ALPINE COUNTY
BEHAVIORAL HEALTH SERVICES

Mental Health Services Act (MHSA)

ANNUAL UPDATE

Fiscal Year 2021-22

(Update to FY 2020-21 through 2022-23
Three-Year Program and Expenditure Plan)

POSTED FOR PUBLIC COMMENT
March 22, 2021 through April 21, 2021

The MHSA FY 2021-2022 Annual Update is available for public review and comment from March 22, 2021 through April 21, 2021. Printed copies of the plan are posted at each post office in Alpine County and on the Behavioral Health homepage of the county website:
http://www.alpinecountyca.gov/194/Mental-Health-Services-Act

We welcome your feedback by phone, in person, or in writing. Comments may also be made during the Public Hearing to be held on Thursday 4/22/2021.

Public Hearing Information:
Thursday April 22, 2021 at 12:00pm
Special session of the Mental Health Board Meeting

Due to COVID-19 restrictions, the Public Hearing will be held online, via Zoom.
Zoom meeting link:
https://zoom.us/j/94617246233?pwd=SmhKUngyR05sZFN0dHJHN2VFOFdsdz09

If you prefer to join by phone, please call **1 (669) 900-9128**
Enter Meeting ID: **946-1724-6233**

Comments or Questions? Please contact:
Teri McAlpin, Fiscal & Technical Specialist
(530) 694-1816
tmcalpin@alpinecountyca.gov

Thank you!

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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 MHSA FY2021-2022 Annual Update:

- Alpine County Board of Supervisors
- Alpine County Mental Health Board
- Alpine County Unified School District and Office of Education
- Alpine County Library
- Live Violence Free
- Woodfords Washoe Community Council

As the preparers of this plan, Behavioral Health Services (BHS) 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, Dawn Riddle, MHSA Specialist, and Teri McAlpin, Fiscal & Technical Specialist. In addition, this report would not be possible without the fiscal analysis provided by Nani Ellis and Katie Johnston, Fiscal and Technical Team, as well as reporting and data collection by Deb Goerlich, and Michelle Kaner, Administrative Assistants.

We would also like to acknowledge IDEA Consultants as reviewers of this plan.

NOTE: This page will be printed and signed after BOS approval

Remaining step to take: Put the following on **BHS** letterhead and scan in the signed copy:

MHSA County Compliance Certification

County: Alpine County

☐ Three-Year Program and Expenditure Plan
☒ Annual Update

County Mental Health Director	Program Lead
Name: Gail St.James, LMFT Telephone: 530-694-1816 Email: gstjames@alpinecountyca.gov	Name: Teri McAlpin, Fiscal & Technical Spec. Telephone: 530-694-1816 Email: tmcalpin@alpinecountyca.gov
County Mental Health Mailing Address: Alpine County Behavioral Health Services 40 Diamond Valley Road Markleeville, CA. 96120	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this MHSA FY2021-2022 Annual Update, including Stakeholder participation and non-supplantation requirements.

This Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code §5848 and Title 9 of the California code of Regulations §3300, Community Planning Process. The draft MHSA FY2021-2022 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 MHSA FY2021-2022 Annual Update, attached hereto, was adopted by the County Board of Supervisors on (date).

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

All documents in the attached FY2022 Annual Update are true and correct.

_____ _____

County Mental Health Director (PRINT) Signature

_____

Date

NOTE: This page will be printed and signed after Auditor approval

Remaining step to take: Put the following on **Finance** letterhead and scan in the signed copy:

MHSA County Fiscal Accountability Certification

County: Alpine County

☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

County Mental Health Director	**County Auditor-Controller/City Financial Officer**
Name: Gail St.James, LMFT Behavioral Health Director Telephone: 530-694-1816 Email: gstjames@alpinecountyca.gov	Name: Craig Goodman Director of Finance Telephone: 530-694-2284 Email: cgoodman@alpinecountyca.gov
County Mental Health Mailing Address: Alpine County Behavioral Health Services 40 Diamond Valley Road Markleeville, CA. 96120	

I hereby certify that the MHSA FY2021-2022 Annual Update is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) §5813.5, 5830, 5840,5847, 5891, and 5892; and Title 9 of the California code of Regulations §3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC §5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached MHSA FY2021-2022 Annual Update is true and correct to the best of my knowledge.

_____ _____

County Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2020, the County has maintained an interest-bearing local Mental Health Services Act (MHSA) fund (WIC §5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated (enter date) for the fiscal year ended June 30 (year). I further certify that for the fiscal year ended June 30, 2021, the State Mental Health Services Act (MHSA) distributions were recorded as revenues in the local MHSA Fund; that County MHSA Expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC §5891(a), in that local MHSA funds may not be loaned to a county general fund or any other county fund.

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

_____ _____

County Finance Director (PRINT) Signature Date

NOTE: This page will be printed and signed after MHB approval

Mental Health Board Approval Letter

Remaining step to take: Put the following on letterhead and scan in the signed copy:

April 22, 2021

To: Gail St.James, Director
Alpine County Behavioral Health Services

From: Alpine County Mental Health Board

Re: Mental Health Services Act Public Hearing
MHSA FY2021-2022 Annual Update

In compliance with MHSA regulations and procedures, the Alpine County MHSA FY2021-2022 Annual Update was posted for a 30-day period of public review and comment from Monday March 22, 2021 through Wednesday April 21, 2021. On Thursday April 22, 2021, the Chair and a quorum of the Alpine County Mental Health Board hosted a Public Hearing and made a motion with regard to the MHSA FY2021-2022 Annual Update. Due to COVID-19, the meeting was held online via Zoom.

MOTION: The Alpine County Mental Health Board moves to approve the MHSA FY2021-2022 Annual Update.

The motion was approved by the Mental Health Board. The Board looks forward to program implementation and appreciates efforts to improve the scope and quality of behavioral health services available in Alpine County.

Jessica Bennett, Chair
Alpine County Mental Health Board

Alpine County Board of Supervisors Approval Letter

Put the following on **BOS** letterhead and scan in the signed copy:

(Date)

To: Gail St.James, Director
Alpine County Behavioral Health Services

From: Alpine County Board of Supervisors

Re: MHSA FY2021-2022 Annual Update

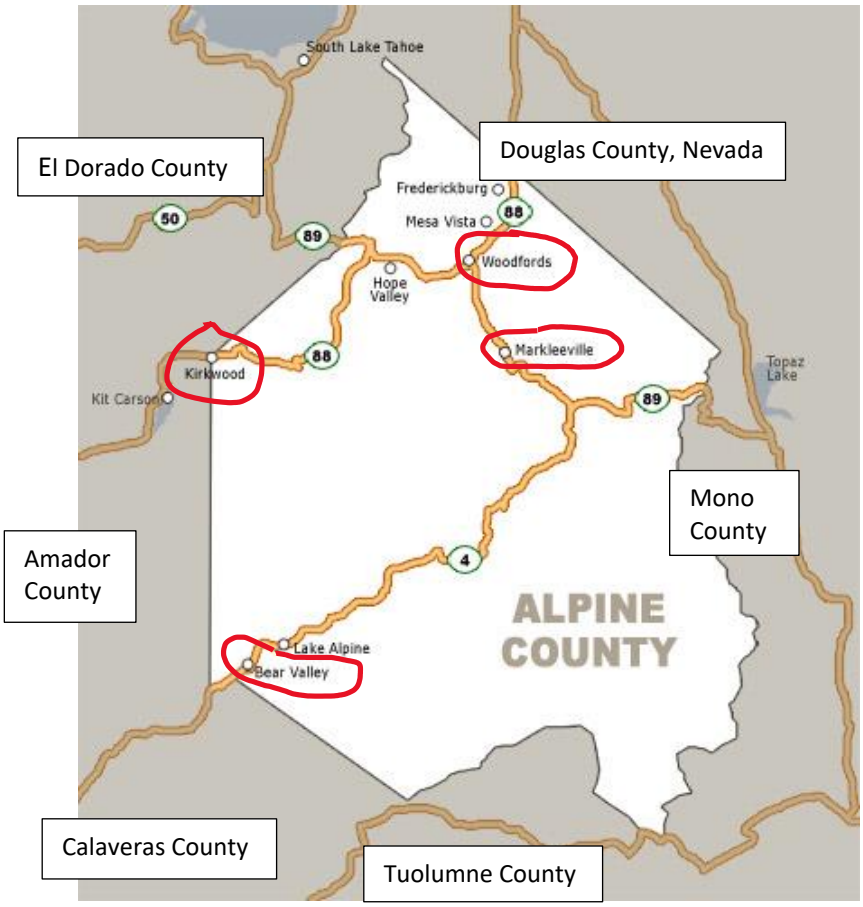
In compliance with Mental Health Services Act (MHSA) regulations and procedures, the Alpine County MHSA FY2021-2022 Annual Update was posted for a 30-day period of public review and comment from Monday March 22, 2021 through Wednesday April 21, 2021. The public hearing was held as a special session of the Mental Health Board Meeting on Thursday April 22, 2021. On (date), the Chair and a quorum of the Alpine County Board of Supervisors made a motion with regard to the MHSA FY2021-2022 Annual Update.

MOTION: The Alpine County Board of Supervisors moves to approve the MHSA FY2021-2022 Annual Update.

The motion was approved by the Alpine County Board of Supervisors. The Board looks forward to program implementation and appreciates efforts to improve the scope and quality of behavioral health services available in Alpine County.

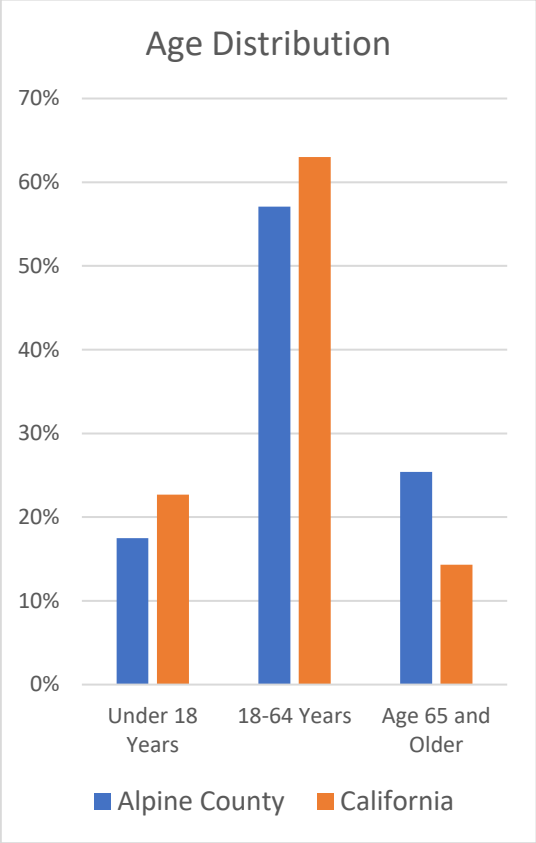
Terry Woodrow, Chair
Alpine County Board of Supervisors

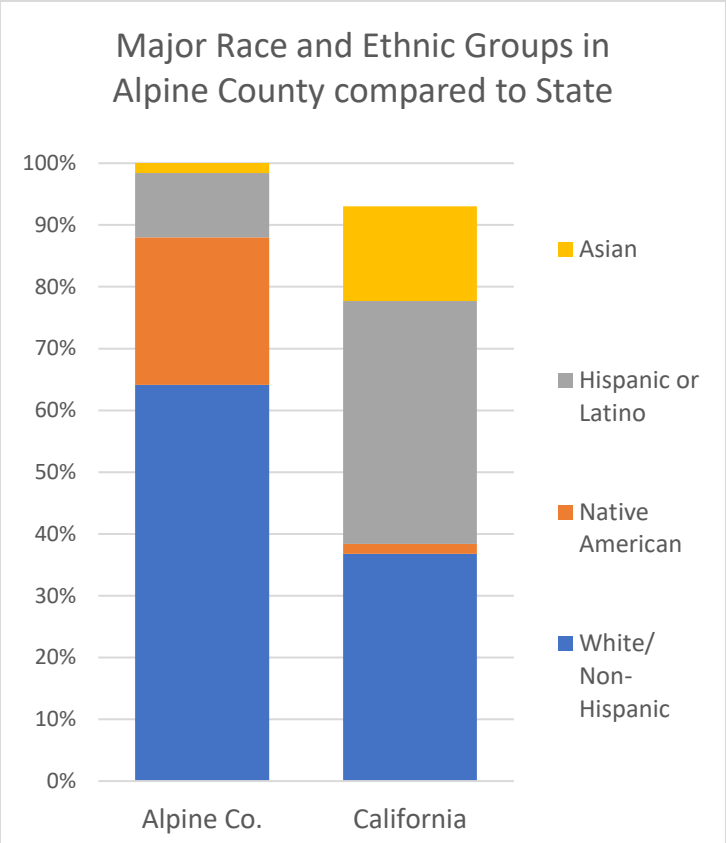
Introduction



Alpine County lies along the crest of central Sierra Nevada, south of Lake Tahoe, north of Yosemite, and bordering the state of Nevada. This rural county is the smallest in California, with a population of 1,129[1], of whom 46.6% are female and 53.4% male. An estimated 82 veterans live in Alpine County, representing 7.3% of all residents. The population in Alpine County is comprised of 64.1% White/non-Hispanic, 23.9% American Indian/Alaskan Native, 11.4% Hispanic or Latino, 2% Asian, and 4.1% of people reporting two or more races. Median per capita annual income in the county is $29,041, with an estimated 17.3% of county residents living in poverty. Median per capita annual income in Alpine County is 17% lower than in the state of California ($35,021) and the poverty rate in the County is 4.5% higher than reported statewide. In comparison to statewide totals, Alpine County is also home to a higher percentage of people 65 years of age and older (25.4% in Alpine County and 14.3% in California) as well as a higher percentage of people under age 65 with a disability (16.5% in Alpine County and 6.8% in California).

[1] U.S. Census Bureau. (2019). Quick facts. Available at: https://www.census.gov/quickfacts/fact/table/alpinecountycalifornia,US/PST045217. (Accessed April 11, 2020).





The California Mental Health Services Oversight & Accountability Commission (MHSOAC) considers Alpine County to be a "Very Small County" which is defined in Title 9, California Code of Regulations, §3750 as a county with a population of less than 100,000, as determined by the projection by the California State Department of Finance. Unlike many counties in California, Alpine has no threshold languages other than English. Alpine County also has no incorporated cities, and most of the population is concentrated around four rural mountain communities: Markleeville, Woodfords, Bear Valley, and Kirkwood. Markleeville is the County seat and home to many of the County's offices and direct service providers. 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 located adjacent to the town of Woodfords. Kirkwood and Bear Valley are mountain resort communities, each with a small number of permanent residents; higher numbers of seasonal visitors and employees; and limited access to basic services.

Transportation, isolation, substance-use co-occurring with other risk factors, risk of suicide, and housing issues were consistently identified by residents as areas of concern during the MHSA planning process. Because of the remoteness of our community and the limited resources available locally, Alpine County Behavioral Health provides community wellness activities, as well as treatment services, to individuals and families experiencing emotional, mental, or behavioral difficulties, whether resulting from a mental health disorder or the stresses of daily life.

Alpine County and COVID-19

Due to COVID-19, our world and our community are ever-changing. It is changing our society, our traditions, our practices, and our habits. As individuals, and as a whole, the effects of this world-wide pandemic will continue to impact us for many years to come. In Alpine County specifically, the community was fortunate as there were only two (2) confirmed cases of a positive test result in Alpine County residents from March 2020 – September 2020, although numbers were soaring in surrounding counties. However, positive cases in Alpine County began to increase in October 2020. Alpine County adhered to all mandates and guidelines enacted by the Governor of California and the Center for Disease Control. Consequently, all large gatherings, social programs, and related events were either cancelled, closed, postponed, or altered. County buildings were closed (and are still closed to the public), employees worked from home the majority of the year, and a large number of people isolated themselves from others. In response, ACBHS modified the delivery of services and supports, cancelled or modified MHSA programs that were/are offered, as well as the manner in which those services and programs are implemented. Additionally, ACBHS established a "Zoom Room" to increase access to client services and supports. This is a space located in the ACBHS building that is available for individual client sessions and telepsych appointments. It is kept safe and sanitized and is private.

Acronyms and Definitions

MHSA: Mental Health Services Act. This Act (CA Proposition 63) was passed by voter-initiative in November 2004. The Act imposes a 1% tax on personal income over $1 million in order to fund an array of mental health services, including prevention, early intervention, treatment and support services, and the necessary facilities, technology, and training that effectively support the public mental health system.

