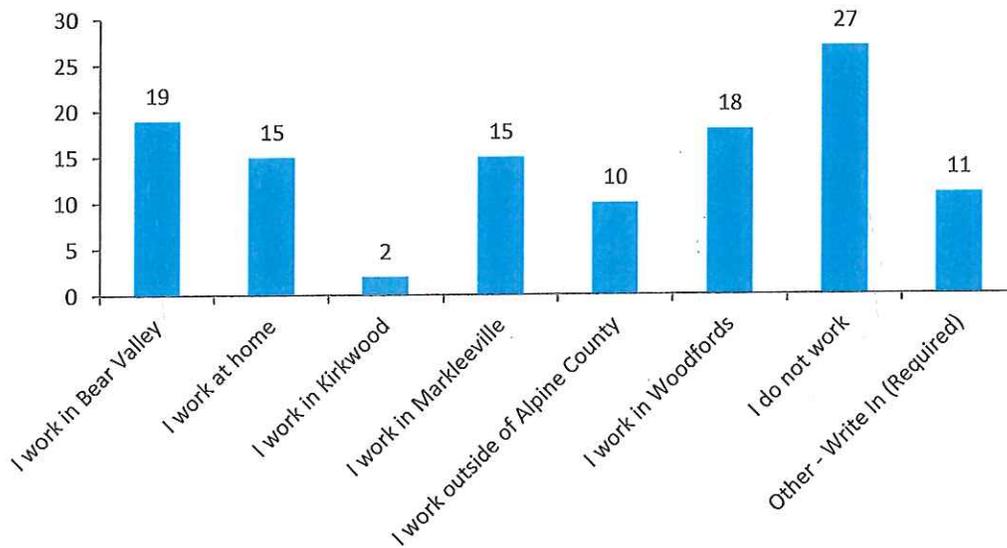


Alpine County Behavioral Health Services
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Responses "Other - Write In (Required)"	Count
Left Blank	56
Carson River Road, Markleeville, but in Woodfords	1
Employee at Hung-A-Lel-Ti	1
Gardnerville	1
Gardnerville Ranchos	1
Hawkins area	1
N/A	1
SLT	1
Tamarack	1
Multiple	1



2. Do you work in Alpine County? (select all that apply)



Value	Percent	Count
I work in Bear Valley	19.4%	12
I work at home	14.5%	9
I work in Kirkwood	1.6%	1
I work in Markleeville	14.5%	9
I work outside of Alpine County	9.7%	6
I work in Woodfords	17.7%	11
I do not work	27.4%	17
Other - Write In (Required)	11.3%	7
Totals		62
Responses "Other - Write In (Required)"		Count

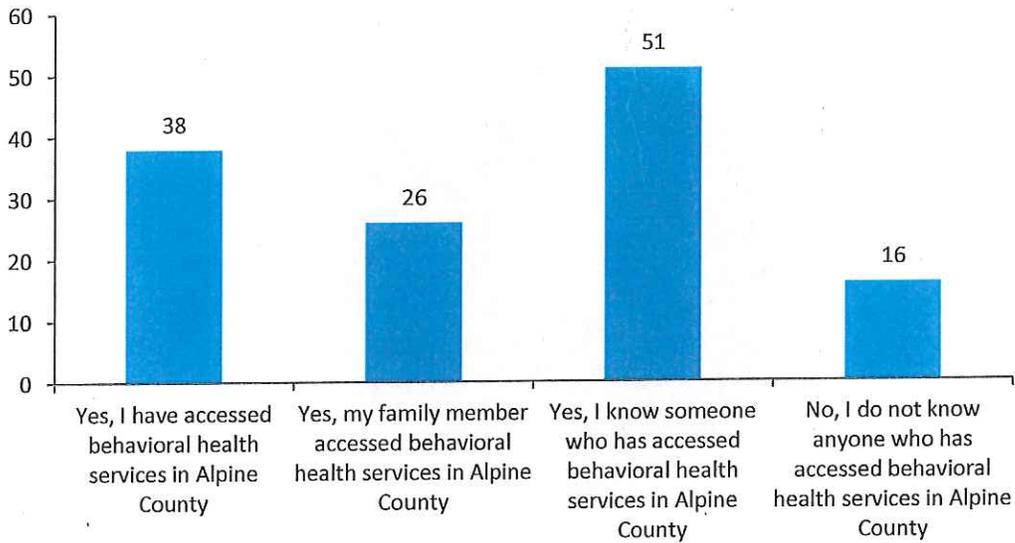


Alpine County Behavioral Health Services
Mental Health Services Act (MHSA) Annual Update FY 2019-20

Left Blank	58
Homemaker	1
RETIRED	1
Retired	1
Tamarack Lodge	1
both home office and out of county office	1
retired	1
volunteer in town	1

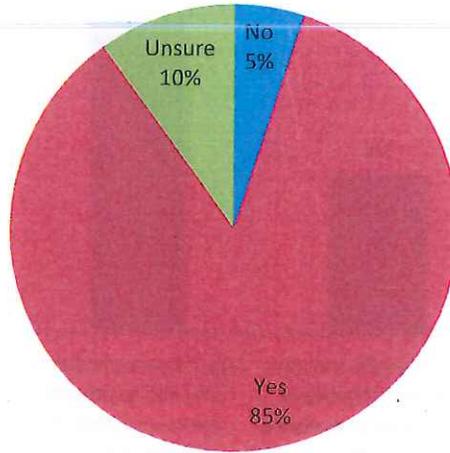


3. Do you know someone who accessed behavioral health programs, activities, or services in Alpine County? Please check all that apply.



Value	Percent	Count
Yes, I have accessed behavioral health services in Alpine County	37.7%	23
Yes, my family member accessed behavioral health services in Alpine County	26.2%	16
Yes, I know someone who has accessed behavioral health services in Alpine County	50.8%	31
No, I do not know anyone who has accessed behavioral health services in Alpine County	16.4%	10
Totals		61

4. Are you aware of any behavioral health clinical therapy services or wellness programs that are available in Alpine County?



