

# Alpine County Mental Health Services Act (MHSA) Annual Update FY 2018-19

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## Alpine County Behavioral Health Services



Prepared by:

Resource Development Associates

April 19, 2018





## 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 Annual Update:

- Alpine County Board of Supervisors
- Alpine County First 5 Commission
- Alpine County Mental Health Board
- Alpine County Unified School District and Office of Education
- Alpine County Health and Human Services
- Alpine Kids
- Alpine Native Temporary Assistance for Needy Families (TANF)
- Choices for Children
- Hung A Lel Ti Community
- Tahoe Youth & Family Services
- Woodfords Indian Education Center

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

RDA Team:

- Roberta Chambers, PsyD
- Kelechi Ubozoh
- Linda A. Hua, PhD
- Jessica Lobedan, MPP



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## List of Acronyms

Alpine County Behavioral Health Services (ACBHS)

Alpine County Mental Health Board (MHB)

Board of Supervisors (BOS)

California Association of Social Rehabilitation Agencies (CASRA)

California Mental Health Services Authority (CalMHSA)

Capital Facilities and Technology Needs (CFTN)

Community Program Planning (CPP)

Community Services and Supports (CSS)

Electronic Health Record (EHR)

Field Capable Clinical Services (FCCS)

Full Service Partnerships (FSP)

Mental Health First Aid (MHFA)

Mental Health Services Act (MHSA)

Mental Health Services Oversight and Accountability Commission (MHSOAC)

National Alliance on Mental Illness (NAMI)

Positive Behavioral Intervention Supports (PBIS)

Prevention and Early Intervention (PEI)

Primary Intervention Program (PIP)

Serious Mental Illness (SMI)

Severe Emotional Disturbance (SED)

Temporary Assistance for Needy Families (TANF)

Transition Age Youth (TAY)

Workforce Education and Training (WET)





## MHSA COUNTY COMPLIANCE CERTIFICATION

County: Alpine

- Three-Year Program and Expenditure Plan  
 Annual Update

<p><b>County Mental Health Director</b> <b>Name:</b> Alissa Nourse <b>Telephone:</b> 530-694-1816 <b>Email:</b> anourse@alpinecounty.ca.gov</p>	<p><b>Program Lead</b> <b>Name:</b> Amy Broadhurst, MHSA Coordinator <b>Telephone:</b> 530-694-1816 <b>Email:</b> abroadhurst@alpinecountycyca.gov</p>
<p><b>County Mental Health Mailing Address:</b> Alpine County Behavioral Health Services 75-C Diamond Valley Rd. Markleeville, CA 96120</p>	

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

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

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

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

\_\_\_\_\_  
County Mental Health Director (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Alpine

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

<p><b>County Mental Health Director</b>          Name: Alissa R. Nourse          Behavioral Health Director          Telephone Number:          (530) 694-1816          E-mail: <a href="mailto:anourse@alpinecountyca.gov">anourse@alpinecountyca.gov</a></p>	<p><b>County Auditor-Controller/City Financial Officer</b>          Name: Carol McElroy          County Administrative Officer, Director of Finance          Telephone Number:          (530) 694-2287          E-mail: <a href="mailto:cmcelroy@alpinecountyca.gov">cmcelroy@alpinecountyca.gov</a></p>
<p><b>County Mental Health Mailing Address:</b>          75 C Diamond Valley Rd.          Markleeville, CA 96120</p>	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report 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) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that Mental Health Services Act (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 section 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 update/revenue and expenditure report is true and correct to the best of my knowledge.

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County Mental Health Director (PRINT)	Signature	Date
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I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHSA) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2017, the State Mental Health Services Act (MHSA) distributions were recorded as revenues in the local MHSA Fund; that County/City Mental Health Services Act (MHSA) expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local Mental Health Services Act (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 and expenditure report attached, is true and correct to the best of my knowledge.





County Auditor Controller (PRINT)

Signature

Date

## Project Overview

### About Alpine County

Alpine County lies along the crest of central Sierra Nevada, south of Lake Tahoe and north of Yosemite. This rural county is the smallest in California, with a population of 1,120<sup>1</sup>. Most of the population is concentrated around a few mountain communities: Markleeville, Woodfords, Bear Valley, and Kirkwood; Alpine County has no incorporated cities. Markleeville is the County seat and home to many of the County’s offices. County departments and agencies provide direct services. Alpine County is a “Small County” which is defined as a California county with a population of less than 200,000 as determined by the most recent census data. Population in Alpine County is comprised of 64.1% White, 19.4% American Indian/Alaskan Native, 9.5% Hispanic or Latino, 1.2% Asian, 3.4% with two or more non-Hispanic races, and 1.4% Native Hawaiian/Pacific Islander.<sup>1</sup> Partially situated in Alpine County, the Federally-recognized Washoe Tribe of Nevada and California includes four communities, with three in Nevada and one in Alpine County. The Washoe community in Alpine, Hung A Lel Ti, is concentrated in the town of Woodfords.