MHSA Plan Components	
CSS	Community Services and Supports
CTFN	Capital Facilities &Technology Needs
INN	Innovation
PEI	Prevention and Early Intervention
WET	Workforce Education & Training

Age Group Categories	
Child	Age range is 0 to 15 years old
TAY	Transitional Age Youth, Age Range is 16 to 25 years old
Adult	Age Range is 26 – 59 years old
Older Adult	Age Range is 60 years and older

County-Specific Acronyms	
AC BOS - or -BOS	Alpine County Board of Supervisors
AC BHS - or - BHS	Alpine County Behavioral Health Services
BV	Bear Valley
HLT	Hung A Lel Ti; the Washoe community in Alpine County, located in Woodfords area
MHB	Alpine County Mental Health Board
Zoom Room	A space within the ACBHS building that is set up with a computer, webcam, microphone and speakers, and is available for clients to use for individual sessions with clinicians, or for access to telepsych services.
Interventions and Tools Referenced in the Alpine County MHSA 3-Year Plan	
AQoL	Assessment of Quality of Life; an outcome measure used with adults (age 18 and older) within the PEI Component
EHR	Electronic Health Record
FCCS	Field Capable Clinical Services; a program within the CSS plan
PBIS	Positive Behavior Intervention Supports; a school-based program in the PEI plan

YQoL-SF	Youth Quality of Life – Short Form; Assessment of Quality of Life, or an outcome measure used with youth (age 11 to 18) within the PEI Component
Other Key MHSA Terms	
CPP	Community Program Planning; the process used by Counties to develop MHSA Plans and Updates in collaboration with stakeholders
Cultural Competence	Treatment interventions, outreach services, policies, and staff development necessary to effectively engage, provide treatment, and retain individuals of diverse racial/ethnic, cultural, and linguistic populations, and to reduce health disparities in the County
ISSP	Individual Services and Supports Plan
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
Stakeholders	Individuals or entities with an interest in mental health services in the County, including people with mental illness, their families, teachers, health professionals, and residents
Underserved	Clients who have been diagnosed with a SMI or SED and receive some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience
Unserved	Individuals who may have a mental illness or emotional disturbance and are not receiving mental health services or receive crisis services only
Community Services and Supports (CSS) Service Categories	
FSP -or- Full-Service Partnership	Expand mental health services and supports to individuals with serious mental illness (SMI) and children with severe emotional disturbance (SED) to provide the full spectrum of community services so that the client can achieve the identified goals
General Systems Development	Provides for the use of MHSA funds to improve the County's mental health service delivery system for all clients and/or to pay for specified mental health services and supports for clients, and/or when appropriate, their families
Outreach and Engagement	Fund activities to reach, identify, and engage unserved individuals and communities and to reduce disparities
Prevention and Early Intervention (PEI) Service Categories	
Prevention	Activities designed to reduce risk factors for developing a potentially serious mental illness and to build protective factors, particularly among individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members
Early Intervention	Treatment and other services and interventions, including relapse prevention, to address and promote recovery and improved functional outcomes for a mental illness early in its emergence. Typically, early intervention services are provided for no more than 18 months, unless treatment focus is on early psychosis.
Access and Linkage to Treatment	Access and linkage services are a set of related activities designed to connect individuals with mental illness to medically necessary care and treatment, early in the onset of these conditions
Stigma and Discrimination Reduction	Activities intended to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families
Suicide Prevention	Organized activities that the County undertakes to prevent suicide as a consequence of mental illness. (Activities do not focus on, or have intended outcomes, for specific individuals at risk of or with serious mental illness).

Outreach for Increasing Recognition of Early Signs of Mental Illness	These programs may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms; programs may also involve engaging, encouraging, educating, or training, and learning from other members of the community about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness
Improve Timely Access to Services for Underserved Populations	Timeliness programs are intended to increase the extent to which an individual or family from an underserved population is able to access mental health services. Timeliness is measured by the interval between referral and participating at least once in the treatment to which the person was referred. Alpine County BHS Policies and Procedures stipulate that appointments must be scheduled within 10 business days of the potential client's initial request for services, and this timeliness standard has been consistently met. Consequently, PEI Program Planning will concentrate on improving timely access to treatment by improving collection of referral data and developing follow-up processes to improve early engagement in order to address access issues in our underserved communities.

Annual Update Contents

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:

- **Overview of the Community Program Planning (CPP) Process** that took place in Alpine County from September 2020 – February 2021.
- **Assessment of Mental Health Needs** that identifies both strengths and opportunities to improve the public mental health services system in Alpine County. The assessment used multiple data sources (including service data, a county-wide survey, client surveys, Stakeholder meetings, contractor input, program participants input, and public comments) to identify the service gaps, barriers, strengths, priorities, and brainstorming.
- **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.
- **Changes and Priority Area Updates to the Three-Year Program and Expenditure Plan 2020-2023** where Alpine County Behavioral Health Services (ACBHS) describes the progress made and challenges encountered in each priority area to date from the three-year plan, as well as the plan for FY 2021-22.

Community Program Planning (CPP) Process

The Community Program Planning (CPP) process was designed to be both thorough and inclusive. To ensure as much opportunity as possible for input, Stakeholder meetings were held, a client-specific survey was developed and every client was personally contacted for their direct input. Additionally, a county-wide survey was developed and distributed via email and postal mail (and was included in multiple ACBHS newsletters), contractor input was solicited, program participants provided input during programs and discussions, and public comments were received by BHS staff throughout the year. The summaries of each data source are noted below.

Community-wide Stakeholder Meetings

It is important to note that the Stakeholder meetings this year looked much different than in years past. Due to COVID-19 restrictions, all meetings were held virtually via Zoom, or over the phone. Attendance at the virtual Stakeholder meetings was lower than previous years where in-person meetings were held. A series of three (3) community planning sessions were offered virtually via Zoom (due to COVID-19), where all distinctive communities within Alpine County were invited. A Meeting Agenda was developed for each Stakeholder Meeting, and was shared prior to each meeting to encourage people to come prepared with questions and input, as well as ideas to improve the MHSA programs and services. Each meeting contained a "brainstorming session" with the hope that people would build from each other's ideas and suggestions.

The Stakeholder session discussions focused as follows:

- Session 1: This planning session provided an overview of the current plan and what to expect during the process of preparing the Annual Update, and allowed the opportunity to share current issues facing the MHSA PEI programs, gather community ideas for reaching goals identified in the MHSA plan, discuss plans for developing a strategic plan for suicide prevention, discuss the need for community volunteers, and concluded with the opportunity for any other community input stakeholders wanted to provide.

- Session 2: *NOTE: Prior to this session, a survey was developed with all items scheduled to be on the agenda to solicit input and ideas from any stakeholders who may not be able to attend the stakeholder meeting. It was sent out to all community members, contracted providers, county employees, and outside agencies with a request to return it prior to the stakeholder meeting.* This planning session provided an overview of MHSA, identified stakeholders and explained the need for their input, reviewed stakeholder surveys for those unable to attend the meeting, reviewed the current status of programs being offered and how they have been affected by COVID-19, discussed barriers to participation in the programs and activities, possible solutions to those barriers, motivation to participate in programs and activities, what is working, community ideas and suggestions to improve services and programs, and the stakeholder's vision for the future of mental health services in Alpine County.

- Session 3: *NOTE: Prior to this session, the survey was revised and redistributed to every email contact in Alpine County to solicit further input and ideas from any stakeholders who may not be able to attend the Stakeholder meeting. It was sent out to all community members, contracted providers, county employees, and outside agencies with a request to return it prior to the meeting.* As this was the last of 3 planning sessions, this session was facilitated with the intent of moving forward. This session presented all changes that will be made to the MHSA Three-Year Plan in this Annual Update and allowed for Stakeholder input on those changes, included a review of the Stakeholder input from previous meetings, steps that have been taken during the CPP process for this year, a review of how MHSA programs were modified during COVID-19 and how they will continue to be modified in this changing environment, and a discussion about next steps to be taken to complete the Annual Update. Much time was allotted at the end of the session to discuss any other thoughts, input, or ideas Stakeholders wanted to share.

Stakeholder Meeting Information:

Meeting Dates (all via Zoom)	Total Attendees	Stakeholder Categories in Attendance
Session 1: Wednesday 9/2/2020 4:30pm	10	Washoe Tribe, Board of Supervisors, County Employees, Community Members, Alpine Residents from Woodfords and Markleeville
Session 2: Wednesday 11/18/2020 6:00pm	13	Washoe Tribe, Board of Supervisors, MHSA Contractor, MHSA Program Participants, County Employees, Community Members, Alpine Residents from Woodfords, Markleeville, and Kirkwood, and 1 previous client
Session 3: Monday 2/8/2021 6:00pm	14	Washoe Tribe, Board of Supervisors, MHSA Program Participants, County Employees, Community Members, Alpine Residents from Woodfords, Markleeville, Kirkwood, & Bear Valley
TOTAL:	**37**	
TOTAL UNDUPLICATED:	**27**	

Community and Stakeholder Feedback (from virtual Stakeholder meetings) on MHSA Program Needs, Strengths, Barriers, Priorities, and Brainstorming Results:

When discussion focused around:	Our Stakeholders said:
Needs	▪ The negative impact of isolation – and the need for prevention programs to reduce isolation – was again heard from community members living throughout the county. COVID-19 has greatly impacted the opportunities for residents to physically interact with others. As restrictions were implemented, social interaction decreased, resulting in further isolation. Isolation was identified as a concern by adults and older adults who value connection with peers in the PEI Yoga and Senior Socialization and Exercise Programs. The risk of isolation contributing to depression and excessive use of alcohol was a concern, particularly in the more remote communities of Kirkwood and Bear Valley. ▪ Stakeholders identified youth as an underserved population. ▪ County residents also believe that more programs are needed to serve the aging population, particularly to reduce the risk of depression, promote healthy coping strategies, and improve self-care. ▪ More general social services were mentioned by Stakeholders ▪ Stakeholders support community and culturally-based interventions: community events and activities, mental health awareness and educational events, and strengthening trauma-informed interventions were mentioned.
Strengths	▪ Although COVID-19 has greatly affected how programs are implemented, Stakeholders identified the development of the bi-monthly "Let's Connect" newsletter (created and provided by BHS to all county residents, employees and partners) as a very positive way to maintain social connection with others. Some

Strengths (cont.)	Stakeholders report that the newsletter is motivational. Among other things, the newsletter includes: - Art activities - Brain teasers - Schedules and links to upcoming activities and events - Stories of local residents and activities - Highlights of resources available - Reflections on recent activities - Recipes - Inspirations - Games - Fitness challenges ▪ When asked what is working when it comes to MHSA programs, some Stakeholders reported they enjoy the virtual yoga program because it allows them to do it comfortably in their own home, without being watched by others (webcam can be turned off). They also reported that their favorite programs, and the most attended, are yoga, fitness classes, 50+ Club, Create the Good, and Senior Soak. ▪ Residents of Alpine County communities look out for one another. ▪ Stakeholders report that the most beneficial piece for clients is the social interaction, suggestions of "happy movies" to watch to replace some of the sadness in the world, and personally reaching out to them. ▪ Last year, Alpine County residents described their appreciation of outdoor exercise and recreation, connection to nature, and shared values concerning rural mountain life as a community strength. This was reiterated during this year's CPP process. ▪ Residents who live and work in the resort communities of Kirkwood and Bear Valley have employee benefits to address some basic needs. ▪ Housing, recreational activities, health care, and employment services are available to residents of Hung-A-Lel-Ti through the Washoe Tribe, CHIPS, and ADVANCE. ▪ Other departments in Alpine County help people to meet their basic needs; having BHS staff work in collaboration with the Library, the Planning Commission, Dial-A-Ride, Health and Human Services, and other supportive services improves the wellbeing of county residents. ▪ In several sessions last year, stakeholders advocated for an increase in community education around trauma and services designed to reduce the impacts of trauma. A Healing Trauma Program was implemented over the past year and has been successful. This continues to be a priority for stakeholders and BHS as the program grows. ▪ Prior to this year, Alpine County has not had a written Strategic Plan for Suicide Prevention. This topic was discussed with the stakeholders, as well as the need of a committee to implement the plan. A plan was developed during this year, with a plan for implementation by a committee comprised of clinicians of BHS, and community members who volunteer their time and dedication.
Program Gaps & Priorities	▪ COVID-19 restrictions resulted in the cancellation of Family Night (weekly dinner social gathering with discussion topics), which was a very well-attended and well-liked program, especially in the Hung-A-Lel-Ti community. Stakeholders reported that the loss of this program has resulted in a gap related to cultural and community connection. The return of this program was listed by Stakeholders as a priority, although it may very look different when it returns.

Program Gaps & Priorities (cont.)	▪ COVID-19 restrictions resulted in planned family-strengthening activities with the contracted MHSA provider, Alpine Kids, being cancelled in the summer, fall, and winter of FY2020/21. In the spring of 2021, Alpine Kids permanently closed its doors due to the effects of COVID-19 and loss of grants/contracts required to continue the program. The loss of this program created a gap, and has increased the priority of family-strengthening activities. ▪ Given the current state of COVID-19 restrictions and social distancing guidelines, Stakeholders identified physical wellbeing as a priority and noted a gap in available programs to keep active and physical, while staying safe and protected. ▪ COVID-19 restrictions resulted in Grover's Hot Springs being closed, thus cancelling the Senior Soak program. Stakeholders listed this as a gap. ▪ Stakeholders also discussed the loss of social connection with others as a gap, due to COVID-19 restrictions. They noted this as a priority. ▪ Establishing a local site for mental health services in Kirkwood is priority for that community - for example, walk-in services one day per week. This has not been an option this year due to COVID-19 restrictions. However, it remains a priority of BHS to expand the clinical services and supports into the Kirkwood community. ▪ Hung A Lel Ti stakeholders continue to be concerned about the vacant position of a Native Wellness Advocate and endorse the need for that position to be filled. In the interim, stakeholders suggested that BHS connect with Washoe Cultural Resources Department to provide activities and services that demonstrate cultural awareness and promote traditional healing and wellness in the Native American community. This remains a priority of BHS. ▪ Strategies for improving outreach and engagement of transition-age youth (TAY, aged 16 to 25 years) were discussed in several community sessions last year, and were again discussed during the CPP process this year. Stakeholders noted this as a priority as they identified this age group as an underserved population. ▪ Stakeholders report that BHS is not fully reaching the Hung-A-Lel-Ti community, despite the Wellness Center being located in that community specifically, and programs offered to that community within walking distance to encourage increased participation. However, Stakeholders acknowledged the many efforts of BHS to reach out to this community, and attribute some of the current issues with fear of COVID-19 and interacting with people outside of households.
Barriers	▪ The biggest barrier Stakeholders identified this year is the lack of technology, band width, or equipment for people to participate in virtual programs. A large majority of stakeholders do not possess the necessary equipment (e.g. computer, phone laptop, router, webcam, speakers), or do not have enough band width within the county to allow access to many users at one time to attend an event. ▪ Alpine County is a remote, mountainous county with a great deal of space covered by forest and severe weather conditions (e.g. feet of snow for multiple months of the year). These conditions make reliable connectivity difficult, which affects access to programs during COVID-19. ▪ Stakeholders identified the lack of space or privacy in their home as a barrier to participating in virtual programs. When there are multiple members in the household, Stakeholders report that they are unable to find a quiet space to be able to hear events, or a roomy space to practice yoga. ▪ Stakeholders report that attending a program virtually is "not as satisfying" as seeing people in person and interacting with other human beings. They report this barrier makes is awkward to participate.

Barriers (cont.)	▪ Stakeholders report that it is "easy to forget" to attend a virtual program if they're not required to physically leave their home to attend it (in person). It is easy to get caught up in something else and miss the program entirely. ▪ Stakeholders report that since there has been a restriction on social gatherings, and the sharing of food, this has greatly affected the attendance and participation of virtual programs. ▪ Stakeholders in the Hung-A-Lel-Ti (HLT) community report that there is a great deal of mistrust from the elders and other members of the HLT community due to how Native Americans were treated in the past in regards to immunizations; they do not trust the ingredients in the COVID vaccines and are reluctant to receive it. This means that the comfort level of a large number of HLT community members is very low, and they are not willing to leave their homes or community to interact with other people outside of their households.
Brainstorming Results	▪ Partnering with the Washoe Tribe Woodfords Community Council is a potential strategy to improve community mental health and wellness. ▪ Stakeholders discussed how to maintain physical wellbeing while remaining safe and maintaining social distancing. Suggestions included: - Collaboration with the Alpine Trails Association (possibly implement family hikes) - Schedule family units to play a round of disc golf at the Turtle Rock Park disc golf course - Increased outdoor activities when weather allows - Evening walks - Pickle Ball with a reservation schedule and sanitizing equipment - Events held at Turtle Rock Park (indoor or outdoor) depending on restrictions, and the activity or event - Modify typical seasonal activities to adhere to social distancing and safety guidelines (e.g. collecting pine nuts in the fall, while distanced and safe) - Line dancing over zoom ▪ Stakeholders also discussed possible ways to maintain a social connection to fill the gap left by COVID-19 restrictions. Suggestions included: - Outdoor movies (e.g. in the park) - Drive-in movies set up in a parking lot - Have events outdoors that involve food, where people could talk with one another while maintaining social distancing - Music events outdoors - Zoom sessions for just "catching up" with each other - Socially distant bicycle rides - Scavenger Hunt around the county – all over the county - Painted rock events ▪ Regarding strategies for improving outreach and engagement to the TAY population in Alpine County, stakeholder suggestions included: - Since Alpine Kids has closed their doors, suggestion was made to replicate some of the events provided by Alpine Kids to specifically reach out to TAY - One Stakeholder stated "If you can attract the girls to an event or activity, the boys will come". He explained this statement to mean that if you can appeal to the few, they will bring friends and spread the word to their peers to join them in the activities.