Value	Percent	Count
No	4.9%	3
Yes	85.3%	52
Unsure	9.8%	6
Totals		61

5. If you have experience seeking and/or receiving behavioral health services, how would you rate your experience in the following areas:

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	I have no experience with this	Responses
Availability of behavioral health services	3.5 % 2	0.0 % 0	19.3 % 11	47.4 % 27	29.8 % 17	57
Access to services (timeliness and friendliness of response)	3.5 % 2	0.0 % 0	22.8 % 13	45.6 % 26	28.1 % 16	57
Location of services	3.6 % 2	0.0 % 0	26.8 % 15	42.9 % 24	26.8 % 15	56
Quality of services received	3.5 % 2	0.0 % 0	21.1 % 12	42.1 % 24	33.3 % 19	57
Your ability to participate in services	7.1 % 4	0.0 % 0	26.8 % 15	35.7 % 20	30.4 % 17	56
Helpfulness of staff	3.5 % 2	1.8 % 1	24.6 % 14	47.4 % 27	22.8 % 13	57
Knowledge of staff	3.5 % 2	1.8 % 1	26.3 % 15	43.9 % 25	24.6 % 14	57



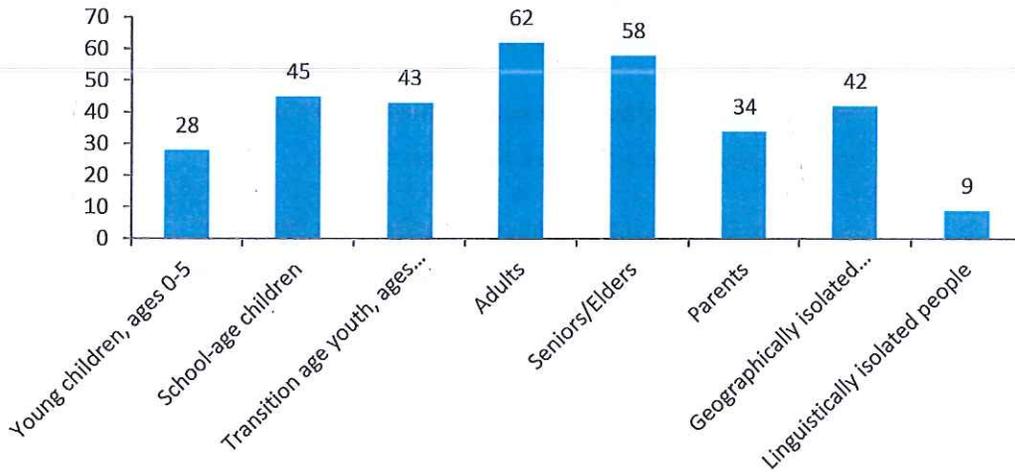
Please explain or elaborate on your level of satisfaction in these areas.

Count	Response
1	Appreciate the creation of the Food Closet in Bear Valley and hope that it can expand
1	Every time I contact clinic the staff always have answers for me.
1	GREAT JOB
1	Have only been using the services for a short time.
1	Helpful, friendly, knowledgeable, accessible
1	I do not know enough about services for adult or youth to elaborate
1	I would love to go to yoga, but daytime works better for my schedule.
1	I've found all services very accessible
1	My life is no longer in a depression since my therapy and social events. thank you
1	Satisfied
1	Would like to see more staff more places
1	everyone is super friendly and helpful
1	it's great
1	there all good
1	unknown
1	very good
1	Have been a recipient of their services for 10 years, most recently yoga with Emily Winter. The program is keeping me physically



- and mentally fit and I definitely hope it continues to be funded. It contributes to a sense of community. Like minded residents who speak the same language and are committed to bettering their health and well-being. Feel less isolated now.
- 1 I have access to these programs but I haven't really been good enough to use them but I'm getting there.
- 1 More cultural things like shawl making. There weren't any materials. How have a class and don't have supplies.
- 1 In the area of my access to behavioral health, it was timely and helpful, however, the clinician did not respect the confidentiality of others in the community.
- 1 While I have not personally accessed behavioral health services, I fully support the job CeeCee has done
- 1 "Chair" classes are useful, "Cheryl" is wonderful. Thank you for the support of BHS for the 50+ Club!!!!
- 1 I regularly attend CTG and I find the staff to be friendly and helpful and the activities to be informational. I have built good lasting relationships from attending.

6. In your opinion, are there specific groups of people in your area who are in particular need for mental health services?
(Please check all that apply)



Value	Percent	Count
Young children, ages 0-5	28.3%	15
School-age children	45.3%	24
Transition age youth, ages 16-24	43.4%	23
Adults	62.3%	33
Seniors/Elders	58.5%	31
Parents	34.0%	18
Geographically isolated people	41.5%	22
Linguistically isolated people	9.4%	5
Totals		53

Please explain or elaborate on your selection.

Count	Response
1	18-20 but has no one to lead them in the right direction, no correct discipline
1	Don't know anything about it
1	Hard to pinpoint from these groups. Anyone can need mental health services
1	I work at the school and I believe we have students that could benefit from MHS.
1	Know a few who are stressed and could use counseling
1	Preventative programs all ages
1	Some folks are isolated but choose to be
1	Teenagers need help
1	The Native Community - both young and old.
1	The school kids and H.S. students trying vapes, weed, drinking needs more help
1	for bullies and suicide prevention
1	i have no one i know that needs these services but maybe geo isolated people
1	need of activities
1	drinking/drug issues (adults 25-35). Seasonal workers - issue in the above. Hard for local to know how to help
1	Many teenagers and transitional youth in our community are at risk and are often difficult to engage in services.



- 1 I really don't know about the youngsters or their attention span and most people understand that they are able to utilize these programs.
- 1 I think the school kids 5th to 8th grade could use more support because of them trying drugs, pills, taking cough meds. And there behavior. Trying to do naughty stuff like the older kids. Maybe a presentation or a lesson on it.
- 1 Anyone may need services for a particular situation or event. It is important to have services available to children of all ages.
- 1 School aged children are being very negatively affected by the cultural gap between the Hung a Lel Ti community and greater Alpine County. School Counselors and Administrators seem unable to resolve this problem, and despite positive reinforcement programs, bullying and unacceptable behaviors continue.
- 1 I believe that one reason there is not transitional age youth in BV is the lack of activity and choices for age range
- 1 There seem to be problems in all age groups. Some have support from family members and friends. Others do not.