Brainstorming Results (cont.)	- Do things that get this population out of the house. When members of the TAY population were asked about what they want to do, the majority of the answers were activities that get them outside, having fun with each other. ▪ Stakeholders discussed possible options to bring Family Night back to the community. Various restrictions would need to be lifted prior to the return of this program (e.g. preparing food for groups), but suggestions included: - Hold the event outside (as weather permits), with people sitting groups into families, and adhering to all social distancing guidelines - As restrictions are modified for restaurants and indoor dining in California, modify Family Night to adhere to the same restrictions indoors (e.g. limited number of people per table, masks, etc.) - Plate the food similar to restaurants rather than a buffet line. - Schedule multiple Family Night events on different days, and require reservations, or RSVPs, to attend. Then, arrange seating according to those reservations. ▪ Stakeholders suggested developing programs or modifying current programs to a smaller scale to allow people to attend while still adhering to social distancing guidelines (e.g. 2-3 people per event) ▪ For Senior Soak to return, stakeholders suggested requiring reservations with specific times to attend ▪ Stakeholders suggested to "personally reach out" by BHS staff on the day of a virtual event to people to remind them an event is scheduled for that day. ▪ Stakeholders suggested direct links be added to the County website for programs so that people only have to go to one place (the website) to access all virtual programs. This suggested was implemented in December 2020. ▪ When asked what would motivate people to attend virtual programs, Stakeholders stated personal phone calls, a buddy system for reminders, and prizes/incentives would be beneficial.
Stakeholders Vision	▪ When asked about their vision, or where they see Alpine County in the future, Stakeholders reported: - More outdoor activities - Younger families coming into the community - More music events - A safe and healthy county

Participant Evaluation of the CPP Process

After the community meetings were complete, participants were asked to evaluate their experience with the planning process. Results are summarized below:

Question	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The community planning process will capture the mental health needs in Alpine County.	20%	10%	40%	30%
2. The community planning process discussion reflects my opinions/ideas about how to improve mental health services.	10%	10%	40%	40%

3. The community planning process and plan update will strengthen mental health services in Alpine County.	20%	10%	30%	40%
4. The community planning process is in alignment with MHSA values.	10%	0%	20%	70%
	Poor	**Fair**	**Good**	**Excellent**
5. Overall, how would you rate the quality of the facilitation throughout the planning process?	10%	10%	40%	40%

Discussions with Stakeholders about the CPP Planning Process were held to gain their perspective and input on improving the process. The suggestion was made to hold fewer meetings, as some of the stakeholders who attended more than one meeting felt the topics were redundant. The intention was to recap previous meetings and to review programs and concepts for those who were not in attendance previously, but this resulted in redundancy for others. This will be considered for future Stakeholder meetings and events.

Client-Specific Survey

Due to the lack of technology and/or band width for many of the clients of ACBHS, a client focus group over zoom was not an option during the CPP process. All clients were invited to participate in the scheduled Stakeholder meetings, but only a couple participated. To gain input from the clients of ACBHS, every current client was contacted directly by either their clinician or MHSA staff and asked for their direct input on topics presented or discussed at the Stakeholder meetings. A survey was developed for clients to elicit input and to spark discussion. Eighteen (18) clients participated and provided feedback. Results are summarized below:

Question posed to Clients:	**Summary of Responses:**
If we could wave a magic wand, what programs would you like to see us create that you would attend? Why would they be good for your mental health?	Clients responded with the following suggestions: ▪ Foreign languages ▪ Dance class (modern hip hop) ▪ LGBTQ Club – "this would be a good way for kids nervous to come out to discuss feelings" ▪ More cultural activities for Washoe people ▪ Trust building activities Parenting classes for "dealing with teens" ▪ "Help me take criticism better" ▪ Mindfulness class ▪ "A program with broken people like me to talk to" ▪ Nature hikes / picnics – socializing without discussing problems ▪ Creative writing ▪ Art (painting) classes with watercolor, acrylics, and oils ▪ Craft fair (in Bear Valley and in Markleeville) ▪ Something easy for arthritic hands ▪ Help with learning a trade, and help finding a job
Did you attend Create the Good, 50+ Club, Family Night, Yoga, Holistic Health (Chair Exercises), or other BHS programs <u>before</u> COVID?	Clients responded with the following: ▪ "I went to yoga one time" (2 clients made this statement) ▪ Yoga (7 responses) ▪ Create the Good (8 responses) ▪ Holistic Health/Chair Exercises (2 responses)

(cont.)	▪ Senior Soak (2 responses) ▪ Family Night (4 responses) ▪ Art classes (3 responses) ▪ Cultural activities (2 responses) ▪ 50+ Club (3 responses)
Do you attend any of those programs virtually now during COVID-19?	All clients, except for one, replied with "no" to this question. The following reasons were given: ▪ "I'm not into yoga, and I can't go to things during school" ▪ "Time of day isn't good, and I don't have internet" ▪ "I want face-to-face interaction" ▪ "It's too much work to deal with the technology" ▪ "I can't take time off work. Maybe I would attend in evenings" ▪ "I've never been interested in virtual programs" ▪ "I didn't know about them" ▪ "It's not my thing" ▪ "Just haven't tried" ▪ "I don't like computers" (2 clients made this statement) ▪ "I don't have a computer or iPad" (2 clients made this statement) ▪ "Wifi/internet isn't good" (2 clients made this statement) ▪ "I'm not social" NOTE: the one client with a "yes" response noted attendance at the virtual Create the Good each week.
If yes, why do you think this is valuable to your mental health?	Although all clients (except for one) responded with a "no" to the previous question, some input was given regarding the value: ▪ "It's a good way to center yourself and cleanse things mentally" ▪ "Seems like that's what they tell you to do; it's good for you" ▪ "Yoga was boring, but I felt more refreshed" ▪ "It would be nice to do something for myself, but I'm not" ▪ "It is valuable to learn new things and have companionship" ▪ "I know that social activities help with mental health" NOTE: the one client who does attend the virtual Create the Good noted "I think it really helps me a lot in the sense of creativity, energy you put out there, and makes your mind work."
Would you attend: Outdoor programs Lesson programs Client groups Day retreats	Clients responded with the following: ▪ Outdoor programs: - Yes = 16 responses - Maybe = 2 responses - No = 0 responses ▪ Lesson programs: - Yes = 15 responses - Maybe = 2 responses - No = 1 responses ▪ Client groups: - Yes = 11 responses - Maybe = 4 responses - No = 3 responses ▪ Day retreats: - Yes = 11 responses

Educational presentations	- Maybe = 4 responses - No = 3 responses ▪ Educational presentations: - Yes = 15 responses - Maybe = 0 responses - No = 3 responses

Community-wide Survey

Due to the lack of technology and/or band width for many residents of Alpine County, and to invite as much input as possible from Alpine County residents, a county-wide survey was developed and distributed via email and postal mail to every resident in Alpine County, and was included in multiple BHS newsletters. In addition, the survey was sent to all contractors, County employees, partner agencies, the Alpine County Unified School District, County Administration, and any other entities with an interest in the MHSA programs in Alpine County. Sixteen (16) individuals/entities participated and provided feedback. Results are summarized below:

Question posed to Community:	Summary of Responses:
Are you, or have you been, a client receiving services from BHS?	The community and affiliates responded with the following: ▪ Yes = 8 ▪ No = 8 ▪ Don't Know = 0
Do you have a family member who is now, or was a client of BHS in the past?	The community and affiliates responded with the following: ▪ Yes = 6 ▪ No = 10 ▪ Don't Know = 0
Are you a resident of Alpine County? If yes, what is the location?	The community and affiliates responded with the following: ▪ Yes = 12 - Woodfords: 2 - Hung-A-Lel-Ti: 1 - Markleeville: 6 - Kirkwood: 1 - Bear Valley: 2 ▪ No = 4 ▪ Don't Know = 0
If you are not a resident, are you employed by or work closely with Alpine County?	The community and affiliates responded with the following: ▪ Yes = 4 ▪ No = 0 ▪ Don't Know = 0 ▪ N/A = 12
Are you aware of at least one program offered by BHS in Alpine County?	The community and affiliates responded with the following: ▪ Yes = 15 ▪ No = 0 ▪ Don't Know = 1

Do you feel the programs/activities offered by BHS are beneficial to Alpine County?	The community and affiliates responded with the following: ▪ Yes = 14 ▪ No = 0 ▪ Don't Know = 2
Do you currently participate in at least one program or activity provided by BHS?	The community and affiliates responded with the following: ▪ Yes = 12 ▪ No = 3 ▪ Don't Know = 1
Prior to COVID-19, did you participate in at least one program or activity provided by BHS? If yes, how often?	The community and affiliates responded with the following: ▪ Yes = 15 - No particular activity listed (9 responses) - Therapy (1 response) - Senior Soak (2 responses) - 50+ (1 response) - Create the Good (2 responses) ▪ No = 1 (did not reside in Alpine County prior to COVID-19) ▪ Don't Know = 1
If you do not currently participate, what is stopping you?	The community and affiliates responded with the following: ▪ " Time constraints" (2 individuals made this statement) ▪ "Technology" ▪ "Program ended" ▪ "Just COVID-19"
Additional Comments	The survey offered an option for additional input. The following comments were received: ▪ " All staff are very kind and professional" ▪ "MHSA is responsive to needs of our diverse community. I appreciate all of the outreach and caring shown to us" ▪ Grateful for all ACBHS provides for residents and hope people who are feeling isolated will sign on to one of the many zooms you host" ▪ "I feel they really care about me well-being. I like new office too." ▪ "Miss activities with COVID we can't be 'live' together. My wi-fi is weak, thou I do my best with yoga zoom. Thank you so much, these programs help so much." ▪ "I like BHS very much. Good people work there who care a lot about their clients." ▪ "I'm extremely impressed by the classes and services offered through BHS. I just wish I had more free time to regularly enjoy. Thank you for all you do. The yoga, art, Create the Good dinner gatherings are wonderful." ▪ "Members at our agency attend Create the Good and 50+ as agency representatives a couple times per year. We are contractors, so providing, rather than partnering in programs." ▪ "Offering yoga via zoom is awesome! So many programs were cancelled due to COVID-19!"

Key Findings

Upon review of the various data points and input received, the following key findings are noted:

- Representatives spanning the diverse demographics present in Alpine County participated in the CPP process (including clients, family of clients, community residents of all 5 geographic areas of Alpine County, the Board of Supervisors, contractors, youth, TAY, adults, older adults, partner agencies, County employees, BHS employees, program participants, the Washoe Tribe, and new members of the community who recently moved to Alpine County). However, the number of people who participated (through surveys and stakeholder meetings) was low (5.5% of the population).
- COVID-19 has greatly affected the types of programs offered, the manner in which programs are offered or implemented, the accessibility of programs and services, and the degrees of participation in programs or other ACBHS activities.
- All clients (except for 1 person) are not participating in any of the PEI MHSA programs currently being offered, due largely to the fact that they are only offered virtually. However, they are participating in CSS with support/access available through ACBHS "zoom room" and phone calls.
- Additional programs targeting clients specifically may be needed.
- The lack of band width and strong wi-fi or internet in Alpine County impedes the accessibility of virtual programs or services across the county.
- Although some individuals enjoy the virtual options, most people miss the face-to-face, or personal interactions of pre-COVID programming. Additionally, various people report they do not have the space in their home to participate in virtual programs.
- The lack of food at virtual programs has deterred some people from participating.
- Isolation continues to be an area of concern, and seems to have increased as a result of COVID-19.
- Although the number of Transition-Aged Youth is small in Alpine County, this population continues to be an underserved population.
- Alpine County residents enjoy outdoor activities, the shared values of rural mountain life, and desire increased opportunities to be outside; especially since COVID-19 restrictions have been in place.
- The BHS newsletters have been very well received and a positive connection for community members with each other, and with ACBHS.
- The most popular programs offered by ACBHS continue to be yoga, Create the Good, 50+ Club, fitness, and Senior Soak.
- Expanded services in the Kirkwood community is still a priority of stakeholders.
- The vacant position of Native Wellness Advocate remains a priority to the Hung-A-Lel-Ti community and to ACBHS. In addition to aforementioned issues related to COVID-19, there is a gap in connecting with residents of the Hung-A-Lel-Ti community due to lack of trust related to the COVID vaccination, or feeling safe.
- A portion of individuals who participated in the CPP process were unable to determine if the efforts made will strengthen mental health services, or truly capture the mental health needs of the county.
- In general, stakeholders and clients recognize and appreciate the efforts put forth by ACBHS, and enjoy the variety of MHSA programs offered (either CSS or PEI).

Local Review Process

The proposed MHSA FY2021-2022 Annual Update has been posted for 30-day public review and comment period from Monday March 22, 2021 through Wednesday April 21, 2021. Printed copies of the plan have been posted at each US Post Office in Alpine County and on the Behavioral Health MHSA homepage of the county website:

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

In addition, copies have been distributed to all Behavioral Health Staff, Mental Health Board members, the Alpine County Board of Supervisors, and to clients and other stakeholders (by request).

Public Hearing Information

A public hearing has been scheduled as a special session of the Mental Health Board on Thursday April 22, 2021 at 12:00pm. All information regarding the public hearing has been included as a cover to the proposed MHSA FY2021-2022 Annual Update, and has been posted and distributed as noted above.

Due to COVID-19 restrictions, the Public Hearing will be held online only, via Zoom. The Zoom meeting link is below. Stakeholders also have the option to participate via phone. The Zoom link and phone information is as follows:

Zoom meeting link: **https://zoom.us/j/94617246233?pwd=SmhKUngyR05sZFN0dHJHN2VFOFdsdz09**
If you prefer to join by phone, please call **1-669-900-9128.**
Enter Meeting ID: **946 1724 6233**

Substantive Recommendations and Changes

Input received from the 30-day public comment and review period and from the Public Hearing on the MHSA FY2021-2022 Annual Update will be reviewed and incorporated into the final document, as appropriate, prior to submittal to the County Board of Supervisors; the California Mental Health Services Oversight and Accountability Commission (MHSOAC); and the California Department of Health Care Services (DHCS). A record of comments and questions received in response to the local review process and the public hearing will be detailed in Appendix A (answers to comments and questions) and in Appendix B (full text).

Purpose of Annual Update

This MHSA FY2021-2022 Annual Update, required by law, is intended to provide stakeholders with an overview of the direction of Behavioral Health Services in Alpine County in each of the five components that address specific goals and represent key community mental health needs (PEI, CSS, WET, INN, and CTFN), and to report on existing MHSA projects and services. In addition to the Annual Update, this document also incorporates the required PEI Evaluation Report, analyzing at least one (1) year of PEI data. Outcomes are reported for Early Intervention programs.

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 PEI demographics by program. ACBHS must instead report demographics for the PEI component as a whole, across programs. Data were not collected from all programs on all measures as detailed in the Three-Year Plan for FY2020-23 because when Alpine County received the Plan of Correction in January 2021 (for the MHSA Program Monitor completed 3/2019), we were notified that we had categorized some of the programs incorrectly, which affected outcome measures for those programs. We have since corrected the categorization and corresponding outcome measures (detailed in this update), resulting in some data being missed. However, the summary of data collected is included in this report.

Additionally, data is reported as per the Department of Health Care Services (DHCS) De-identification Guidelines (DDG) which stipulate that when participant data is released to the public, the population of potential program participants should be a minimum of 20,000 individuals.[2] Because Alpine County has a population less than 20,000, all demographic information found in Appendices C and D is treated as confidential and redacted in all public materials. It is included in confidential files uploaded to the Mental Health Services Oversight & Accountability Commission (MHSOAC).

In addition, there are certain regulations, outlined below, that have been established by subsequent legislation or by the Mental Health Services Oversight and Accountability Commission (MHSOAC) specific to PEI programs.

51% of PEI funds are to be used for the benefit of people 25 years and younger.

Ensure every program is designed and implemented to help create Access and Linkage to treatment

Ensure every program is designed, implemented and promoted in ways using strategies that are non-stigmatizing and non-discriminatory

Ensure every program is designed, implemented and promoted in ways that improve timely access to mental health services for underserved populations

Use of effective methods in bringing about intended program outcomes, including evidence-based practices, promising practices, and/or community- and/or practice-based standards

Alpine County BHS adheres to the values of MHSA and has worked diligently to develop programs that are designed, implemented, and promoted to help create access and linkage to treatment; that improve timely access to mental health services for individuals or families from underserved populations; and that are non-stigmatizing and non-discriminatory. ACBHS is continuing to develop PEI program descriptions, data collection processes, and reporting procedures that are accurate and clearly demonstrate compliance with regulations, particularly with regard to:

- Collecting full demographic data in County-operated programs;

[2] California Department of Health Care Services, 11/22/2016. Data De-identification Guidelines (DDG). Available at : https://www.dhcs.ca.gov/dataandstats/Documents/DHCS-DDG-V2.0-120116.pdf

- Determining how to maintain unduplicated demographic data counts, without personally identifying information, across programs and between County and Contractor-operated programs.
- Linking age-related demographic data to program costs in order to accurately calculate funding allocations dedicated to children and transitional aged youth.
  - Due to the very small number of youth and TAY in Alpine County, ACBHS is aware that historically it has been difficult to meet the requirement of ensuring 51% of PEI funds be used for the benefit of people 25 years and younger. However, ACBHS takes this requirement seriously and continues to strive to meet it. It is understood that programs that serve parents, caregivers, or family members with the goal of addressing MHSA outcomes for children or youth at risk of, or with early onset of a mental illness, can be counted as meeting the requirement.
- Reassessing timeliness to reflect the interval from referral rather than request for services and determining appropriate ways to follow-up when a person receives a written referral but does not request services.
- Assessing the duration an individual's mental illness remained untreated, and linking that information to other timeliness data.
- Developing information on potential respondents, and collecting all data elements required for Outreach for Increasing Recognition of Early Signs of Mental Illness programs.
- Addressing the priorities of childhood trauma prevention and early intervention, and early psychosis and mood disorder detection and intervention

The MHSA FY2021-2022 Annual Update represents progress made in developing PEI programs that align with MHSA goals and values, and are supported by outcome data.

Community Services and Supports (CSS)

CSS Program Goals, Participation, and Outcomes:

In this Annual Update, CSS programs that were segregated in the three-year plan have been consolidated into the three (3) service categories contained in the CSS component of the Mental Health Services Act; Full Service Partnerships (FSP) services, Outreach and Engagement (O&E) services, and General System Development (GSD).

Note: Due to the size of Alpine County, client demographic data for this component is considered confidential, and will only be released to the State in a confidential document.

- **CSS Service Category #1 – FSP SERVICES PROGRAM**
  The **Full-Service Partnership (FSP)** program is designed to expand mental health services and supports to individuals with serious mental illness (SMI) and children with severe emotional disturbance (SED), and to assist these residents in achieving their concrete recovery goals.
  - Among adults, SMI is defined by the California Welfare and Institutions Code (WIC) Section 5600.3(b) as a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. The 2018 National Survey of Drug Use and Health (NSDUH) estimates the prevalence of serious mental illness at 4.6% among the general population

of adults aged 18 and older[3]; based on this and previously cited census data, we estimate that approximately 42 of the 931 adults living in Alpine County would meet the definition of having a serious mental illness.

- For those aged under 18, a Serious Emotional Disturbance is defined as a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. National prevalence rates for SED are somewhat less standardized and less readily available; however, the California Health Care Foundation estimates that 7.6% of youth under the age of 18 meet criteria for serious emotional disturbance, based on 2014 statewide data and the risk model developed by Dr. Charles Holzer.[4] Using this prevalence rate and previously cited census data, we estimate that approximately 15 of the 198 individuals under the age of 18 living in Alpine County would meet the definition of having a serious emotional disturbance.

In addition to diagnostic criteria, MHSA regulations[5] specify individuals selected for participation in FSP services must meet additional risk criteria based on age group (children and youth, transitional-aged youth, adults, and older adults) and determination of unserved or underserved status. These criteria include determination of the risk of out-of-home placement, involuntary hospitalization, or institutionalization; homelessness or at risk of becoming homeless; involvement in the criminal justice system; and frequent use of crisis or emergency room services as the primary resource for mental health treatment.

Alpine County BHS has established policies and procedures (AC-6005, effective 4/1/2019) that reflect the appropriate MHSA regulations, and document eligibility requirements, program components, enrollment procedures, funding requests, service delivery, and discharge from the program.

- **FSP Youth Services:** A team composed of ACBHS clinical staff offers strength-based, client/family-directed, individualized mental health and wraparound services, and supportive funding to children and transitional-aged youth with severe emotional disturbance (SED) who meet eligibility criteria. 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.
- **FSP Services for Adults and Older Adults:** Alpine County BHS clinical staff also offers FSP services for adults and older adults with serious mental illness (SMI) who meet eligibility criteria. Once enrollment is complete, clinical staff meet with the client (and family as appropriate) to conduct a life domain assessment, and identify recovery goals, responsible parties, and timelines. Clinical staff members are responsible for coordination of care and ensure that services are culturally responsive. Components of

[3] *2018 NSDUH: Mental Health Tables*, Table 8.4B.Available at https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables

[4] California Health Care Foundation, December 2018. *California Health Care Almanac, Mental Health and Substance Use: A Crisis for California's Youth*. Available at https://www.chcf.org/wp-content/uploads/2018/12/AlmanacMentalHealthSUDYouth.pdf

[5] California Code of Regulations, Title 9, Division 1, Chapter 14, Article 6, § 3620.05

the FSP program may include, but are not limited to: 24/7 coverage with designated FSP staff, educational and/or employment services, assistance with local transportation to meet basic needs, linkage to home and community services, and flex funding to support a client for a limited time when consistent with the treatment plan and recovery goals.

- **Data Reporting for FSP services:** Alpine County maintains demographic data and key event tracking and reporting for all FSP clients. To protect client privacy, this client data is only released to the State in a confidential document.

FULL SERVICE PARTNERSHIPS (FSP)	FY 2017-2018:	FY 2018-2019:	FY 2019-2020:	FY 2020-2021 (8 month total)
Unduplicated Total Number of Individuals Served:	6	6	3	2
Total Cost of Services:	$75,360	$34,591	$20,078	$9,302
Cost per Client Served:	$12,560	$5,765	$6,693	$4,651

In FY 2021-22, Alpine County Behavioral Health anticipates that FSP services will be available to four individuals with a per-person cost of $15,000.

- **CSS Service Category #2 – Outreach and Engagement**

Within the CSS Component, Outreach and Engagement activities are designed to reach, identify, and engage unserved and underserved individuals and communities in the mental health system and to reduce disparities identified by the County.

- The cornerstone of Outreach and Engagement services is the Wellness Center, which is located at the Firehouse, within the Hung A Lel Ti community, in space leased by ACBHS. The facility is within walking distance for the Native American community, which represents the primary underserved population in Alpine County. The Wellness Center has included a number of activities for clients, families, and other members of the community to join together.
    - **Note:** Due to COVID-19, the Wellness Center was closed to the public in late March 2020 and all group or social events were cancelled. Consequently, the data for FY 2019-20 and FY 2020-21 was greatly affected. However, the introduction of our bi-monthly newsletter, "Let's Connect" allowed us to refocus our outreach efforts during the pandemic. The 1st newsletter each month is bulk-mailed to every mail recipient in Alpine County (total of 783 deliverable addresses and post office boxes). The 2nd newsletter each month is sent our electronically to all contacts known in the county (via email blasts) and is hand-delivered to all clients, as well as family members or support individuals involved in clients' lives (total of 100 hand-delivered recipients). This total is noted in the table below.
- Beginning with the 2019-20 MHSA Update, multiple activities that had been developed under the CSS Outreach and Engagement Program were re-organized and consolidated into independent PEI Programs. These programs successfully reduced stigma; helped ACBHS to reach and build rapport with residents of Hung A Lel Ti, and helped to reduce isolation in the County's older adult population (although this piece has been greatly affected by COVID-19). Many people in the County attend these programs, which include

various yoga classes, movie nights, and outreach events. Consequently, data for FY2019-20, the number of people served in Outreach and Engagement activities has been significantly reduced. The activities are still ongoing, but funding is categorized under the PEI Component of MHSA, and attendance is tallied with the PEI counts.

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

Outreach and Engagement	FY 2017-2018:	FY 2018-2019:	FY 2019-2020:	FY 2020-2021 (8 month total)
Unduplicated Total Number of Individuals Served	414	443	92	100
Total Cost of Services:	$407,790	$344,436	$169,732	$90,826
Cost per Client Served	$985	$778	$1,845	$908

Medi-Cal Penetration Rates demonstrate the efficacy of the County's outreach efforts. Based on fiscal year (FY), these rates demonstrate a steady increase in access to care and engagement in services in Alpine County over time, as compared to the average statewide rate of 4.5% over the same period:

	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Alpine County BHS	10.37%	10.92%	11.14%	15.2%	13.1%	15.1%

In FY 2021-22, Alpine County Behavioral Health anticipates that spending on Outreach and Engagement services to an estimated 90 individuals will total approximately $80,000; this includes staff time and the cost of leasing the Firehouse for Wellness activities. This amount reflects an estimated cost of $889 per person.

➢ **CSS Service Category #3 – General Systems Development**

This category includes activities that strive to improve access to Alpine County BHS programs 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 CSS programs in the areas of:

- Mental health treatment, including alternative and culturally specific treatments;
- Peer support;
- Comprehensive needs assessments for clients with a dual diagnosis and those involved in the legal or foster care system;
- Improving interagency collaboration for clients in multiple systems of care;
- Supportive services to assist clients, and clients' families as appropriate, in obtaining employment, housing, and/or education;
- Individual services and supports plan development;
- Crisis intervention/stabilization services;

- Personal service coordination, case management, and coordination of services to assist clients, and clients' families as appropriate, to access necessary medical, educational, social, vocational rehabilitative or other community services; and
- Family education services.

Due to COVID-19, expenditures drastically dropped in FY 2019-20. Additionally, due to the re-categorization noted above, the FY 2020-21 total includes programs that were previously segregated (Play Therapy, Field-Capable Clinical Services, and Clinically Coordinated Case Management, and GSD). **Note:** Due to COVID-19 restrictions during FY 2020-21, Play Therapy was suspended, Field-Capable Clinical Services drastically reduced with the stay-at-home orders of clients and clinicians, and case management services were incorporated into services provided by the clinicians.

General Systems Development	FY 2017-2018:	FY 2018-2019:	FY 2019-2020:	FY 2020-2021 (8 month total)
MHSA GSD Expenditures	$203,902	$310,138	$50,100	$4,188.17

In FY 2021-22, Alpine County Behavioral Health anticipates that spending on General Systems Development will total approximately $168,420; these expenses include MHSA and clinical staff time, as well as payment for client services and supports.

Field Capable Clinical Services (FCCS)

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. The FCCS program also ensures that therapeutic support and case management can be provided where the client feels most comfortable in the community. These services include a variety of evidence-based intervention strategies for individuals and families, such as: Cognitive Behavioral Therapy; Attachment-Based Therapy; Dialectical Behavior Therapy; Motivational Interviewing; Solution Focused Therapy; and Mindfulness Training.

In FY 2021-22, Alpine County Behavioral Health anticipates that Field Capable Clinical Services will be available to forty individuals. Clinical services included in this program will be extended to make in-home and community-based services available to clients who live in Kirkwood. The County will develop data-tracking processes to determine whether program use and impact on client care demonstrates the need for further expansion of services available in Kirkwood.

Play Therapy

Play Therapy is an evidence-based practice designed to deliver clinical services to children in a supportive environment. Play therapy enables children to decrease anxiety, increase confidence, make healthier choices, and decrease behavioral issues through age-appropriate

self-expression. These services include a variety of evidence-based practices, such as art therapy, attachment-based Thera-play, and sand tray interventions.

Clinically Coordinated Case Management

In the 2019-20 MHSA Plan Update, Alpine County Behavioral Health Services proposed adding an additional staff position in order to implement a clinically coordinated case management program. The purpose of the program was to provide supportive services to individuals and families, in addition to services provided by ACBHS clinicians. It was intended that a case manager would work in collaboration with the clinical staff to, using a strength-based perspective to:

- Focus on providing support services that would help clients maintain independent living and reduce the risk of homelessness
- Improve physical health and management of chronic health problems
- Link individuals to community resources

Due to staffing issues associated with adding a new position, BHS was unable to implement this additional position. While it remains under discussion, it was not included in the Alpine County MHSA 3-Year Plan for FYs 2020-21 through 2022-23, nor this Annual Update. However, case management services continue to be provided by the clinical staff and include services for early psychosis and mood disorder detections, as well as childhood trauma prevention and early intervention strategies. Case management is also included as a core component of the proposed Healing Trauma program; the Healing Trauma program will utilize the skills and training of existing staff in the areas of exercise support, sleep hygiene, nutritional coaching, and the practice of mindfulness.

Additionally noteworthy, ACBHS is currently planning to collaborate with other small counties in a grant project focused on assessment and treatment of early psychosis.

Social Emotional Learning Groups (separate from similar PEI program noted in PEI section of this plan) *(discontinued)*

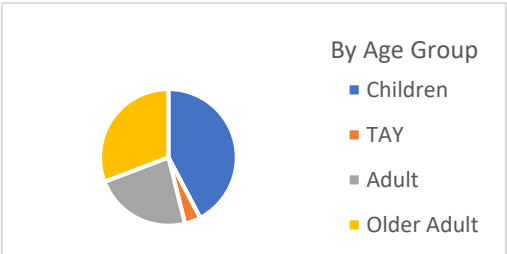
This program was not included in the Alpine County MHSA 3-Year Plan for FY 2020-21 through 2022-23, and is not included in this Annual Update.

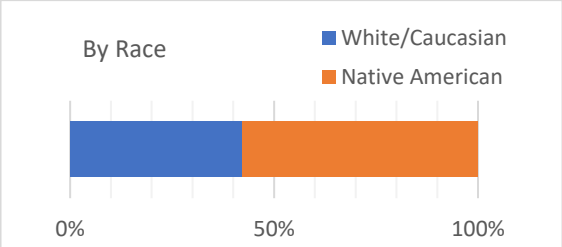
School-based Mental Health Clinician *(discontinued)*

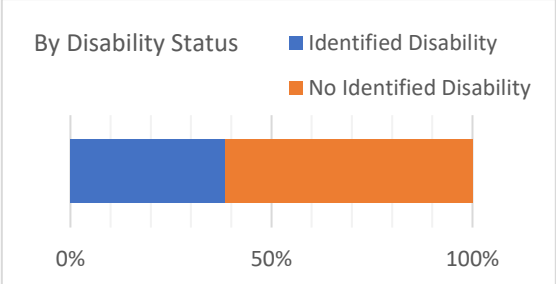
In the 2019-20 MHSA Update, Alpine County ACBHS proposed the School-based Mental Health Clinician program, which was intended to provide a higher level of mental health services to children attending Diamond Valley Elementary School. Through a partnership with Alpine County Unified School District (ACUSD), ACBHS intended to place a dedicated licensed mental health therapist in the school on a part-time basis. An on-site therapist would be able to provide mental health assessment and treatment services; observe and intervene behavioral problems as they occur; and provide consultation to staff, teachers, parents, and administrators. ACBHS and ACUSD were unable to reach a contract agreement for these services, and the School-based Mental Health Clinician program was not implemented in FY 2019-20, nor was the program included in the Alpine County MHSA 3-Year Plan for FY 2020-21 through 2022-23. It is also not included in this Annual Update.

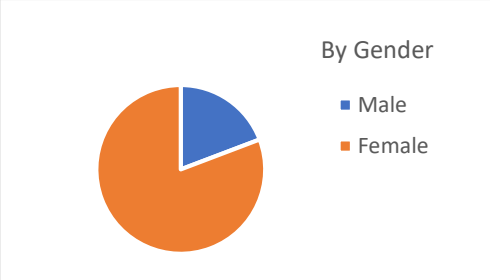
CSS Successes and Challenges

CSS Successes: Although greatly affected by COVID-19, Field Capable Clinical Services (FCCS) are available to clients of all ages who are better served with home or community-based treatment. Since the COVID-19 restrictions were put in place, clinical services were offered over the phone, or virtually. But, when necessary, accommodations were made to meet the client's needs. In general, clinicians have found that most treatment intervention strategies, excluding psychiatric services, can be provided in community-based settings. Furthermore, client participation in this program is notably diverse:









CSS Challenges and Mitigation Efforts:

- COVID-19 greatly affected the delivery of services. Due to mandated restrictions, many programs and events were either cancelled, altered, suspended, or held virtually. For a couple of months, all PEI programs were on hold. The Wellness Center located in the Hung-A-Lel-Ti community was closed, and for the majority of 2020, ACBHS staff worked from home, or virtually.
- FSP legislative and regulatory restrictions limit the ability of BHS to maximize funding to benefit adult clients with emergent needs. Social problems and risk factors that are common in larger counties – for example, mental health hospitalizations, out-of-home placement, and homelessness – are rare in Alpine County. As a result, few clients meet eligibility requirements, and the County chronically under-spends its FSP allocation. We will continue to explore options for engaging this level of client care.
- Alpine County was unable to implement three (3) CSS Programs that were initially planned in the MHSA 2019-20 Update. Social Emotional Learning Groups, Clinically Coordinated Case Management, and School-based Mental Health Clinician programs were intended to expand clinical and supportive services available to individuals with a diagnosed mental illness or emotional disorder. While we were unable to implement each of these programs for somewhat different reasons, we also recognize common challenges to beginning new programs. New programs require a commitment of time and planning prior to implementation; they are often dependent on collaborating internal and external partners; and they may be time-sensitive. In the County's MHSA 3-Year Plan for FY 2020-21 through

2022-23, ACBHS proposed only one new program: Healing Trauma. The intent was (and still is) that this program will be widely applicable to Alpine County clients, and that it will provide clients with a holistic array of treatment and support services.

- Public health restrictions on group meetings and individual face-to-face contact have presented difficult challenges in Alpine County. Key interventions in the County's CSS program – particularly play therapy and field capable clinical services – can no longer be implemented and may need to fundamentally change in order to adapt to long-term public health concerns. Funding losses at the State and County level are concerning as well. We expect that the Alpine County MHSA 3-Year Plan will be revised and updated as our understanding of both the clinical and the financial implications of COVID-19 become clearer.