7. In your opinion, what behavioral health services are working well in Alpine County? Why?

Count	Response
1	?
1	All
1	Behavioral Health is good
1	CTG, Bingo Night
1	CTG, Food Closet
1	CTG, family night
1	Community dinners have been a great opportunity to grow as a united community
1	Counseling services. Outreach with CTG.
1	Events that bring people together for social, informative or contributing work.
1	Exercise/personal fitness/well-being classes and events.
1	Family Night, Talking Circle, Create the Good, Museum trips, all that teach new skills
1	Family Night/Talking Circle and Wednesdays Wellness and Recovery Group Fridays CTG Fridays
1	Free community dinners
1	I believe health services are working well in Alpine County
1	I really don't know a lot about the services here
1	If people use the services or those that do and really use it IT WORKS!
1	Mental, social works
1	Most/All services
1	Not enough knowledge to answer



1	Satisfied
1	The Create the Dinners have been a great resource to get people together and socialize
1	The ones that provide free food.
1	The wellness programs seem to be a great asset for residents.
1	Therapy and the yoga has a positive effect on me.
1	drug and alcohol prevention activities
1	drugs and alcohol more awareness
1	gathering
1	the parking area is full
1	the wellness programs - they get people together and less isolated
1	they do a good job
1	yes
1	yes but still needs to be more concrete, less transparent
1	yes helping more people
1	yes, I have seen folks "bloom"
1	Does the Senior Soak count? That's the only one I have experience with. I do know also that yoga is helpful and popular.
1	Create the good dinners because it gets people out of isolation of staying in their homes which probably promotes mental well-being.
1	I am a senior and am very appreciative of the wellness programs. I am extremely satisfied with the yoga classes taught by Emily Winter: Gentle Yoga on Mondays and yoga on Tuesdays and Thursdays. The stretching, relaxation, and guidance given by Emily brings a real feeling of release from tension and anxiety. Another great benefit of these classes is the feeling of friendship and community with friends we see each time. Thank you for keeping Emily here to provide this valuable mental and physical health service for anyone, for free.



Alpine County Behavioral Health Services

Mental Health Services Act (MHSA) Annual Update FY 2019-20

- 1 Yoga classes. See the class size growing, more participation. The slow yoga program particularly good for those recuperating from injuries or those less mobile

- 1 Services provided through the school are particularly helpful. Exercise classes have also been a good means of drawing people into service availability.

- 1 Yoga programs are an unqualified success. Fifty plus lunches give seniors a social outlet, and create the good lunches do the same for the Washoe Community.

- 1 Family Night keeps me sober and I can bring my kids with me and helps me be sober and things I can do. Create the good great food great cook does awesome and the community

- 1 All work well because there are a wide variety of services offered at different times and locations to accommodate needs of community members.

- 1 I really like MHSA programs. We all live here in the community and most of us should know our culture traditions and where we come from and MHSA love the talking circles for all of us

- 1 Their outreach to so many people through the create the good, chair exercises, walking group, senior lunch, Dial-a-Ride, and through financial support to other groups in the county that service families, youth, adults, elders/seniors, etc.



8. In your opinion, what behavioral health services should be improved? Why?

Count	Response
1	? Maybe 3 chair exercise classes/week
1	Be more available, Noneentives, more activities
1	Don't know
1	Don't know
1	Good enough 4 me
1	I'm satisfied with all services
1	If done right the services work FINE
1	More Create the good dinners and bingo nights for the same reason stated above.
1	More programs like those working well
1	More social events
1	Much more pronounced campaign to help people, especially parents, to stop smoking
1	Not enough knowledge about programs to answer
1	Not familiar with any
2	Not sure
1	Things are working well.
1	Wellness of body and mind. Keeping healthy helps everyone.
1	Would like to see Dial-a-Ride available during evening hours and week-ends.
1	gets better each year but hard in such an isolated community
1	maybe making a little kid corner. Keep kids busy and not running around.
1	n/a



- 1 no opinion
- 1 nothing
- 1 satisfied
- 1 they have great people working there, which is so important for this service.
- 1 understanding natives
- 1 Wellness classes should continue and be added to (1) yoga (2) art (3) ping pong/basketball/volleyball/badminton (indoor sports)
- 1 Although recently slightly improved, the mailed-out schedules should arrive before the end of month for the next month. It helps people/clients to plan.
- 1 Friendliness of staff most parents like me bring my kids and I can't leave them at home and yeah :).
- 1 Adding more events for specified groups would help build interest in gatherings. For example, during summer offering a "teen night" in the lodge in which pizza, soda, and possibly a movie were offered could draw a crowd. Doing this during soccer week could increase size of event.
- 1 Behavioral Health's relationship with the school. Helping to identify problem students and making sure they get the help and interventions they need.
- 1 At family night they should have one of the counselors do something with the younger kids. Then they can eat. But the adult one is good. Think they should know stuff too.

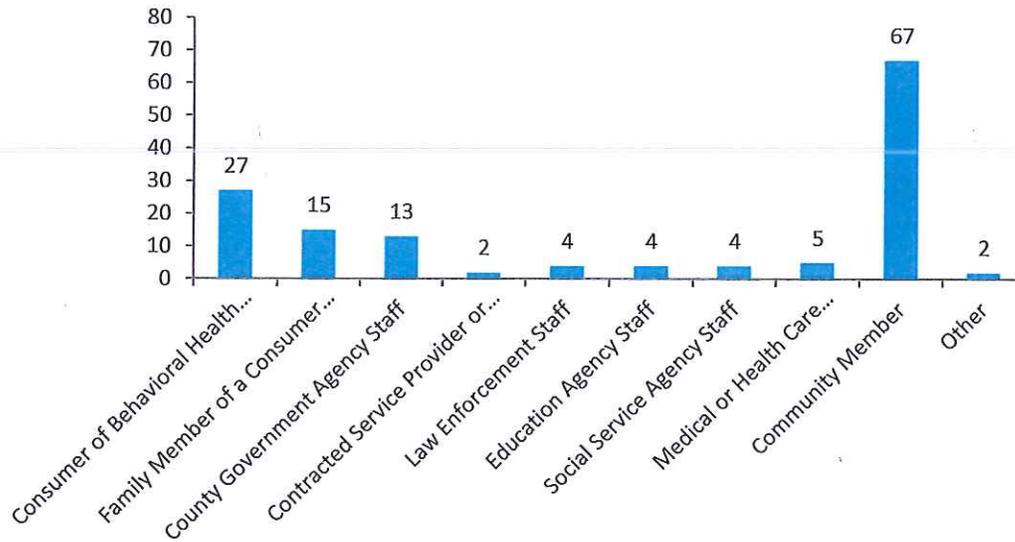
9. What suggestions do you have for improving behavioral health services in Alpine County?