CSS Proposed Changes from the 3-Year Plan

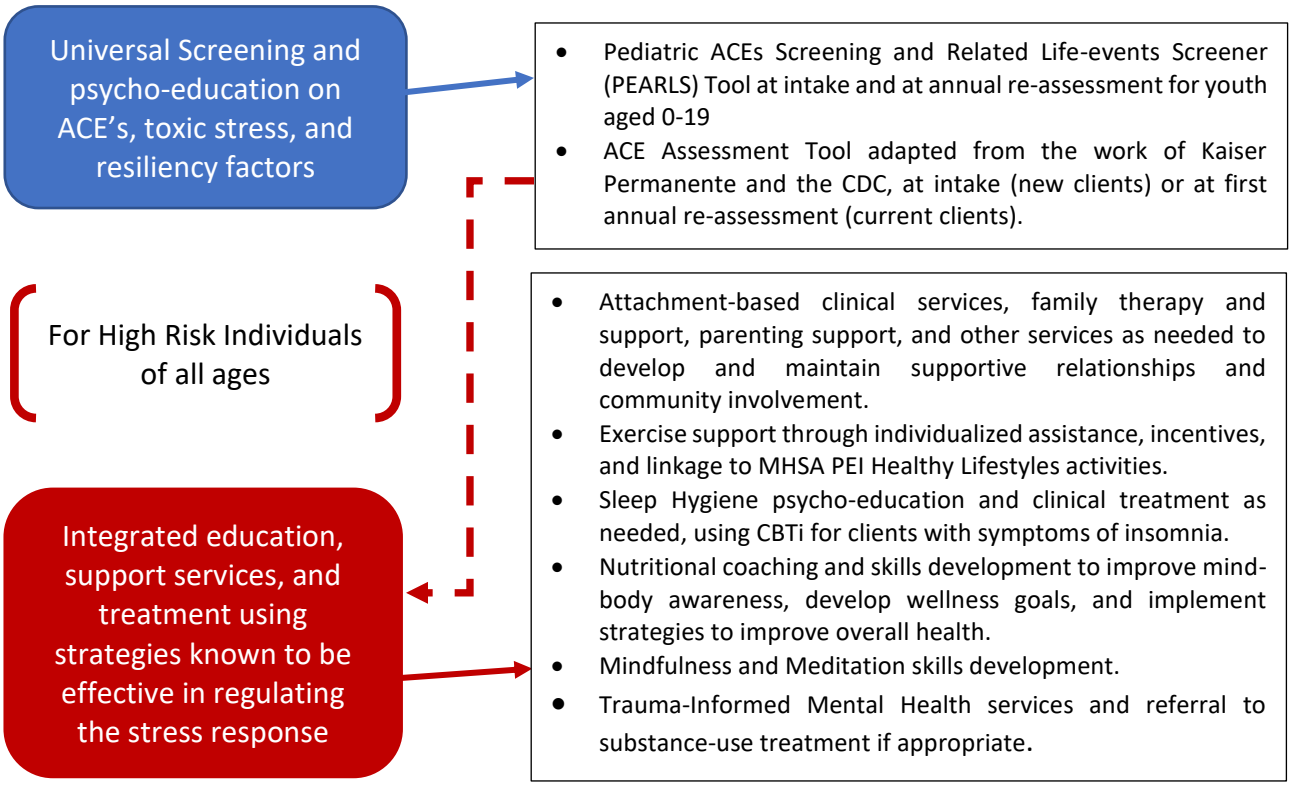
As part of the CPP process and in preparation of the Stakeholder meetings for this MHSA FY2021-2022 Annual Update, the Three-Year Plan was reviewed to identify any proposed changes to be included in this Annual Update. All proposed changes were reviewed with the Stakeholders, and their input was encouraged. In response to community feedback and the needs of Alpine County, an update on proposed changes to the CSS section are noted below. ACBHS plans these changes to be effective July 1, 2021:

- Re-categorization of programs included in the CSS component to be in line with the 3 service categories detailed in the Mental Health Services Act (FSP, O&E, and GSD).
- Planned Component in 3-year Plan: The Field Capable Clinical Services Program will be modified to include on-site services in Kirkwood. In-home and community-based services will be available to Kirkwood residents to improve access to care.
    - FY 21/22 Update: COVID-19 has (and continues to) severely impact the manner in how clinical services are delivered. Alpine County's COVID-19 restrictions have been in place since Spring 2020, resulting in all client appointments and sessions occurring either telephonically or virtually via Zoom or Telepsych. On-site services in Kirkwood have not been a possibility thus far this year. As restrictions are lifted and guidelines allow, ACBHS plans to implement this change for Kirkwood residents to improve access to care.
- Planned Component in 3-year Plan: To address the growing awareness and need for trauma-focused education, assessment, and treatment services, ACBHS developed a Healing Trauma Program, to be incorporated within the MHSA CSS Component.
    - FY 21/22 Update: ACBHS clinicians received training on the Health Trauma Program and have applied the training to the services provided during assessments and treatment.

Healing Trauma: This program was listed in the MHSA 3-Year Plan for FY 2020-21 through FY 2022-23, and continues to be refined and implemented in Alpine County as part of the CSS services. It is based on growing awareness that adverse childhood experiences and toxic stress increase the risk of negative health and social outcomes throughout one's life.

In FY 2021-22, Alpine County Behavioral Health anticipates that the Healing Trauma Program will serve 20 clients with an average cost per client of $2000, and total cost to MHSA of $40,000. We anticipate that Medi-Cal funding will also support this program.

Following guidelines established by the Office of the California Surgeon General and the Department of Health Care Services[6], the Healing Trauma program provides age-appropriate screening of clients, and integrated education, supportive services, and treatment for individuals at high risk for negative outcomes related to toxic stress, based on the ACEs Aware Risk Assessment Algorithm[7]. The following assessment and intervention strategies will be implemented and monitored through the Healing Trauma program:



Prevention and Early Intervention (PEI)

PEI Proposed Changes from the 3-Year Plan

As part of the CPP process and in preparation of the Stakeholder meetings for this MHSA FY2021-2022 Annual Update, the Three-Year Plan was reviewed to identify any proposed changes to be included in this Annual Update. All proposed changes were reviewed with the Stakeholders, and their input was encouraged. In response to community feedback and the needs of Alpine County, ACBHS plans for the following substantive changes to the PEI section through this Annual Update, effective July 1, 2021:

- Re-categorization of the PEI Program Plan, and corresponding outcome assessment tools
- Revision of PEI programs identified to match program names and services consistently within the Update and Budget
- Removal of the Alpine Kids PEI program due to the closure of the Alpine Kids Corporation

[6] ACEs Aware. Available at: https://www.acesaware.org/about-aces-aware/aces-aware/

[7] Adverse Childhood Experiences (ACEs) and Toxic Stress Risk Assessment Algorithm. Available at https://www.acesaware.org/about-aces-aware/aces-aware/

- Adjustments to the method of delivery of PEI programs and CSS services in response to expected continued COVID-19 restrictions and guidelines
- Office space within the firehouse located at Hung-A-Lel-Ti has been reduced and the new ACBHS building has been opened, resulting in services being provided in a new location
- The Alpine County Suicide Prevention Plan has been completed and will be implemented

Additionally, updates are noted below for each planned component identified in the 2020-2023 Three-Year Program and Expenditure Plan:

- Planned Component in 3-year Plan: MHSA staff will explore opportunities for collaboration with Washoe Tribe Cultural Resources Department, with the intention of including seasonal harvests, learning about the Washoe language and Native storytelling, and celebrating traditions in the Outreach and Engagement Program. In addition, clients and community members will be encouraged to develop peer-led groups to share their cultural knowledge, practices, and teachings during Wellness Center hours.
    - FY 21/22 Update: COVID-19 impacted the implementation of this change as well. When the COVID-19 restrictions were implemented in Alpine County in Spring 2020, the Wellness Center was closed until restrictions and guidelines allow it to reopen with full in-person access. Additionally, the Washoe Tribe Cultural Resources Department has minimized activities in response to COVID-19 restrictions. Thus, activities like seasonal harvests and teachings during Wellness hours have not been a possibility thus far this year. When possible, some activities have been adapted to occur virtually via Zoom (such as a read-along of a book about Washoe culture). However, the virtual option is not easily accessible for a number of residents in the Hung-A-Lel-Ti community as the band width in Alpine County and access to the internet is minimal.
- Planned Component in 3-year Plan: The Native Wellness Advocate is an MHSA-funded position that remains active and open in the County personnel system. Stakeholders have voiced strong support for refilling the position, and ACBHS intends to do so once the County-mandated hiring freeze has been lifted.
    - FY 21/22 Update: When COVID-19 restrictions were put in place in Spring 2020, a hiring freeze was implemented in Alpine County for County positions. When the freeze is lifted, ACBHS intends to fill this position.
- Planned Component in 3-year Plan: In response to stakeholder feedback, the TAY Outreach Program was expanded from the services that were outlined in the 2019-20 MHSA Update, to include monthly "High School Hangout Nights" beginning in February 2020. This expansion of the TAY Outreach Program is maintained in the current 3-Year Plan. ACBHS will continue monthly outreach at high schools, provide linkage to resources for education and employment opportunities, and support youth involvement in leadership and peer-run programs.
    - FY 21/22 Update: Due to COVID-19 restrictions, all students in Alpine County, and in neighboring Douglas County, NV. (where the majority of Alpine County high school students attend school) moved to an alternative school schedule involving distance learning (virtual school days). This schedule was implemented in Spring 2020, and is scheduled to continue until COVID-19 restrictions or guidelines determine differently. Consequently, all in-person social TAY programs, including "High School Hangout Nights" were stopped and will not resume until such time as COVID-19 guidelines

allow. In the meantime, ACBHS has maintained contact with all TAY participants via monthly phone calls and "check-ins" with the focus of mental health and connectedness. Historically, the TAY population in Alpine County prefers to participate in activities that get them "out and about", and are fun and engaging with their peers. Beginning in March 2021, virtual hangout nights will be implemented with the TAY participants who are willing (and have the technology or access) to attend.

Alpine County is proposing a revision of the PEI Plan. As described in the 2020-23 Three-Year MHSA Plan, the PEI section consisted of 5 work plans, each with its own budget line for purposes of budgeting, claiming, and reporting – but with overlapping goals, practices, and participants. However, they were categorized incorrectly, and did not list the correct Program Categories. Below is the revised PEI Program Plan for the FY 2021-22 Annual Update. We expect that this revision will provide greater clarity of purpose; improve service continuity; increase reporting accuracy; comply with all regulations and requirements; and simplify administration of the PEI Plan, without reducing the quality or capacity of services provided.

2021-22 PEI Programs (15 active & 2 discontinued)		**MHSA 3-Year Plan Re-Categorized Programs**
PEI Program #	**Program Name**	**Program Category**
1	School-based Primary Intervention Program *(discontinued)*	Access & Linkage to Treatment
2	Positive Behavior Interventions and Supports (PBIS)	
3	Honoring Past & Present through Traditional Knowledge (aka Combining Past & Present)	Early Intervention
4	Social Emotional Learning Groups for Youth Outreach (includes Bear Valley Parents Group Summer Camp)	
5	Play Group	
6	Alpine Kids *(discontinued)*	Prevention
7	Bike Fix-It & Bike-to-School	
8	Community Trips	
9	Family Night	
10	Create the Good	
11	Movie Nights & Archery Tag	
12	Senior Socialization & Exercise (50+, Chair Exercises, Fitness, Senior Soak)	
13	Yoga (& Tai Chi)	
14	Suicide Prevention as detailed in the Alpine County Suicide Prevention Strategic Plan FY 2020-23	Suicide Prevention
15	TAY Outreach	Outreach for Increasing Recognition of Early Signs of Mental Illness
16	Annual Outreach Community Events - Speakers, MH awareness, Honoring Mothers, Halloween Bash	
17	Mental Health First Aid (MHFA)	Stigma and Discrimination Reduction

PEI Program Summaries, Goals, Participation, and Outcomes

PEI funding categories include Access/Linkage to Treatment, Early Intervention, Prevention, Suicide Prevention, Outreach, and Stigma Reduction. Programs that are funded from each of these categories are discussed below. This section also incorporates the required PEI Evaluation Report. Outcomes are reported for Early Intervention programs. Due to the size of Alpine County, client demographic data for this component is considered confidential, and will only be released to the State in a confidential document.

PEI Outcome Measures and Assessment Tools by Program

#	Program Name	PEI Category	Outcome Measure Tool
1	School-based Primary Intervention Program (PIP) – *program discontinued*	Access and Linkage to Treatment	NONE – *program discontinued*
2	Positive Behavior Interventions and Supports (PBIS)	Access and Linkage to Treatment	Program-Specific Outcome Measures
3	Honoring Past & Present through Traditional Knowledge (aka Combining Past & Present)	Early Intervention	Sense of Community Index
4	Social Emotional Learning Groups for Youth Outreach (& BV Summer Camp)	Early Intervention	Child Session Rating Scale (age 4-10) **or** Youth Quality of Life-SF (age 11-17)
5	Play Group	Early Intervention	Family Quality of Life
6	Alpine Kids *(program discontinued)*	Prevention	NONE - *program discontinued*
7	Bike Fix-It & Bike-to-School	Prevention	Child Session Rating Scale (age 5-10) **or** Youth Quality of Life-SF (age 11-17)
8	Community Trips	Prevention	Child Session Rating Scale (age 5-10) **or** Youth Quality of Life-SF (age 11-17) **or** Quality of Life Scale (AQoL-8D) (18+)
9	Family Night	Prevention	Sense of Community Index
10	Create the Good	Prevention	Sense of Community Index
11	Movie Nights & Archery Tag	Prevention	Child Session Rating Scale (age 5-10) **or** Youth Quality of Life-SF (age 11-17) **or** Quality of Life Scale (AQoL-8D) (18+)
12	Senior Socialization & Exercise (50+ Club, Chair Exercises, Fitness, Senior Soak, Elder's Luncheons)	Prevention	Quality of Life Scale (AQoL-8D)
13	Yoga (& Tai Chi)	Prevention	Quality of Life Scale (AQoL-8D)
14	Suicide Prevention	Suicide Prevention	Program-Specific Pre & Post Evaluation (SOS Program Questionnaire)
15	TAY Outreach	Outreach for Increasing Recognition of Early Signs of Mental Illness	Youth Quality of Life-SF (age 16-25)
16	Annual Outreach Events – Speakers, MH Awareness, Community Events (Halloween Bash, Honoring Mothers, etc.)	Outreach for Increasing Recognition of Early Signs of Mental Illness	Child Session Rating Scale (age 5-10) **or** Youth Quality of Life-SF (age 11-17) **or** Quality of Life Scale (AQoL-8D) (18+)
17	Mental Health First Aid (MHFA)	Stigma & Discrimination Reduction	Program-Specific Post-Test & Evaluation

➢ ACCESS AND LINKAGE TO TREATMENT

Access/Linkage Program (PEI Program #1) – School-Based Primary Intervention Program (PIP) *(discontinued)*

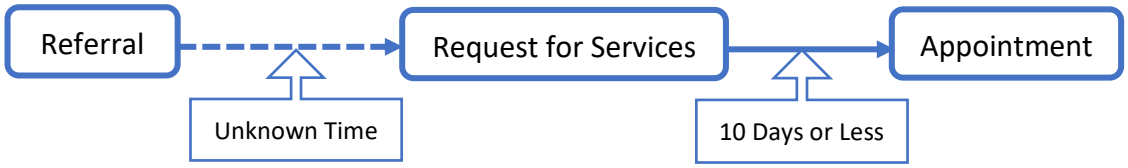
At the time of the 2019-20 MHSA Plan Update, Alpine County BHS planned for the school-based Primary Intervention Program (PIP) to facilitate referrals and link children with higher emotional or behavioral needs to treatment. PIP services had been provided through a contract with Tahoe Youth and Family Services (TYFS), which was expected to continue. At the beginning of the 2019-20 school year, Tahoe Youth and Family Services no longer had staff available to lead the PIP Program, and the contract was discontinued.

Access and Linkage to Treatment services were instead provided through the Positive Behavioral Interventions and Supports (PBIS) Program, which was in place as an Early Intervention strategy but was not originally planned to be a strategy for Access and Linkage to Treatment. Since both the Primary Intervention Program (PIP) and the PBIS Program were planned as school-based interventions, this adjustment did not have significant impact on the intent or focus of Access and Linkage to Treatment services. The PBIS program is covered below.

Access/Linkage Program (PEI Program #2) – Positive Behavioral Interventions and Supports (PBIS)

This program is designed to identify and provide services to children under the age of 15 who are experiencing emotional or behavioral problems at school. It provides school-based services and interventions as children begin to demonstrate problems, and includes referral and linkage to mental health treatment for children who may be experiencing the emergence of an emotional disorder, or who may be engaged in risky behaviors including aggression, frequent truancy, or substance use. Strategy: School-wide behavioral indicators; early intervention for children with identified behavioral problems, and linkage to treatment as needed. Alpine County BHS contracted with Alpine County Unified School District (ACUSD) to improve overall mental health outcomes of children, families and communities through Positive Behavioral Interventions and Supports (PBIS).

Alpine County BHS will also use this Program to assess and improve timely access to care for individuals from underserved populations. Our Policies and Procedures stipulate that appointments must be scheduled within 10 business days of the potential client's initial request for services, and this timeliness standard is consistently met. Timeliness, however, is defined as the interval from referral (not request for services) to first appointment attended. Through this Program, we will systematically collect referral data and improve timeliness of care by evaluating barriers that may cause delay between referral the initial request for services.



It is important to note that the 2020-21 school year began in a distance-learning model due to COVID-19 and did not reopen for in-person instruction until October 12, 2020. It remained

open only until November 9, 2020, at which time distance learning was reinstated for all students in accordance with COVID-19 restrictions. Only 65% of all students returned for in-person instruction, while the remainder continued with the distance-learning model. During the in-person learning, a 1-week fall break occurred. Data is collected only during in-person instruction. Consequently, only 3 weeks of data is available for FY2020-21.

Within the PBIS model[8]:

- Tier 1 practices provide universal supports to all children, emphasizing prosocial skills and expectations by teaching and acknowledging appropriate student behavior, and monitoring progress.
- Tier 2 practices focus on early intervention for students who are not successful with Tier 1 supports alone, and are at risk for developing more serious problem behavior. Specific Tier 2 interventions include practices such as social skills groups, self-management, and academic supports.
- Tier 3 students receive more intensive, individualized support to improve their behavioral and academic outcomes. Tier 3 strategies work for students with developmental, emotional and behavioral disorders, and for students without a diagnosed disorder; interventions include functional behavior assessment, and wraparound supports. ACUSD refers students for further services as a Tier 3 (intensive) intervention.

In FY2018-19, fifteen (15) referrals were made through the PBIS program to BHS clinicians, eight (8) referrals were made in FY 2019-20, and in FY2020-21 thus far, nine (9) referrals were made through this program. Below is the data showing cost of the program per student. However, please NOTE: a revision was made with FY 2020-21 where the majority of the funds are now focused on students in Tiers 2 & 3, so the cost per student rose because students in Tiers 2 & 3 are at a higher risk for developing more serious problem behavior.

Positive Behavioral Intervention and Support (PBIS)	FY 2017-2018:	FY 2018-2019:	FY 2019-2020:	FY 2020-2021 (6 month total)
Unduplicated Total Number of Individuals Served (# of students in ACUSD)	90	84	99	75
Contract Total Dedicated to Tier 1 (all students)	was not separated	was not separated	was not separated	$3,200
Cost per Student for Tier 1	n/a	n/a	n/a	$42.66
Unduplicated Total Number of Individuals Served (# of students in Tier 2 &3)	n/a	n/a	n/a	28
Contract Total Dedicated to Tiers 2 & 3	$32,000	$32,000	$32,000	$28,800
Cost per Student for Tiers 2 & 3	$356	$381	$323	$1,028.57

Data collection changed

Key outcomes of the PBIS Program include:

- Reduced reactive, aversive, and exclusionary practices
- Reduced rates of major behavior incidents and absenteeism
- Increased engaging, responsive, preventive and productive practices

[8] Center on PBIS, 2019. *Tiered Framework*. Available at: https://www.pbis.org/pbis/tiered-framework

- Improved classroom management, student attendance, and prosocial behavior
- Improved supports for students whose behaviors require more specialized assistance
- Increased engagement and achievement for all students
- Increased positive connections to school and peers

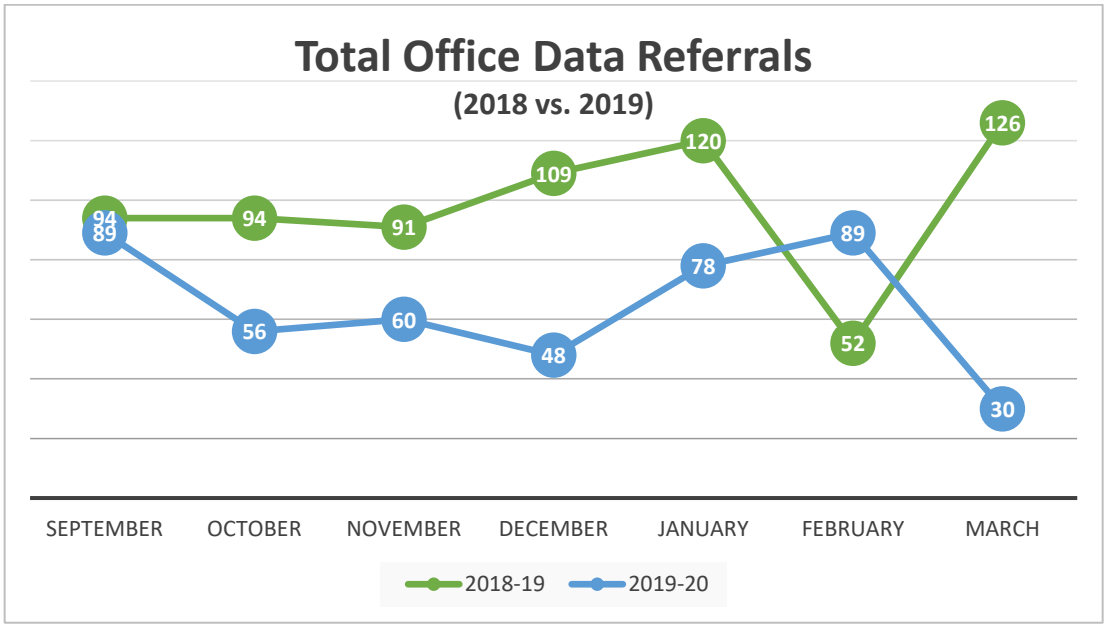
Diamond Valley Elementary School staff have continued to implement the core PBIS strategies to reach program goals:

- Social Emotional Learning and Character Building: The district counselor implemented a character-building strategy school-wide (Tier 1) including monthly HAWK character traits: Generosity, Unity and Empathy/Compassion. Lessons were taught on Growth Mindset, Anger Management, Emotional Awareness, Anti-bullying Curriculum and School Climate Survey, as appropriate for each grade level.
- Check-in systems: The weekly check-in blue slips have been completed and turned in to the counselor consistently every Thursday. Some use blue slips to identify another student(s) who is engaging in inappropriate behavior. Others use blue slips as a way to ask the counselor to facilitate peer mediation or conflict resolution between students.
- Check-in/Check-out (grades 2-8) and Daily Charts (grades K-1) are Tier 2 interventions implemented to provide increased positive adult contact, social skills training, and frequent feedback. During the 2018-19 school year, 14 students received Check In/Check Out supports. Of these students, one student successfully graduated from the program, two moved away from the district, and three dropped their participation. Of the remaining seven students, 71% demonstrated moderate to high success, 29% experienced declining success.
- Multi-Tiered System of Support (MTSS): MTSS meetings have been 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.
- A Tier 3 dedicated classroom was initiated in February 2020 to provide more intensive, individualized support to younger elementary-aged children in order to improve their behavioral and academic outcomes. Unfortunately, this intervention was abruptly disrupted by the mandated school closure due to COVID-19.

Success of the PBIS Program is evidenced by decreasing frequency and intensity of office referrals for behavioral problems. The two tables and explanations below were extracted from the PBIS program Year-End Reports (prepared by ACUSD) for FY2018-19 and FY2019-20. NOTE: the data ends in March due to the mandatory closure of the schools in response to COVID-19.

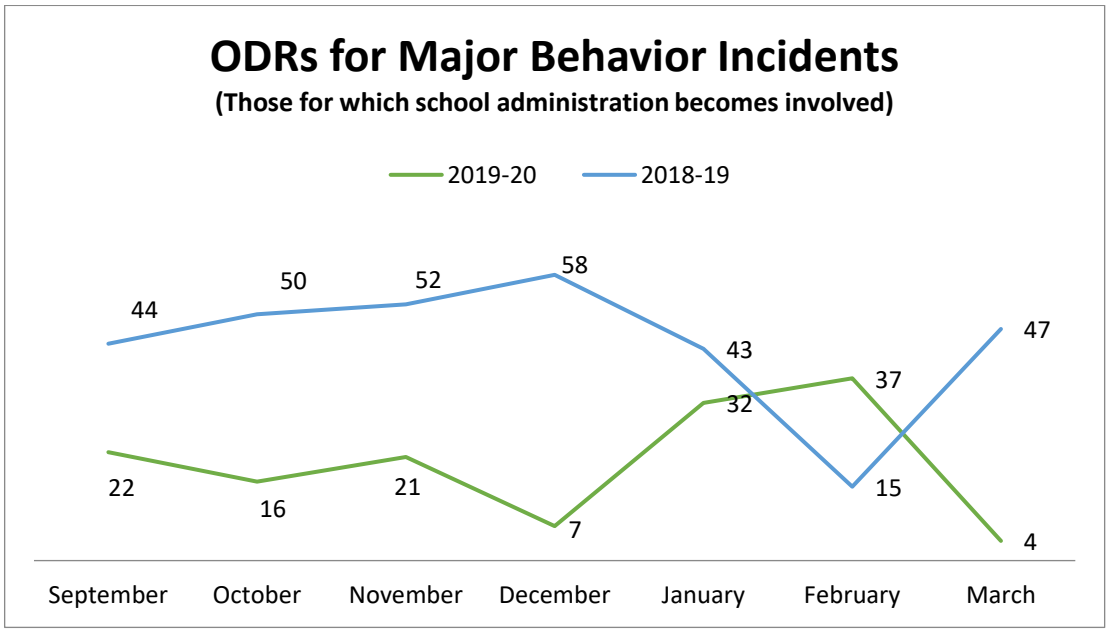
- Table A compares School-Wide Information System data for the total number of Office Data Referrals (ODRs) by month, during the equivalent report period for FY2018-19 and FY2019-20, illustrating a 34.4% reduction in overall referrals (from 686 in 2018; to 450 in 2019).

Table A



- Table B tracks ODRs for Major Behavioral Incidents during the equivalent report period for FY2018-19 and FY2019-20, illustrating a 55% reduction in ODRs for Major Behavior Incidents (from 309 in FY2018-19; to 139 in FY2019-20). "Major Incidents" are defined as incidents that require school administrators to be involved; minor referrals are managed by staff present at the time of the incident. This data shows that behavioral problems were more often able to be directly managed within the classroom/playground setting in which they occurred.

Table B



- **EARLY INTERVENTION**

Early Intervention Program (PEI Program #3) – Honoring Past & Present Through Traditional Knowledge (also known as Combining Past & Present)

Honoring Past and Present Through Traditional Knowledge is a culturally-based program for Alpine County residents of all ages. The program seeks to preserve cultural traditions, build community, and address early symptoms of depression and anxiety related to social isolation and unstable resources for support among members of the Hung A Lel Ti community. Through community dialogue and activities, the program also addresses trauma-related mental health topics specific to Tribal communities, such as historical trauma and identity confusion. Two key factors have greatly affected the continued implementation of this program; COVID-19 restrictions and the vacancy of the Native Wellness Advocate position. Due to COVID-19 restrictions, all in-person gatherings and events were cancelled or suspended. The large portion of the Native American community in Alpine County do not have the technology or access to attend virtual programs. Cultural presentations and topics are offered through some of the other virtual programs (e.g. Create the Good), and the data is included in the totals for those specific programs. While the position was occupied, the Native Wellness Advocate provided culturally-based integrated behavioral health services developed in collaboration with the Washoe Tribal Cultural Resource Department and Tribal elders. Many activities were scheduled during drop-in hours at the Wellness Center; other activities were scheduled independently:

- Beading activities included making jewelry, collars for dolls, and moccasins. Classes included discussion of family and Tribal histories and traditions.
- Basketry excursions included traditional gathering practices, mindfulness, and connections between people, the traditional Washoe lands, and native plants.
- Throughout the year, program participants gathered many indigenous plants, including onions, pine nuts, and berries. A youth program focused on native berries - their medicinal properties, traditional usage, and how to make jelly. A separate summer outing along the river allowed participants to enjoy the water; use the language in prayer and for protection; and gather plants for a plant essence class.
- Traditional knowledge includes sewing. In 2019-20, program participants made Spa Bags for elders; they also worked on traditional women's skirts, men's ribbon shirts, and shawls for use in tribal dances and social gatherings. Community members lead many of these classes.
- Storytelling is a vehicle to bring people together, connect people to their ancestral lands, establish norms, and document tribal history. Through this program, youth learned and shared traditional stories at Family Night, often utilizing the Washoe language while gaining leadership skills, public speaking skills, and self-confidence.
- Native-based movies were shown monthly in collaboration with Live Violence Free at the Wellness Center as a vehicle to discuss domestic violence and sexual assault for prevention and to heal from the abuse.
- The Native Wellness Advocate collaborated with the Washoe Tribe's Cultural Resource Department and with community volunteers to enhance the singing,

storytelling, hand-games, basketry, drum making, and dance activities included in "Culture Camp" – an annual Washoe event for local families.

- Included in the Honoring Past and Present Program, ACBHS provided transportation that allowed local youth to participate in a summer equine therapy program. The therapeutic program was provided by Between Horse & Humans, a local non-profit organization. This program builds leadership and communication skills, and assists participants with social, personal and emotional issues.

Honoring Past & Present Through Traditional Knowledge	FY 2017-2018:	FY 2018-2019:	FY 2019-2020:	FY 2020-2021 (8 month total)
Unduplicated Total Number of Individuals Served	160	110	115	Included in Create the Good data

Early Intervention Program (PEI Program #4) – Social Emotional Learning Groups for Youth Outreach

In the 2019-20 MHSA Update, Alpine County Behavioral Health Services proposed implementing a program of Social and Emotional Learning Groups for Youth Outreach as an Early Intervention strategy. 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.

ACBHS subcontracted with Bear Valley Parents Group (BVPG) to implement this program by providing evidence-based social-emotional skill-building services to children who are Alpine County residents, between ages 4-8 years old. Bear Valley Parents Group (BVPG) was formed in 2005 by a group of local parents to serve the needs of children in Bear Valley on the west side of the slope of Alpine County. BVPG sponsors the Bear Valley Summer Camp for local children 8 weeks each summer (late June – Early August). According to the BVPG website (www.bearvalleydaycamp.com), the summer camp "utilizes a values-based curriculum (Character Counts) with outdoor activities and educational experiences to nurture a lifetime of health choices and self-confidence, while respecting and protecting the outdoors". While the Character Counts curriculum is implemented with all children who attend the camp (up to age 18), the target population for this PEI program is children age 4-8. During camp each week, ACBHS staff coordinate with the Camp Director and camp counselors to provide the PEI evidence-based social-emotional skill-building curriculum specific to this age group. Due to COVID-19 restrictions, only 6 children attended camp in the summer of 2020. Baseline data was gathered using the Child Session Rating Scale. It is anticipated that participation will increase this next year.

Bear Valley Parents Group Summer Camp	FY2020-2021 (8 week program)
Unduplicated Total Number of Individuals Served	6

BHS implemented use of the Child Session Rating Scale[9] for each child, once each week they attended camp. ACBHS collected a total of 99 completed evaluations; not every child attended every week. The Child Session Rating Scale (CSRS) is a very brief, four-item measure that is used to monitor progress and engagement in services; the score for each item ranges from 0 to 10. Total scores can range from a low of 0 to a high of 40; the average score from the children was 29.9.

0 ---------- 10

1. Did not always listen to me.	Listened to me.
2. What we did and talked about was not really that important to me.	What we did and talked about were important to me.
3. I did not like what we did today.	I liked what we did today.
4. I wish we could do something different.	I hope we do the same kind of things next time.

In addition to the Bear Valley Summer Camp, ACBHS intended to replicate the program in Markleeville for children on the east side of the slope. However, due to COVID-19 restrictions, implementation in Markleeville was suspended. These groups are tentatively planned (pending COVID-19 restrictions) to begin in Markleeville in the summer of 2021, as a component of the PEI Wellness Program, implementing a prevention strategy to build protective factors in children and adolescence at risk due to adverse childhood experiences or other factors impacting mental health.

Early Intervention Program (PEI Program #5) – Play Group

Play Group is a collaborative activity scheduled weekly between September and May, and is facilitated by Catalyst Community (formerly Choices for Children), First 5, Live Violence Free, and Alpine County BHS. Two of these agencies partner each week to provide a craft activity, parent education, and lunch for young children (aged 0-5 years) and their parent or guardian. As planned in the 2019-20 MHSA Update, Play Group had been a Wellness (prevention focused) program, but is now included under early intervention. The groups have had a dual function of serving as a parent support group and in providing developmentally-appropriate fun activities for children.

Play Group	FY 2017-2018:	FY 2018-2019:	FY 2019-2020:	FY 2020-2021 (8 month total)
Unduplicated Total Number of Individuals Served	69	39	36	None due to COVID-19

[9] Miller, S. Child Session Rating Scale. Available at: https://www.corc.uk.net/outcome-experience-measures/session-rating-scale/

➢ PREVENTION

The Alpine County BHS Prevention Programs are universal community wellness projects that welcome and engage County residents from all age levels. These programs provide continued support to prevent the development and onset of mental health issues among Alpine County residents, improve quality of life, and engage residents in programming to decrease barriers to accessing services for serious mental illness (SMI) and severe emotional disturbance (SED). These programs are intended to improve health and psycho-social protective factors that are commonly associated with improved quality of life. These protective factors include mobility and self-care, energy level, sleep, stress management, positive mood, self-worth, ability to cope, and family, social and community connection.

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

- The common experience of prolonged isolation due to the County's rural character, mountainous terrain, and lack of transportation and other amenities;
- A higher than average percentage of people 65 years of age and older as well as a higher percentage of people under age 65 with a disability;
- A large underserved Native America community (approximately 24% of the County population) with experiences of racism and social inequality, historical trauma, serious chronic medical conditions, and intergenerational poverty.

In the 2019-20 MHSA Update, the following were identified as prevention programs, intended to mitigate risk factors that are associated with the development of a potentially serious mental illness:

Prevention Program (PEI Program #6) – Alpine Kids *(discontinued)*

COVID-19 restrictions resulted in planned family-strengthening activities with the contracted MHSA provider, Alpine Kids, being cancelled in the summer, fall, and winter of FY2020/21. In the spring of 2021, Alpine Kids permanently closed its doors due to the effects of COVID-19 and loss of grants/contracts required to continue the program. Due to this closure, this program is no longer being offered through MHSA. However, the data below was collected prior to this Annual Update.

The mission of the Alpine Children's Center Corporation (also referred to as "Alpine Kids") was to prevent child abuse, neglect, and domestic violence while strengthening families and building a supportive community. By providing support for children and parents, the program sought to reduce the impact of adverse childhood experiences. Alpine Kids provided families with opportunities to play together through drug-and-alcohol-free family and teen outings; expand life experiences for families who may be isolated or living in poverty; and promoted lifestyle changes that encouraged parents and children to enjoy activities together.

Through a contract with Alpine County BHS prior to FY2020-21, Alpine Kids hosted a variety of community events to bring together people of differing cultural, generational, and economic groups, as well as those with medical and developmental disabilities. Events included two fishing derbies (in Bear Valley and Markleeville); a New Year's Eve Family event;

Bingo night in Bear Valley; two Rainbow Awards ceremonies (in Bear Valley and Markleeville); and a Teddy Bear Parade at the library with crafts, activities, and local agency information booths.

Alpine Kids	FY 2017-2018:	FY 2018-2019:	FY 2019-2020:	FY 2020-2021
Unduplicated Total Number of Individuals Served	609	465	405	Program Discontinued
Contract Total	$20,000	$20,000	$20,000	$0
Cost per Participant	$30	$43	$49	$0

Prevention Program (PEI Program #7) – Bike Fix-It & Bike-to-School

Bike Fix-It and Bike-to-School events are youth-centered wellness activities that promote safe and healthy exercise along with community collaboration, and occur annually in May and June. In 2019, Diamond Valley Elementary School celebrated the last day of school by hosting a bike-a-thon and family potluck BBQ, in collaboration with many agencies including Alpine Sheriff's Department, California Highway Patrol, and Tribal Police. Kindergarten through second graders participated in a bike rodeo set up on the playground, while older students rode five to ten miles on a closed road between the school and the Hung A Lel Ti Community. In 2020, the program was cancelled due to COVID-19 restrictions.

- The Bike Fix-It portion of this program provides bike supplies and coordinates community volunteers to ensure that local youth have a safe and working bicycle. Much of the bicycle repair occurs on a "Bike Fix It" Day at the Wellness Center.
- Bike-to-School encourages local youth to prepare for the bike-a-thon by organizing before-school group rides from the Hung A Lel Ti community to Diamond Valley School. In May of 2019, MHSA staff met with a group of eleven youth for a series of four (4) preparatory rides prior to the bike-a-thon event.