Count	Response
1	Be sure that ALL staff members are strictly aware of confidentiality requirements.
1	Counseling for young child
1	Dedicated large yoga room with good acoustics and wooden floor 3 times a week or more
1	Get the Native families involved in getting fit and keeping clean.
1	Help all these young parents get off of drugs, and do more interest in their kids
1	More beading classes with supplies. We could use a sewing class.
1	More public information on what is provided and for who
1	None
1	Sponsor sport nights at school, volleyball, basketball, futsal
1	Staff is great! More programs would be great
1	There's always room for improvement
1	Things are working well. Good job!
1	continue
1	keep offering community events and services



- 1 maybe more partner or family counseling
- 1 more drop-in access cultural related training
- 1 n/a
- 1 none
- 1 nothing
- 1 satisfied
- 1 transportation
- 1 Additionally, adding events that promote physical activity would be great. For example, having a "trail run" event with smoothie making at the end would be a great way to promote physical activity.
- 1 More friendly presentations to the younger kids, more awareness groups/presentations. Maybe teen group. More friendly presentations to the younger kids, more awareness groups/presentations. Maybe teen group
- 1 I would like to see training that would prepare staff to support and train school staff on addressing issues of traumatized students and what working in a school setting
- 1 More one on one contact with communities to advise them of the many services available. There are calendars and brochures mailed, but I think more interaction with community members would help to educate the communities.

10. What is your connection to behavioral health services?
(select all that apply) I am a...



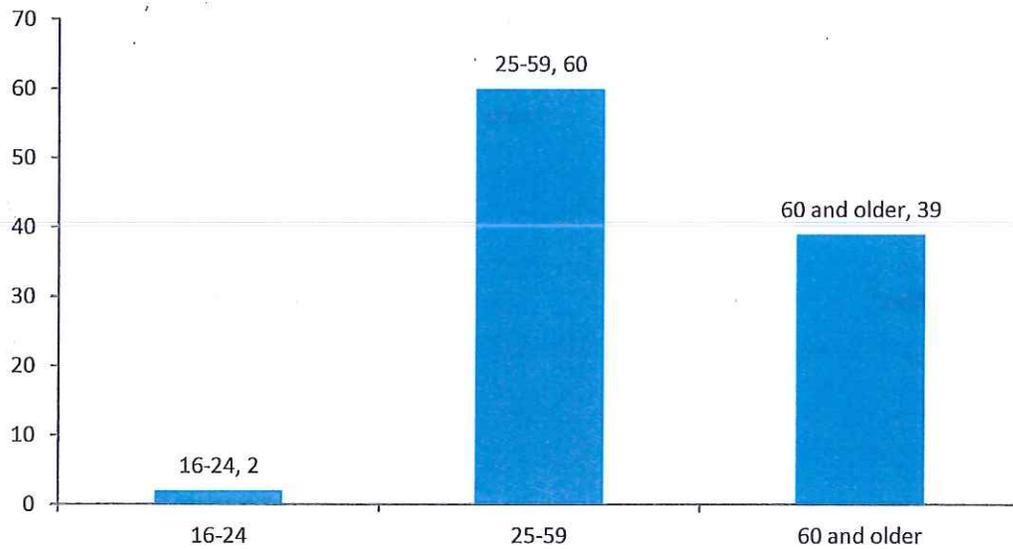
Value	Percent	Count
Consumer of Behavioral Health Services	27.3%	15
Family Member of a Consumer of Behavioral Health Services	14.6%	8
County Government Agency Staff	12.7%	7
Contracted Service Provider or Community-Based Organization Staff or Volunteer	1.8%	1
Law Enforcement Staff	3.6%	2
Education Agency Staff	3.6%	2
Social Service Agency Staff	3.6%	2
Veteran Organization Staff or Volunteer	0.0%	0



Alpine County Behavioral Health Services
Mental Health Services Act (MHSA) Annual Update FY 2019-20

Medical or Health Care Organization Staff	5.5%	3
Community Member	67.3%	37
Other	1.8%	1
Totals		55
Responses "Other"		Count
Left Blank		65

11. Please indicate your age range:

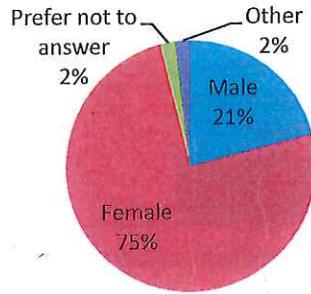


Value	Percent	Count
Under 16	0.0%	0
16-24	1.8%	1
25-59	59.7%	34
60 and older	38.6%	22
Totals		57

Statistics

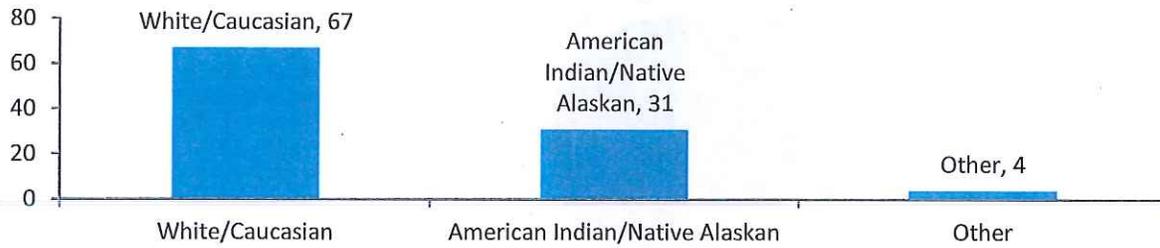
Sum	2,186.0
Average	38.4
StdDev	17.2
Max	60.0

12. Please indicate your gender:



Value	Percent	Count
Male	21.4%	12
Female	75.0%	42
Transmale/transman	0.0%	0
Transfemale/transwoman	0.0%	0
Intersex	0.0%	0
Genderqueer	0.0%	0
Prefer not to answer	1.8%	1
Other	1.8%	1
Totals		56
Responses "Other"		Count
Left Blank		64
Good Lord		1