Bike Fix-It and Bike-To-School	FY 2017-2018:	FY 2018-2019:	FY 2019-2020:	FY 2020-2021 (8 month total)
Unduplicated Total Number of Individuals Served	28	15	Cancelled due to COVID	Scheduled for May 2021

Prevention Program (PEI Program #8) – Community Trips

Community trips are intended to decrease social isolation, offering individuals an opportunity to get out, explore surrounding points of interest, and socialize with others. Many County residents living in underserved communities do not have their own transportation; they may also be living alone, have a fixed income, or have a physical disability that contributes to their social isolation. One-day community trips were scheduled monthly, and were open to all clients and community members. In FY2018-19 and 2019-20, destinations included Virginia City; Black Chasm Caverns; Apple Hill; shopping at thrifts stores; the Sacramento Zoo; and many local museums. Beyond providing a day-outing, these community trips provide the opportunity for participants to engage with others and build a stronger social network. Due to COVID-19 restrictions, all community trips were cancelled effective March 2020 and have not yet resumed. When restrictions allow, ACBHS plans to resume this program.

Community Trips	FY 2017-2018:	FY 2018-2019:	FY 2019-2020:	FY 2020-2021 (8 month total)
Unduplicated Total Number of Individuals Served	54	38	20	None due to COVID-19

Prevention Program (PEI Program #9) – Family Night

Family Night is a strengths and community-based program intended to build the natural support network available to residents of the Hung A Lel Ti community; this network includes the extent to which people can rely on one another and the extent to which they feel connected to others living in the community. Beyond this intent to strengthen the social support network, Family Night is also intended to support the capacity of the community to develop ways and means to care for one another; to nurture the talents and leadership skills of the residents; and to create an environment in which individuals and families can talk about and resolve common problems. Family Night began more than six years ago as a small social support network of individuals and families from the Hung A Lel Ti community who were experiencing problems related to substance use. Initial attendance at the weekly-scheduled dinners was typically less than 10 people. Over the years, one outcome of Family Night has been an ever-increasing number of people participating in the program, and an expansion of the program focus beyond topics related to substance use to include community-wide housing issues, preservation of customs and culture, story-telling, and youth support. Average attendance in 30 Family Night events held between July 2019 and Feb 2020 was slightly over 42 people per week. Due to COVID-19 restrictions on group gatherings, Family Night was suspended until further notice, and has not yet resumed. When restrictions allow, ACBHS intends to resume this program.

Community capacity-building efforts can encompass a range of activities, including a wide variety of semi-structured and informal activities that build trust and camaraderie among citizens. The Family Night program consists of an informal community dinner provided by ACBHS, often convened by a prayer offered by a community elder, and sometimes including a story-telling presentation or other activity. Over the past year, there has been an increase in the number of youths who have attended, and youths who assist with routine tasks such as setting up of table and chairs, serving dessert, and cleanup.

Family Night	FY 2017-2018:	FY 2018-2019:	FY 2019-2020:	FY 2020-2021 (8 month total)
Unduplicated Total Number of Individuals Served	50	238	243	None due to COVID-19

Prevention Program (PEI Program #10) – Create the Good

Create the Good features a meal and programing for adults and seniors, with presentations focused on health and wellness. Prior to COVID-19, these events occurred weekly in the BHS Wellness Center, located in the Hung A Lel Ti community; and twice-monthly at the elementary school in Bear Valley. However, due to COVID-19 restrictions, all Create the Good in-person programs were suspended until further notice. In July 2020, a virtual version of Create the Good was initiated. Participation in the virtual program was very minimal at first, but then rapidly increased in December 2020, and has continued to be well attended.

As restrictions are lifted, ACBHS intends to resume the in-person program. Create the Good offers an opportunity for ACBHS clients and community members to come together and enjoy healthy, balanced meals, while participating in a wellness or educational activity. Participants socialize, learn new skills, and build relationships with neighbors. As a prevention program, Create the Good promotes socialization, person-first awareness of mental and physical health issues, promotion of wellness subjects, and multicultural learning opportunities. In addition, the program has created opportunities for "meet and greets" between participants and ACBHS staff, including the geographically-isolated communities.

Create the Good	FY 2017-2018:	FY 2018-2019:	FY 2019-2020:	FY 2020-2021 (8 month total)
Unduplicated Total Number of Individuals Served (Bear Valley)	192	228	124	None due to COVID-19
Unduplicated Total Number of Individuals Services (Hung-A-Lel-Ti)	177	222	149	58

Prevention Program (PEI Program #11) – Movie Nights & Archery Tag

Movie Nights and Archery Tag are healthy activities intended to support children, transitional-aged youth, and families. Prior to 2019-20, Movie Nights were included in the CSS Outreach and Engagement Program, and the unduplicated number of individuals served was reported as a part of that program. Since that time, both movie nights and archery tag have struggled with low attendance, despite efforts to adjust scheduling, provide transportation, and link to other programs. In FY 2019-20 annual update, it was decided to only schedule movies during winter months, when individuals and families are most isolated to home. Due to COVID-19 restrictions, all movie nights and archery tag events were suspended until further notice and have not yet resumed. As stated in the County's MHSA 3-Year Plan for FY 2020-21 through 2022-23, Movie Nights and Archery Tag are considered for one-time or intermittent special events, but are not planned as regular monthly events, and once COVID-19 restrictions allow, ACBHS intends to resume these programs on an intermittent basis.

Movie Nights & Archery Tag	FY 2019-2020	FY 2020-21
Unduplicated Total Number of Individuals Served	22	None due to COVID-19

Prevention Program (PEI Program #12) – Senior Socialization & Exercise

Activities planned and implemented within the Senior Socialization and Exercise program focus on improving the healthy attitudes, beliefs, skills, and lifestyles of older adults. These activities include: Chair Exercises & Holistic Health classes; Senior Soak; and 50+ Club and Elders' luncheons. 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. Activities within this program provide warm and caring environments where seniors can develop a sense of connection and belonging; and they support active, healthy lifestyles. As described in the Three-Year MHSA Plan for FY2020-23, Senior Socialization and Exercise had been a PEI program designed to implement a

strategy of outreach for increasing recognition of early signs of mental illness. It has now been re-categorized as a prevention program. Due to COVID-19 restrictions, all group and social events were suspended in March 2020. Chair exercises and Holistic Health are offered virtually as of 1/1/21. 50+ Club has been offered virtually since May 2020. Senior Soak and Elder's Luncheons have not resumed as of yet. When restrictions are lifted, all of these programs will return to in-person events. Exercise classes will occur at the community gym in Hung A Lel Ti; Senior Soak takes place at Grover Hot Springs State Park; and monthly luncheons for 50+ and Elder's Luncheons are held in the community room of the Learning Center in Woodfords.

Senior Socialization & Exercise Program by activity	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021 (8 month total)
Chair Exercise & Holistic Health: Unduplicated Number Served	32	33	40	9
50+ Club and Elders' luncheon: Unduplicated Number Served	233	241	152	29
Senior Soak: Unduplicated Number Served	105	109	63	None due to COVID-19

Prevention Program (PEI Program #13) – Yoga

The practice of yoga is widely known for reducing stress; improving flexibility and concentration; and promoting a sense of calmness. It is adaptable to people of different levels of fitness, and classes can range from gentle to strenuous. Alpine County BHS has included yoga classes in MHSA programing for several years, and it remains popular among stakeholder groups. During FY 2019-20, Tai Chi classes were added to supplement the Yoga program in Bear Valley; these classes also focused on mind-body connection and were appropriate for all fitness levels. Classes are taught by contracted instructors who are certified and insured. Participants attend on a drop-in basis; and during fiscal years 2018-19 and 2019-20, attendance in Yoga activities was inconsistent due to seasonal scheduling and weather-related issues (particularly in Bear Valley), and the loss of facility space for classes offered in Kirkwood. Due to COVID-19 restrictions, all in-person yoga classes were suspended in March 2020. Beginning in July 2020, yoga classes were reinstated virtually, and continue each week. Once restrictions allow, this program will return to in-person classes. As with the Senior Socialization and Exercise Program, Yoga had been a PEI program designed to implement a strategy of outreach for increasing recognition of early signs of mental illness. However, it has been re-categorized as a prevention program. Classes in Markleeville are taught in the community room at the Early Learning Center in Woodfords or during the summer months outside on the grass at the Markleeville library. In Bear Valley, classes are held in the community room in the library, or outside as weather permits.

Yoga Program	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021 (8 month total)
Unduplicated Total Number of Individuals Served (Bear Valley)	87	41	80*	29
Unduplicated Total Number of Individuals Served (Markleeville)	119	139	77	37
Unduplicated Total Number of Individuals Served (Kirkwood)	63	65	n/a	n/a

***** Bear Valley Yoga program includes 4 months of Tai Chi classes in FY 2019-20

➢ SUICIDE PREVENTION

Suicide Prevention Program (PEI Program #14) – Suicide Prevention

In the past, Alpine County BHS had contracted with the Suicide Prevention Network of Douglas County (Nevada), which provided community-based prevention and awareness activities, as well as formal training for Behavioral Health staff, partner agency staff, and County residents. Consequently, suicide awareness and stigma reduction activities have reached specific at-risk populations, including Seniors (Senior Health Fair), Transition Age Youth (Youth Empowerment Days), and Native American families (contributing to the AC BHS 'Create the Good' Program). Suicide Prevention Network staff members also made monthly presentations to students at Diamond Valley Elementary School (Alpine County) on subjects that include an anti-bullying curriculum; strategies for creating a positive school environment; coping skills; suicide prevention; and recognition of signs and symptoms of depression and anxiety. The staff shares information about suicide loss, provides support to individuals who have experienced trauma, facilitates teen leadership activities, and contributed to the Alpine Threads Newsletter and Cub Reporter in Bear Valley in order to reach all Alpine County residents.

In addition, Suicide Prevention Network provided evidence-based training for staff and residents of Alpine, including Applied Suicide Intervention Skills Training (ASIST) and safeTALK. In February of 2020, safeTALK training was provided to Behavioral Health and partner agency staff; in March 2020, the same training was offered to the community at Kirkwood. A total of 23 individuals completed this three-hour training program that prepares helpers to identify persons with thoughts of suicide and connect them to suicide first aid resources. An additional community training was scheduled for March 17, 2020; however, due to COVID-19 restrictions, this training was cancelled.

For FY2020-21, ACBHS completed development of a Suicide Prevention Strategic Plan for FY2020/21 through FY2022/23. This plan no longer called for a subcontract with Suicide Prevention Network, so the contract was not renewed. ACBHS staff have implemented the suicide prevention programs and training. The first program within this plan took place during the week of 3/1/21-3/5/21 where two separate sessions were held at the Diamond Valley School for elementary students and middle school students.

Participation in activities facilitated by Suicide Prevention Network and ACBHS staff is presented below:

Suicide Prevention Program	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021 (8 month total)
Unduplicated Total Number of Individuals Served	202	238	186	17
Contract Total	$40,000	$40,000	$40,000	n/a
Cost per person	$198	$168	$215	n/a

Alpine County BHS has also contracted with Crisis Support Services of Alameda County to ensure that a well-staffed and trained crisis hotline response team is available 24 hour per day, 7 days per week. The program provides risk assessment and brief intervention for

people in crisis and people suffering from chronic mental illness, and links callers to local emergency services as needed. Crisis Support Services of Alameda County is accredited by the American Association of Suicidology and is a member of the National Suicide Prevention Lifeline.

- **OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS**

Outreach Program (PEI Program #15) – TAY Outreach

Teens and TAY in Alpine County typically attend high school out-of-county; and many times, the supportive relationships that were built with younger students in elementary school are disrupted when the students move on to high school. This challenge contributes to the difficulty that Alpine County BHS staff have had in engaging youth in prevention, early intervention, and treatment services. In an effort to connect with Alpine youth, the TAY Outreach Program starts with "meeting teens where they're at" – literally, checking-in weekly with Alpine high school students during their lunch break at Douglas High School in Nevada. Prior to COVID-19, the program also provided lunch once each month, and served, on average, 22 of the 36 Alpine students (61%) who attend Douglas High School. The TAY Outreach Program also included day-trips to events of interest to youth: in FY 2019-20, students completed a college tour at the University Nevada, Reno campus; met with Job Core staff; and attended a college basketball game. In response to youth and other stakeholder feedback, the TAY Outreach Program was expanded to include monthly "High School Hangout Nights" at the Wellness Center. In both February and March 2020, 14 high school students participated in the "Hang Out" events, which featured games, art supplies, music, and metal stamping.

Due to COVID-19 restrictions, all in-person programs were suspended in mid-March 2020, including this program. ACBHS attempted to hold virtual events for TAY. But, since students were still required to complete school activities and schedules virtually, and were no longer together during lunch time, the virtual events were not easily implemented. Additionally, many of the students did not have the technology or access to attend virtual events. However, beginning in April 2020 ongoing, MHSA staff have maintain bi-monthly phone contact with all high school students to "check in" with them about their mental health and to maintain the rapport and connection with them during the pandemic. Through those calls, MHSA staff have been able to assist many of the students with finding ways to access zoom, and increase virtual participation. As a result, High School Hangouts are scheduled to recommence in March 2021 via Zoom until COVID restrictions allow the in-person program to resume. As described in the 2019-20 MHSA Plan Update, the TAY Outreach has implemented prevention strategies: strengthening engagement; building rapport with youth; offering healthy activities to reduce the risk of early substance use; and strengthening resiliency factors. TAY Outreach activities have met the community and practice-based evidence standards: they are based on strategies of youth empowerment; building rapport; creating supportive environments; having an orientation toward positive outcomes; and developing program activities that are experiential, relevant, and challenging.

TAY Outreach	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021 (8 month total)
Unduplicated Total Number of Individuals Served	54	61	57	20

Outreach Program (PEI Program #16) – Annual Outreach Events – Speakers, Mental Health Awareness

Alpine County BHS sponsors several annual events that contribute to community wellness; support mental health awareness and outreach efforts; and increase collaboration with partner organizations. Due to COVID-19 restrictions, all in-person gatherings and events were cancelled as of March 2020. Consequently, the typical events under this program were affected. However, once restrictions allow, ACBHS plans to return to bringing in speakers, and reinstating this program. These activities and events have included:

- The annual Halloween Bash is a collaborative community event made possible by the efforts of multiple local agencies. The event welcomes all families of Alpine County, and includes games, dinner and costume contest.
- During Mental Health Awareness Month, ACBHS traditionally brings a guest speaker to the community to share a positive mental health message. In May 2019, BHS invited LoVina Louie, creator of "Powwow Sweat," and co-director of the American Film Festival award winning video "We Shall Remain," to provide an interactive presentation at Diamond Valley Elementary School. Her presentation was upbeat, energizing, and powerful; in addition, ACBHS provided students and staff with T-shirts and sunglasses promoting mental health awareness.
- LoVina Louie was also the guest speaker at the ACBHS Honoring Our Mothers event in May 2019. This annual event provides school-age youth with the opportunity to invite their mother, grandmother, or aunt to a special evening dinner. In May 2019, the event included interactive table activities and professional family portraits, along with the guest presentation.
- In October 2019, five miles of Highway 88 was dedicated in honor of Vietnam veterans; the event began with a resolution at the Board of Supervisors meeting, followed by a ceremony and highway sign unveiling, guest speakers, and a lunch celebration. Multiple departments within Alpine County, including ACBHS, collaborated to host the event, which brought together County officials, veterans' organizations, Tribal representatives, and local veterans and their families.

Annual Outreach Events	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021 (8 month total)
Unduplicated Total Number of Individuals Served	473	257	260	None due to COVID-19

➢ STIGMA AND DISCRIMINATION REDUCTION

Stigma Reduction Program (PEI Program #17) – Mental Health First Aid (MHFA)

Mental Health First Aid (MHFA)[10] is an internationally-recognized training program that is evidence-based and proven to be effective. The program has separate Youth and Adult curriculum; instructors must complete an intensive certification course for each of these modules. Once certified, MHFA instructors present an eight-hour course for community members, staff, the school district, and partner organizations that teaches how to help

[10] National Council for Behavioral Health, 2020. Mental Health First Aid. Available at: https://www.mentalhealthfirstaid.org/about/research/

someone who is developing a mental health problem or experiencing a mental health crisis. The training helps participants identify, understand, and respond to signs of mental illnesses and substance use disorders in a way that is helpful and respectful. Participants are introduced to risk factors and warning signs for mental health or substance use problems; they engage in experiential activities that build understanding of the impact of illness on individuals and families; and they learn about evidence-supported treatment and self-help strategies. A core goal of the program is to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and studies have shown that the program reduces the social distance created by negative attitudes and perceptions of individuals with mental illnesses.

ACBHS staff members were certified to teach both the MHFA Youth and Adult curriculum in 2019. Due to staff turnover and retirement, ACBHS currently employs one staff member who is a certified instructor for MHFA. Additionally, due to COVID-19 restrictions, all in-person gatherings and classes were suspended. Thus, classes that were planned for 2020 were cancelled (one class was planned for Bear Valley in May 2020, and one was planned for the school district in August 2020). In response to the pandemic, the National Council for Behavioral Health began development of a "blended" curriculum (partial in-person, partial virtual) in May 2020, and then began development of an entirely virtual curriculum that became available in September 2020. However, in order to facilitate either the blended or virtual curriculum, instructors are required to complete multiple hours of additional training, and are required to follow a variety of steps (e.g. set up specific accounts, use specific links, etc.), all of which are required to be coordinated with the National Council. This has proven to be difficult given the fact that this is an international program and the National Council must be involved in each instructor's progress world-wide. Consequently, virtual classes have not been an option for Alpine County as of yet. However, as COVID-19 restrictions are lessened, plans have been made to resume the in-person classes while adhering to social distancing guidelines, beginning in April 2021. Classes were completed as follows:

Mental Health First Aid Program (Youth version)	**FY 2019-2020**	**FY 2020-2021 (8 month total)**
Location(s)	Bear Valley, Hung-A-Lel-Ti	Scheduled in May and June 2021
Total Participants	23	Scheduled in May and June 2021

Mental Health First Aid Program (Adult version)	**FY 2019-2020**	**FY 2020-2021 (8 month total)**
Location(s)	Hung-A-Lel-Ti & Kirkwood	Scheduled in March and April 2021
Total Participants	16	Scheduled in March and April 2021

Alpine County uses a subset of MHFA course evaluation questions (before and after each training) to report outcomes on the efficacy of MHFA as an intervention to reduce stigma and discrimination. Scored on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree), the MHFA evaluation asks participants to rate their confidence and abilities, as follows:

Adult Mental Health First Aid **As a result of this training, I feel more confident that I can...**
Recognize the signs that someone may be dealing with a mental health problem or crisis.
Reach out to someone who may be dealing with a mental health problem or crisis.
Actively and compassionately listen to someone in distress.
Offer a distressed person basic "first aid" level information and reassurance about mental health problems.
Assist a person who may be dealing with a mental health problem or crisis to seek professional help.
Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer, and personal supports.
Be aware of my own views and feelings about mental health problems and disorders.
Recognize and correct misconceptions about mental health and mental illness as I encounter them.
Youth Mental Health First Aid **As a result of this training, I feel more confident that I can...**
Recognize the signs that a young person may be dealing with a mental health challenge or crisis.
Reach out to a young person who may be dealing with a mental health challenge.
Actively and compassionately listen to a young person in distress.
Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.
Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.
Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports.
Be aware of my own views and feelings about mental health problems and disorders.

Prevention and Early Intervention (PEI) Overall Successes, Challenges, and Partner Agency Information

PEI Successes:

- Since COVID-19 restrictions were put in place, some of the programs were transitioned into virtual programs, which many stakeholders have enjoyed and appreciated. Attendance at virtual yoga and virtual Create the Good have steadily increased.
- PEI Programs in Bear Valley – prior to COVID-19, these events and programs occurred more frequently and with fewer disruptions than in prior years. Alpine Kids succeeded in hosting a winter gathering in Bear Valley in FY2019-20; Tai Chi classes were added to the Yoga program; and Create the Good programing maintained consistent scheduling and participation despite some staffing challenges.
- The monthly Interagency meeting with community agencies has increased communication, collaboration and partnerships to better serve residents of Alpine. As a result, Community Service Solutions now shares Diabetes Education and Nutritional Food sampling at Create the Good. Partnering agencies have begun discussing how to restructure Play Group, with a goal of including more parent education, modeling the importance of play, and supporting individual and family wellness.
- ACBHS has one staff member who is certified to present the MHFA Adult and Youth modules in the County. This curriculum has been taught in each area of the County, received with positive results, and is a core component of stigma and discrimination reduction strategy in the MHSA 3-Year Plan.

- Positive Behavioral Interventions and Supports (PBIS) was expanded from Diamond Valley Elementary School to include the Bear Valley Elementary School, which reopened in August 2018. Teachers and staff have been trained on how to respond to behaviors, and what constitutes as a class-managed and office-managed behavior. Consistency in PBIS implementation have yielded positive results, including a decrease in behavioral problems.
- The positive monthly message provided by Suicide Prevention Network included content in the Washoe language. In addition, Suicide Prevention Network staff were certified and began offer safeTALK training in Alpine County. ACBHS staff have implemented ongoing suicide prevention programs to continue through the duration of the plan.
- Yoga programs in Bear Valley and Markleeville have established consistent attendance, and participants are reporting a positive experience with new instructors in both locations. Classes were able to continue via Zoom after in-person gatherings were curtailed due to COVID-19 restrictions.
- Prior to COVID-19 restrictions, Family Night continued to welcome new participants and demonstrated an increase in youth attendance and involvement.
- TAY Outreach has demonstrated success with Alpine County students on the Douglas High School campus and via age-specific activities: youth participants toured a college campus and Job Core program; attended a college basketball game; completed a team-building Escape Room activity; went skiing together; and participated in two successful High School Hang out nights at the Wellness Center. The TAY population has maintained their communication and connection with MHSA staff and each other.

PEI Challenges and Mitigation Efforts:

- Implementing activities in support of the Honoring Past & Present through Traditional Knowledge program has been challenging since December 2019, when the Native Wellness Advocate resigned. Alpine County BHS has not replaced this position, but plans to once restrictions are lifted in the County. The intent is that community members will continue to share Native American teachings in collaboration with the Cultural Resource Department of the Washoe Tribe during their scheduled activities in the Hung A Lel Ti community.
- The Alpine County Unified School District (ACUSD) counselor began a maternity leave in March 2019 and was unavailable for the remainder of the school year. ACUSD had no applicants for the position of interim counselor. Staff members at both Diamond Valley and Bear Valley Elementary Schools assumed as much of the preventative intervention responsibilities as possible during that interim.
- ACBHS staff and contract providers continue to struggle with the development and implementation of policies and procedures to fulfill reporting requirements. The data process includes tracking unduplicated demographic data for participants in each program; selecting, implementing, and monitoring performance outcome measures; and integrating data from multiple events and activities. The re-categorization of PEI Programs in the MHSA 3-Year Plan is expected to simplify some of these reporting issues; in addition, the County has also selected outcome measures for each of the PEI Programs, and began implementation. We recognize the need for continuous improvement in this area, which will allow BHS to make decisions for future programing based on results.

- ACBHS staff continue to struggle with the requirement of 51% of PEI funds being dedicated to benefit youth and transition-aged youth. The youth and TAY population in Alpine County is very small, with limited resources. ACBHS is aware of this requirement and works to identify all possible options for services and programs to benefit youth and TAY, and will continue to do so as much as possible.
- The social distancing that is necessary as the result of COVID-19 directly impacts virtually all PEI programming, including programs that are centered at the school, those that provide group socialization or exercise, as well as community education, training, stigma reduction, and wellness programs. To date, our PEI Programs have been primarily designed to provide group activities rather than individual services. We are proceeding with plan development for these PEI Programs with the knowledge that implementation may be delayed, modified, or cancelled as the result of current and likely ongoing public health concerns. Nevertheless, through PEI and other MHSA programs, ACBHS intends to help county residents stay emotionally well and socially connected while maintaining necessary precautions. The intent is to meet the program and strategic goals identified in this plan; to do so, some changes in *how* the programs will be implemented may occur.

PEI Partner Agencies:

Alpine County Health & Human Services; Alpine County Public Health; Alpine Parents Group; Alpine County Probation Department; Alpine County Unified School District; Alpine Sheriff Department; Alpine Watershed Group; Catalyst Communities (formerly Choices for Children); Douglas High School; First 5; Health & Wellness Coalition; Libraries in Bear Valley and Markleeville; Live Violence Free; Suicide Prevention Network; Washoe Indian Education Center; Washoe Native TANF; Washoe Tribal Cultural Resources; Washoe Tribal Domestic Violence; Washoe Tribal Health Center; Washoe Tribal Police Department; and the Woodfords Community Council.

PEI Estimated Participation and Budgeting Summary:

Program #	Program Name	Budget	Estimated # of Unique Individuals	Estimated Cost per Person
1	**Access & Linkage to Treatment**	$32,000	75	$426.66
2	**Early Intervention**	$41,204	125	$329.63
3	**Prevention**	$111,254	600	$185.42
4	**Suicide Prevention**	$40,000	200	$200
5	**Outreach for Increasing Recognition of Early Signs of Mental Illness**	$22,959	790	$29.06
6	**Stigma & Discrimination Reduction**	$10,374	100	$103.74

Workforce Education and Training (WET)

Statewide County Wet Funds were exhausted as of FY 2019/2020, and any remaining WET funding were to be reverted to the State as of June 30, 2020. Alpine County BHS dedicated Workforce Education and Training (WET) funds through the Fundamental Learning Program to further promote the professional development and growth of existing personnel and stakeholders. In a partnership with Relias, a training company that supplies online trainings, the team completed a variety of core training programs needed to satisfy compliance, certification, and licensing requirements, including cultural competence, Health Insurance Portability and Accountability Act (HIPAA), client/patient rights, and the role of behavioral health interpreter.

Other key training successes within the Fundamental Learning Program:

- **Strengths Model Learning Collaborative**: In collaboration with Inyo and Mono Counties, Alpine County BHS clinical and MHSA staff participated in this ongoing training and mentoring program from January 2017 through January 2019. The Strengths Model shifts the focus of engagement and treatment to individual, family, and community strengths and goals, and combines concepts of recovery, empowerment, and interpersonal connection. Strengths Assessments increase engagement and assist with treatment planning.
- **Mental Health First Aid (MHFA)**: Two of Alpine County Behavioral Health staff members successfully completed the certification training required both the youth and adult curriculum for MHFA. This training was needed in order for the County to resume the MHFA Program in the MHSA PEI Component.
- **Cultural Training and Partnership:** The Alpine County BHS Native Wellness Advocate attended and spoke at the Men and Woman's Native Wellness Conference in San Diego in March 2019. She also attended the National Sexual Assault Conference and Cultural Competence summit in April 2019. The majority of Alpine County BHS staff attended Washoe Cultural Competency Training in October 2019. The Alpine County BHS office and Wellness Center are located at the Hung A Lel Ti Washoe Community. Alpine County BHS is grateful for collaboration with the Washoe Tribe in providing services and trainings.
- **Nutritional Coaching:** The MHSA Program Specialist is trained in nutrition and completed a 6-month advanced certification on Emotional Eating through the Institute for Integrated Nutrition[11] in 2020. The content of the course teaches recognition of common psychological, biological and cultural factors of emotional eating; strategies for helping clients to find nourishment beyond food through relationships, self-care, and other key areas of life; and coaching techniques that support overall health and wellness. This training will specifically benefit clients in the Healing Trauma Program detailed in the CSS Component of the County's 2020-23 MHSA 3-Year Plan.
- **Focus on Play Therapy:** Clinical staff attended professional development training in the area of play therapy to enhance services and support for children and families. This training focus was aligned with the Play Therapy Program in the County's MHSA CSS Component, and included intensive (Level One) Theraplay which is focused on strengthening family systems and attachment.

[11] Institute for Integrative Nutrition, Advanced Courses. Emotional Eating Course. Information available at: https://iinadvancedcourses.com/emotional-eating/

WET Challenges and Mitigation Efforts

Recruiting, hiring, and retaining mental health professionals in a small, rural, and physically isolated community remains an ongoing concern. Participation in the Fundamental Learning Program requires the allocation of workforce time as well as training funds, and some scheduling issues have occurred. Also, beginning in March 2020, several planned training events were either cancelled or postponed due to COVID-19. In addition, the County budgeted $10,000 to support educational stipends for residents interested in pursuing an educational degree or certification program in a mental health field of study. This program was not implemented due to low interest and lack of potential participation. ACBHS will continue to encourage peer involvement in MHSA programming, and explore ways to develop, support, and retain a mental health workforce that is dedicated to providing services in this rural mountain community.

WET Proposed Changes from the 3-Year Plan

To maintain MHSA training priorities and address the shortage of qualified personnel in the public mental health workforce, ACBHS expects to participate with the Central Regional Partnership[12] Wet Five-Year Plan. As currently proposed by the Office of Statewide Health Planning and Development (OSHPD) in coordination with the California Behavioral Health Planning Council (CBHPC), the Regional Partnership will administer programs supporting individuals at any point along the career development pathway: for example, offering scholarships to undergraduate students in exchange for service learning within ACBHS; supporting students in a clinical graduate program in exchange for a 12-month work commitment; or supporting current public mental health professionals working in hard-to-fill and hard-to-retain positions. The proposed plan will support grow-your-own workforce development strategies, including the selection of candidates from local peer and underserved communities, to produce and retain both non-licensed and licensed mental health professionals.

Alpine County anticipates a one-time contribution of $10,198 to the Regional Partnership, through a transfer of 2021-22 MHSA funds from the Community Services and Supports (CSS) Component. These funds are available for workforce development initiatives in Alpine County over the 2020-2025 term through the Regional Partnership.

[12] The Regional Partnerships are five geographic regions designated by the California Behavioral Health Directors Association. Alpine County is a member of the Central Region which includes a combination of 19 large (Sacramento, Fresno), medium (Kings, Madera), and other small counties (Calaveras, El Dorado, Mono).

Capital Facilities and Technological Needs (CTFN)

Beginning in 2018, Alpine County Behavioral Health invested a combination of MHSA designated Capital Facilities and Technological Needs (CFTN) funds, in combination with other available resources, to design, plan, and construct new space for mental health services and supports.

The new BHS building is located at 40 Diamond Valley Road, near the Alpine County Community Development office, in the Woodfords area.

The 4,998 square foot building includes improved space for clinical services, group meeting space, a room for play therapy, as well as a kitchen, room for wellness activities, and a beautiful view with a circular walking path and garden area.

Ground Breaking took place on November 20, 2018 and construction was complete in March of 2020. Move-in occurred in late spring, early summer of 2020. All ACBHS staff are now located in the new building.

CFTN Proposed Changes from the 3-Year Plan

BHS completed building furnishings, equipped the kitchen, and upgraded older computers and technology through a transfer of funds from the Community Services and Supports (CSS) Component. A transfer of $286,791 into CFTN was proposed and evenly divided between building expenses (Capital Facilities) and technology upgrades (Technological Needs).

Innovation (INN)

Alpine County does not currently have an Innovation Plan and is not actively developing a plan at this time.

MHSA FY 2021-2022 Annual Update Budgets

Annual Update Expenditure Plan and Funding Summary

Note: MHSA services and programs are contingent upon the availability of MHSA funds.

	MHSA Funding					
	A	B	C	D	E	F
	Community Services & Supports	Prevention & Early Intervention	Innovation	Workforce Education & Training	Capital Facilities & Technological Needs	Prudent Reserve
A. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$2,631,267	$399,235	$363,360			
2. Estimated New FY2021/22 Funding	$864,832	$293,425	$77,217			
3. Transfer in FY2021/19a						
4. Access Local Prudent Reserve in FY2021/22						
5. Estimated Available Funding for FY2021/22	$3,496,099	$692,660	$440,677			
B. Estimated FY2021/22 Expenditures	$864,832	$293,425				

Annual Update MHSA Changes in the Local Prudent Reserve

A. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2021	$354,639
2. Contributions to the Local Prudent Reserve in FY 2021/22	
3. Distributions from the Local Prudent Reserve in FY 2021/22	
4. Estimated Local Prudent Reserve Balance on June 30, 2022	$354,639

Community Services and Supports (CSS) Component Worksheet FY 2021-22

	Fiscal Year 2021/22					
	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. Full-Service Partnership	$440,819	$440,819				
Non-FSP Programs						
2. Outreach and Engagement	$43,782	$43,782				
5. General Systems Development	$275,204	$275,204				
CSS Administration	$105,027	$105,027				
MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$864,832	$864,832				
FSP Programs as Percentage of Total	51%					

Prevention and Early Intervention (PEI) Component Worksheet FY 2021-22

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
1. Access & Linkage to Treatment	$32,000	$32,000				
2. Early Intervention	$41,204	$41,204				
3. Prevention	$111,254	$111,254				
4. Suicide Prevention	$40,000	$40,000				
5. Outreach for Increasing Recognition of Early Signs of Mental Illness	$22,959	$22,959				
6. Stigma & Discrimination Reduction	$10,374	$10,374				
PEI Administration	$35,634	$35,634				
Total PEI Program Estimated Expenditures	$257,791	$257,791				

Workforce Education and Training (WET) Component Worksheet FY 2021-22

	Fiscal Year 2022/22					
	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. *None planned at this time*						
WET Administration						
Total WET Program Estimated Expenditures						

Capital Facilities and Technology Needs (CFTN) Component Worksheet FY 2021-22

	Fiscal Year 2021/22					
	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						
1. *None Planned at this time*						
CFTN Programs – Technology Needs						
1. *None Planned at this time*						
CFTN Administration						
Total CFTN Program Estimated Expenditures						

Innovation (INN) Component Worksheet FY 2020-21 through 2021-22

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. *None Planned at this time*						
INN Administration						
Total INN Program Estimated Expenditures						

Appendix A: Public Comments and Response

Once the public review and comment period concludes, a summary of the substantive comments received during this period and the responses to those comments will be presented below. Appendix B will include the full text of public comments. In addition, other grammatical, typographical, and non-substantive wording issues identified by staff and stakeholders will be corrected at that time.

Comment #	Comment Received and Response Provided
1	*Comment:*
	Response:
2	*Comment:*
	Response:
3	*Comment:*
	Response:
4	*Comment:*
	Response:
5	*Comment:*
	Response:
6	*Comment:*
	Response:

Appendix B: Full Text of Public Comments

Once the public review and comment period concludes, the full text of the substantive comments received during this period will be presented below.

See Response in Appendix B Comment #	Full Text of Comments Received
We appreciate your review and feedback. These items will be corrected without substantive comment.	Comments/questions on the draft. 1.
Response to Comment #1	1.

Appendix C: Community Services and Supports (CSS) Demographics for Individuals Served

Demographic totals represent all clients within the Alpine County BHS CSS Programs. Data was collected from Anasazi (electronic health record system) for July 1, 2020 through February 28, 2021. Per regulations referenced on page 25 of this report, all data for Appendix C has been redacted from all public materials.

Appendix D: Prevention and Early Intervention (PEI) Demographics for Individuals Served

Demographic totals represent a select sampling of participants within the Alpine County BHS PEI Programs. Data was collected from participants of Yoga, Create the Good, 50+ Club, and Suicide Prevention programs that took place between July 1, 2020 and February 28, 2021. Per regulations referenced on page 25 of this report, all data for Appendix D has been redacted from all public materials