13. What is your race/ethnicity? (select all that apply)



Value	Percent	Count
White/Caucasian	66.7%	36
African American/Black	0.0%	0
Hispanic/Latino	0.0%	0
Asian or Pacific Islander	0.0%	0
American Indian/Native Alaskan	31.5%	17
Multi-Race	0.0%	0
Other	3.7%	2
Totals		54
Responses "Other"		Count
Left Blank		63
Multi White		1
Native American / Washoe		1



Appendix III: Community Program Planning Session Slides



**ALPINE COUNTY BEHAVIORAL
HEALTH SERVICES**
MHSA Annual Update for FY 2019-2020
March 8, 2019

Valerie Kirby
Valerie Lua



Prepared by Resource Development Associates

Agenda

Meeting Objectives:

- Establish understanding of MHSA planning process
- Gather information about what's working and what's not
- Discuss potential solutions

- Welcome and Introductions
- Purpose of Meeting
- MHSA Overview
- Needs Assessment Findings
- Discussion of Needs
- Next Steps



Comfort Agreements/Ground Rules

- Respect all persons and opinions
- One conversation at a time
- Respect all voices – everyone brings their own expertise
- Maintain confidentiality
- Right to pass
- Take and give space to talk
- Turn cell phones on *vibrate*
- Parking lot items
- Other agreements?



Welcome and Introductions

Welcome to the community planning meeting!

- Please share:
 - Your name
 - Relationship to Alpine County Behavioral Health Services (ACBHS)
 - One goal you have for today's meeting





Why we are here...

- To come together as a community to:
 - ▣ Review MHSA implementation over the past few years
 - ▣ Discuss the behavioral health needs assessment
 - ▣ Collaboratively strategize on how to improve and evaluate MHSA implementation in the next year



6

Mental Health Services Act (MHSA) Annual Update Background Information



Mental Health Services Act (MHSA)

- Proposition 63 passed November 2, 2004
- 1% tax on income over \$1 million
- To **expand and transform** mental health services in California
- Alpine County: MHSA requested funds for FY2018-2019 = \$1,485,000



Purpose of the Annual Update

- In 2017, ACBHS stakeholders worked as a community to identify persistent service gaps and developed strategies to address them in Alpine County's MHSA Three-Year Program Plan for FYs 2017-2020
- An update report is required for each year of the Program Plan to identify progress made, challenges, and changes to service provision
 - Community stakeholders are an essential part of the Annual Update process!



9

MHSA FY 17-20 Community Planning Process Refresher

See MHSA Program List for your reference



10

MHSA Three-Year Program Plan for FY 2017-2020: Priority Service Areas

- During the MHSA Three-Year Program Plan for FY 2017-2020 planning process, stakeholders identified the following needs:
 - ▣ Continue to expand services and engagement in Bear Valley and Kirkwood
 - ▣ Improve outreach and engagement among transition age youth
 - ▣ Enhance supports to community members and staff at risk for experiencing secondhand trauma



MHSA Programs for FY 2017-2020

11 **Community Services and Supports (CSS)**

- Provide a full array of recovery-oriented services for adults experiencing severe mental illness and children experiencing serious emotional disturbance
- **ACBHS CSS programs and services include:**
 - Outreach and Engagement
 - Full Service Partnership (FSP)
 - Field Capable Clinical Service (FCCS)
 - Play Therapy



MHSA Programs for FY 2017-2020

12 **Prevention and Early Intervention (PEI)**

- Promote wellness and engage individuals prior to development of serious mental illness or emotional disturbance
- **ACBHS PEI programs and services include:**
 - Alpine Kids
 - Senior Socialization and Exercise
 - Positive Behavior Intervention Support (PBIS)
 - Create the Good
 - Combining Past and Present
 - Wellness Projects
 - School-Based Primary Intervention Program
 - Mental Health First Aid Training for Community Members
 - Suicide Prevention Program



MHSA Programs for FY 2017-2020

13

- ❑ **Workforce Education and Training (WET)**
 - ❑ Support to build, retain, and train a competent public mental health workforce
- ❑ **ACBHS WET programs included:**
 - ❑ MHSA WET Coordination
 - ❑ Fundamental Learning Program
 - ❑ Increasing Mental Health Staff through Educational Stipends
- ❑ **WET funds will expire in June 2019.**

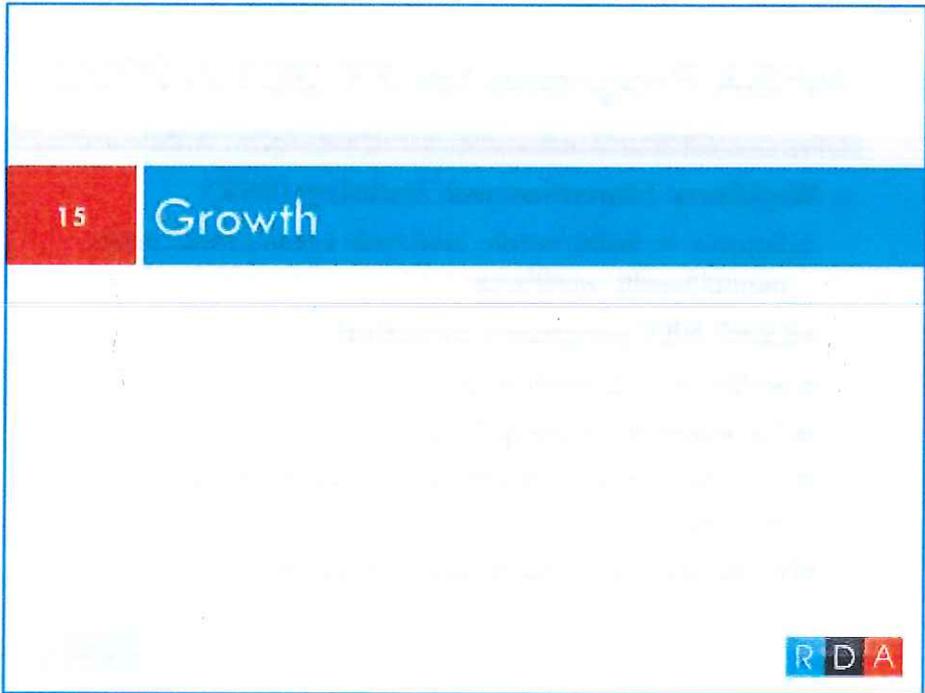


MHSA Programs for FY 2017-2020

14

- ❑ **Capital Facilities and Technology Needs (CFTN)**
 - ❑ Plan the creation of MHSA services facilities to house services and administrative offices
 - ❑ Develop technological infrastructure to facilitate efficient and quality services
- ❑ **ACBHS CFTN programs included:**
 - ❑ BHS established an Electronic Health Record (EHR) System (complete)
 - ❑ New Space for MHSA Administration and Services (in progress)





15 Growth

RDA



16 Progress and Anticipated Growth

Progress Made	Anticipated Growth
<ul style="list-style-type: none">□ ACBHS increased training and learning among existing staff□ ACBHS has continued to work to tailor and expand existing programs and optimize access	<ul style="list-style-type: none">□ Two new roles:<ul style="list-style-type: none">■ School-based mental health clinicians■ Clinically Coordinated Case Management□ New facility will provide an opportunity to improve the quality, comfort, and convenience of many MHSA programs

RDA

School-based Mental Health Clinicians

17

- ❑ Expansion of clinical services currently provided within the Field Capable Clinical Service (FCCS) program
- ❑ Provides a higher level of mental health services for children who have emotional or behavioral problems beyond the level of the MHSA Prevention and Early Intervention Programs (PIP and PBIS)
- ❑ Developed in collaboration with Diamond Valley school and expected to be co-funded.



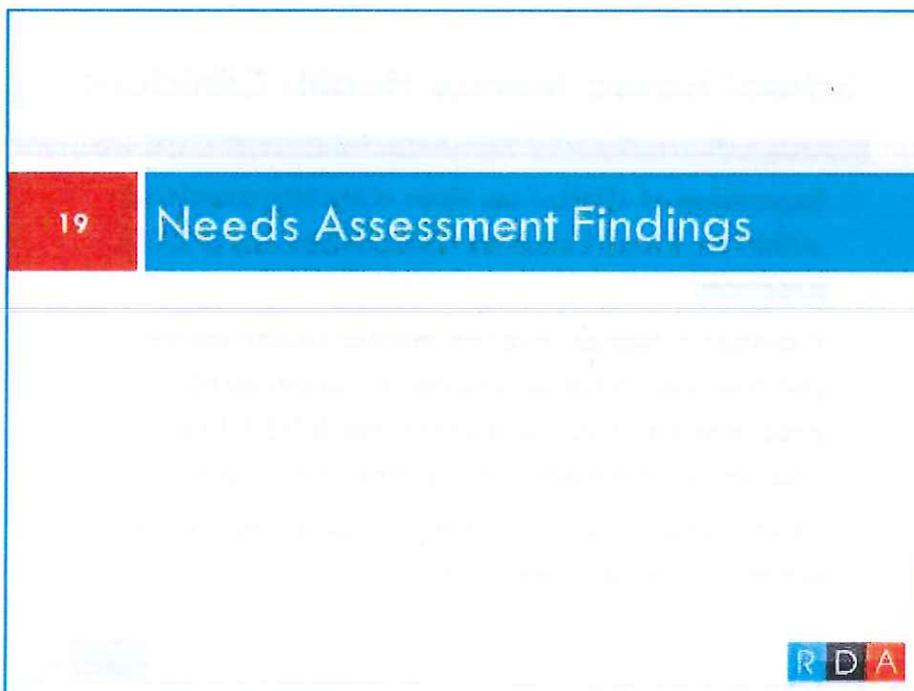
Clinically Coordinated Case Management

18

- ❑ Team approach designed to serve adults with serious and persistent mental illness who have problems that impact their daily lives. Clinicians provide therapy and the case manager helps individuals manage their day-to-day issues.
- ❑ A case manager will work with individuals, families, and with the individual's primary clinician to provide support to maintain independent living and reduce risk of homelessness, improve physical health and manage any chronic health problems, link to the individual to community resources, and use a strength-based perspective to focus on creating opportunities for growth, education, and skill development.



19 Needs Assessment Findings



20 Outline of Findings

- ❑ Data Collection Methods
- ❑ Service Strengths and Needs
 - Access to Services
 - Culturally-Appropriate Services
 - Services for Children and Families
 - Services for Transitional Aged Youth
 - Services for Adults and Seniors
- ❑ Overall needs: Persisting and New



Data Collection

21

Data Source	Activity	Total Participants
Key Informant Interviews	Phone interviews with: <ul style="list-style-type: none"> • Community members • Service Providers • ACBHS staff 	5
MHSA Program Service Data	Interviews and written data: <ul style="list-style-type: none"> • Program Description/Objectives current year • Populations Served • Plans for upcoming year 	N/A
Survey	<ul style="list-style-type: none"> • Countywide residents and employees • Paper and Online Administration 	46



Service Strengths and Needs: Access to Services

22

What's working well

- That transportation is offered
- Consistency of services
"People get mistrustful when services are introduced and then cancelled."
- Efforts to offer services across the county
- Advertising and outreach
- Availability of BHS services
- Location and quality of services

Issues

- Need evening programming
- Expand transportation services
- Improve access for TAY, seniors, and Native population
- Program design can limit access
"Keep offering different types of yoga classes tailored to different types of people."
- Need more drop-in counseling opportunities



Service Strengths and Needs: Culturally-Appropriate Services

22

What's working well

- ❑ Activities developed by the Native Wellness Advocate
- ❑ Family Night, Create the Good, Talking Circle, and substance use services
"...are successful because they are welcoming and culturally based."
- ❑ Storytelling at Playgroup
"I've lived in Alpine 20 years and never heard Washoe stories. I loved it!"

Issues

- ❑ Yoga program has not sufficiently reached the Hung a Lel Ti community
- ❑ Even more culturally based activities needed
- ❑ Make sure classes have sufficient materials and supplies provided so that everyone can participate



Service Strengths and Needs: Services for Children and Families

24

What's working well

- ❑ Support and communication between grade levels for children as they age through school
- ❑ Family Night, Movie Night, and Archery Tag are well-liked programs

Issues

- ❑ Programs focused on special needs youth and their families
- ❑ Bullying among Alpine County youth persists
- ❑ Need for child care services to support program participation
- ❑ Substance use prevention
- ❑ Family support to deal with fetal alcohol syndrome



Service Strengths and Needs: Services for Transition Age Youth

25

What's working well

- ❑ Youth empowerment days
- ❑ Targeted programs during school breaks
- ❑ At-risk youth programs have high attendance and engagement

Issues

- ❑ TAY program reach
"No results have been seen so far in regards to the focus on TAY."
- ❑ Engagement outside of school
- ❑ Evening services
- ❑ Substance use prevention and treatment



Service Strengths and Needs: Services for Adults and Seniors

26

What's working well

- ❑ Senior socialization activities continue to be valued and well attended
- ❑ Yoga classes offer physical and mental health benefits
- ❑ Substance use counseling for adults

Issues

- ❑ Evening programs
- ❑ Substance use support for young parents
- ❑ Programming for healthy relationships
- ❑ Frequency of yoga classes
- ❑ Seniors/elders in particular need for mental health services



What stands out this year?

27

- Need for transportation support is greater than current level of transportation service (ongoing)
- Transition-age youth and seniors/elders need particular attention and support (ongoing)
- Need for substance use prevention and family support around use
- Desire to continue to increase the variety, frequency, and evening offerings of wellness activities



Needs Prioritization Discussion

28

- Does what we found resonate with your own experiences?
- Would you modify any findings? How?
- What do you think we missed?
- What are the needs we should prioritize this year?



29

Break

See handout of brainstorming questions



Brainstorming

30

Thinking about each priority need...

1. What **existing** programs are working well to address this need?
2. How would you change existing programs to address this need?
3. What additional training, if any, would benefit ACBHS staff and Alpine Community members?



Next Steps

31

- ❑ Draft Annual Update (April)
- ❑ Public Posting & Comment (April 19th – May 19th)
- ❑ Public Hearing (May 23rd)
 - ▣ Please come! This is another chance to provide input.
- ❑ Plan Finalization & Submission to Board of Supervisors (June 18th)



32

Thank you!

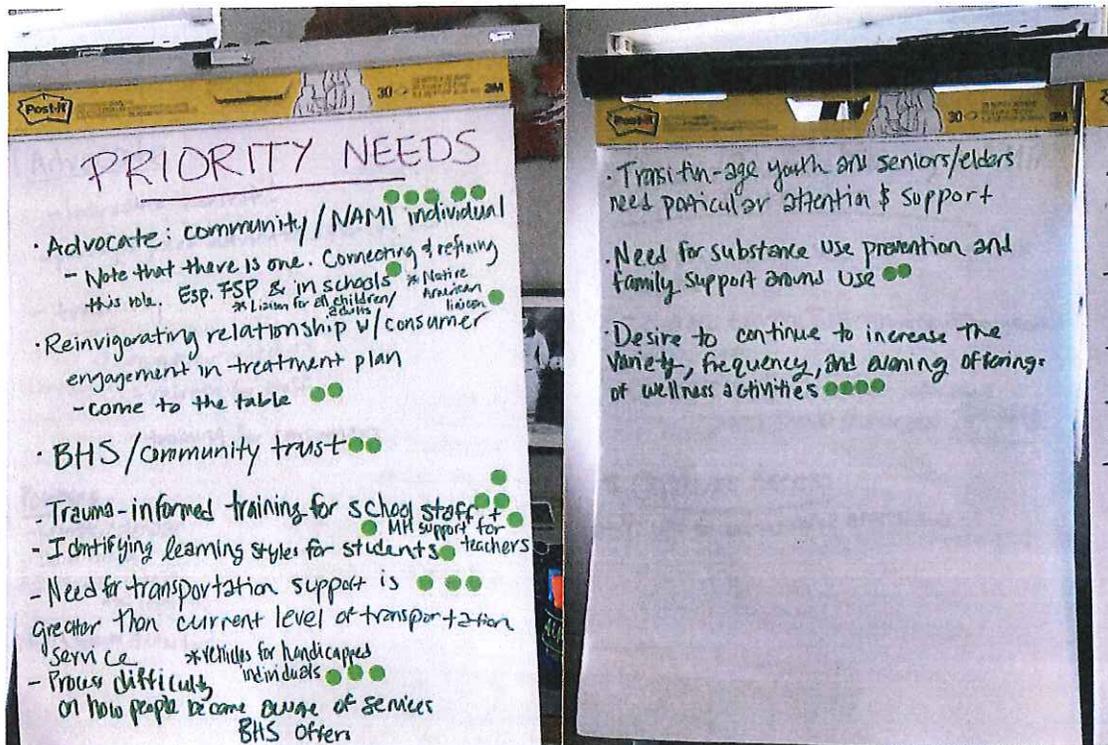
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Appendix IV: Community Program Planning Session Notes

Below are the flip charts used to record participant input during the community program planning session.



- ongoing refinement of Clinically Coordinated CM

- consistency of establishing trust to support recovery
- Activities for special needs young adult
 - spec. class
 - spec. groups
- group for headband
 - trauma - recovery group
- Addressive group more
- increase
- Suggestions:
 - Incorporate "Did you know?" updates of events

1 Advocate

- introduce herself!
- perhaps peer advocate role as well
- training:
 - consumer - led tx
 - refresh for staff
 - training for consumers
- Positives
 - Monthly calendar
 - Darius cookies
 - Funding for events
 - ex. Teddy Bear Parade
 - Ron's youth activities

2. Trauma-Informed training and MH Support for teachers

- MTSS ~~and~~ SEL could work well together
- Expand existing BHS training throughout school year
- Create a plan for trauma-informed training
 - geared towards actionable training skills

3. Childcare Access

- No care for average of 2 after school



Appendix V: Public Comments Provided During Public Comment Period

Below are the comments provided during the Public Comment Period (July 22, 2019-August 20, 2019):

Count	Response
1	<p>The yoga with Emily has helped me in many ways:</p> <ul style="list-style-type: none">• I have no more pain in my back• Not depressed anymore• I feel good and move without pain.• Yoga has changed my life, expanded my world to a positive outlook <p>Thank you so much for this program.</p>
1	<p>I support Chair Yoga as that was perfect for my husband aged 85.</p>
1	<p>I am writing in support of continuing the yoga contract with Emily Winter. She is excellent on many levels. She has a strong following among the more senior members of the community. Her classes promote balance, flexibility, relaxation, and stress/anxiety reduction. In addition, participants get the benefit of socializing. All of this contributes to community well-being and in my opinion is MHSA money well spent.</p>
1	<p>I am writing to express my strong and unequivocal request for ACBHS to renew the contract with Emily Winter to provide yoga classes twice a week and gentle yoga once a week. Emily has taught classes for five years and is beloved by those of us who attend regularly for her professionalism, kind personality, and skills in correctly and carefully guiding us in a smooth rhythm of physical movements and stretches (also called poses) along with coordinated breathing, and meditation. Scientific research has proved that these activities, especially done in a known group setting, relaxes the tight and sore spots and releases chemicals in the brain that calm us, put us in a better mood, and help us feel connected to our own bodies and to the shared experience of everyone doing yoga together. We have the opportunity to greet and speak to each other before and after class. So there are many benefits to these yoga classes over time, we have evolved into a yoga community. We all keep coming back for more! So please continue to offer these classes taught by Emily and meet your goals of Wellness and Socialization in our community.</p>
1	<p>For me, Emily Winter's yoga practice is all about wellness: mentally, physically, spiritually. It's kept me focused, balanced, less isolated, happy and connected to a similar breed of Alpiners who cares about their health. I've attended for 4 years. Hoping the program continues to be funded and grows to include even more of our deserving community. We are so fortunate to have this teacher who carries such exceptional qualifications.</p>
1	<p>To whom this may concern: I am writing to support the continuation of the yoga program in Alpine County with classes taught by Emily Winter. I have participated in this program for at least 3 years now and have found it to be an incredibly valuable part of this community. Yoga, especially for older adults, brings a number of both physical and psychological benefits. In addition, this program has created a wonderful "community" of people who enjoy each other's company. Emily has been extremely responsible in terms of being at class,</p>



informing us of any changes, and showing her expertise in teaching yoga. She is an excellent teacher and I have had many in my 65 years. I hope the County will continue this program. Many thanks.

1

I have truly appreciated Emily Winter's wonderful yoga sessions. They helped me keep limber and disciplined about doing the moves. I really miss the classes and look forward to having them resume, even if BHS has to request a little fee. Please forward/share my comments with decision-makers. Thank you so much for getting Sheila and me plus Kirkwood employees and some of our neighbors involved in your activities.

1

I am writing in support of the Tuesday & Thursday evening yoga classes given by Emily Winter. I look forward to seeing Emily and class members on these evenings. Emily is consistently calm and good-natured. She provides us with both challenging and relaxing exercises in a helpful, accepting and friendly atmosphere. The yoga is physically, mentally & spiritually beneficial. It is both stimulating yet calming. One leaves feeling energized & elated. The quality of sleep improves; aches and pains go away. The classes are well-planned, with the frequent introduction of new postures. Our outdoor sessions are in the beautiful setting of the library park (in the warm weather) with sky, grass, trees & creek as our inspiration. Our indoor sessions have soothing background music. I urge Mental Health to continue funding these classes which are conducive to personal & social well-being.

1

Providing yoga classes to the community allows residents to be proactive in taking care of their health and thus preventing many serious illness/injuries. This allows people to be more self-sufficient and better able to remain independent as they age. I have been attending yoga classes with Emily Winter for 4 years. Emily is the ultimate professional. Her classes are well organized, innovative and safe for all levels of participants. She knows her students and their abilities and provides exercises for specific problems.

1

This comment is in regards to the gentle yoga classes generously offered through Behavioral Health Services of Alpine County. For the past two years I have participated and observed the wellness benefits yoga provides to the attendees on a physical and mental level. Truly, it is a class appropriate to all people & all ages (*please come Washoe members!*) as the instructor has specialized training to meet all levels of need in one class. On a personal note, I began attending the class because I was not well. Besides health physically, a side benefit to participating is being a part of the community. This class is one consistent activity that connects me to the people in our rural area. I am a mother of 5 who is fortunate enough to raise my children in this county. Thank you for considering the continuation of this program. P.S. I have a daughter that occasionally attends class with me.

1

I want to thank you for your support over the years for programs in Bear Valley. It was a meadow as well as in the library and Perry Walther building. Apparently the program has not been renewed through the County. We have had the program for many years and the yoga instructor Patty Miles is willing to teach it. Is there anything the difficult decision when I was on the school board to close the Bear Valley School so having the school re-open has brought some renewed energy to the community. Yoga classes have also been an intricate part of our town. I have enjoyed many sessions, out in the Bear Valley community can do to re-instate it? Thank you for your consideration.



1

I'm writing to express my profound gratitude for the MHSA Community Yoga program. Five years ago I began what has now become "my yoga practice". My daughter, a yoga enthusiast herself, attended several classes with me. She was blown away at the level of professionalism Emily delivered, each and every class. I've come to appreciate this too. Emily's cues are on point, and somehow speak to everyone's individual abilities, simultaneously. She is always caring & respectful, encouraging each one of us to listen to our own body needs, understanding those needs can change from day to day or even moment to moment. I sincerely believe the Alpine County Community Yoga program is what it is today because of Emily's personal—and highly professional—touch. She is truly one of a kind and has inspired a close-knit group of 'Yogis' to be more aware, caring, and more grounded community members. Likewise, Emily is highly respected by everyone in her classes. I understand budgets can change, and that they can be completely out of our control. But, if at all possible, I would highly recommend retaining Emily Winter to continue leading the Yoga program in Alpine County.

1

I would like to express my thanks to MHSA for its support of the Alpine County Yoga Program. I personally have participated and benefitted from this wellness program. People of all ages enjoy this class, especially our senior citizens. Seniors make up a large percentage of the Alpine County population. It is at a time in life when one can easily feel isolated, particularly in our remote location. I feel this program is a very effective way to reach out and engage our seniors in physical exercise, while lessening potential mental health issues by promoting a sense of community and inclusion.

As the retired County Auditor and Alpine County Risk Manager I am very aware of potential liability issues. I have been extremely impressed to see safety as a high priority in Emily Winter's teaching techniques. Not only is she an excellent teacher, she is acutely aware of the health needs of everyone in the class. She observes each participant in the class and personally assists their movement to keep their body safe. Ms. Winter's knowledge of the potential health risks and her overall concern for student wellbeing is outstanding.

I highly recommend Emily Winter to be hired as the yoga instructor in this three-year funding cycle and I urge you to fund this program at the highest level possible.