### Annual Update Contents

Alpine County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Annual Update for FY 2018-19 in January 2018. Alpine County Behavioral Health Services (ACBHS) contracted with Resource Development Associates (RDA) to facilitate the Community Program Planning (CPP) activities that culminated in this Annual Update. The purpose of this document is to describe Alpine County’s Community Program Planning (CPP) process, provide an assessment of the needs identified and prioritized via an inclusive stakeholder process, and the proposed updates to programs and expenditures to support a robust mental health system based in wellness and recovery. This Annual Update includes the following sections:

- **Assessment of mental health needs** that identifies both strengths and opportunities to improve the public mental health service system in Alpine County. The needs assessment used multiple data sources, including service data, key informant interviews, community work sessions and public comments, to identify the service gaps that will be addressed by Alpine County’s MHSA programs updates for FY 2018/19.
- **Overview of the community planning process** that took place in Alpine County from January through April 2018. Alpine County’s Community Program Planning (CPP) was built upon the

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<sup>1</sup> U.S. Census Bureau. (2017). 2010–2014 Quick Facts. Retrieved from: <http://www.census.gov/quickfacts/table/PST045215/06003>



meaningful involvement and participation of mental health consumers, family members, county staff, providers, and other stakeholders as required by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

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

**Figure 1: Mental Health Services Act (MHSA) Values**



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

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

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

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

**Reversion Overview & Planning**

Included in this year’s Annual Update is the Reversion Plan required by the State. Under MHSA, California counties must make full use of the funding allocations received from the State. The MHSA Fiscal Reversion Policy specifies that funds allocated to a county that have not been spent within the statutory requirements will revert to the state for reallocation.

AB114 states counties who have funds that are at risk of reversion can submit a plan for how they will spend funds by 2020. Due to population size, Alpine is defined as a small county and it is reasonable to assume some funds will have to revert to the state. Part of the Community Planning Process (CPP) included soliciting stakeholder feedback on outstanding community needs that could be mitigated by reversion funds. Embedded in the Annual Program Updates are descriptions for which programs will receive reversion funding and the intended purchase item. **Please see Page 41, for a comprehensive table that includes a description of the items, justification, estimated reversion expenditure, and program reference number.**

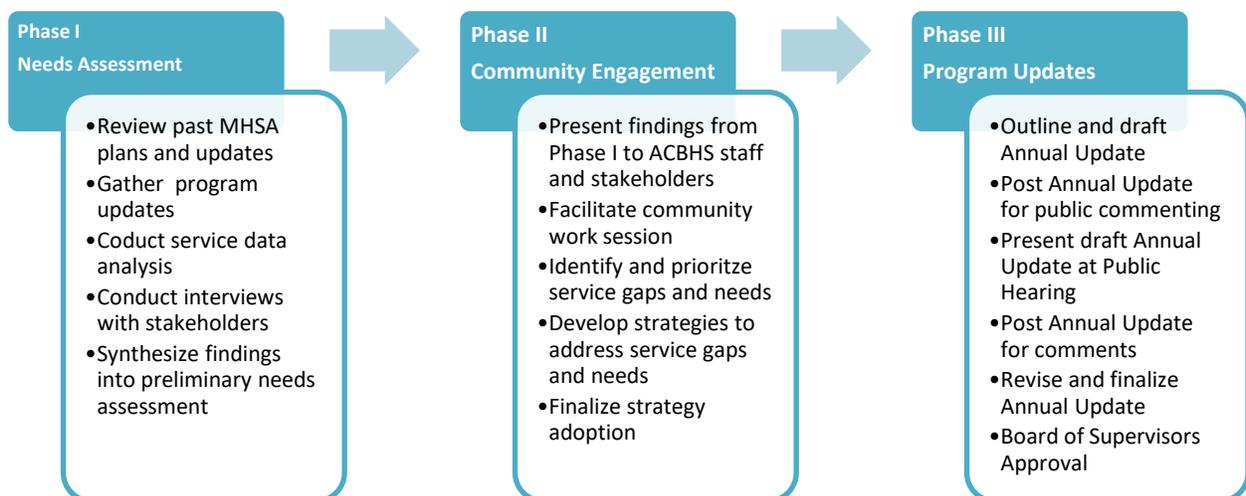
## Community Program Planning

### Approach/Methodology

In January of 2018, Alpine County Behavioral Health Services (ACBHS) initiated a planning process for the MHSA Annual Update for FY 2018-2019. The Mental Health Services Act (MHSA) Planning Committee was led by Alissa Nourse, Director of Behavioral Health Services; Amy Broadhurst, Mental Health Services Act (MHSA) Coordinator; and Resource Development Associates (RDA), a consulting firm with mental health planning expertise.

The planning team utilized a participatory framework to encourage buy-in and participation from stakeholders, including: service providers, consumers, family members, and other interested community members. The planning process consisted of three distinct phases: 1) Needs Assessment; 2) Community Engagement; and 3) Program Updates, as detailed in Figure 2.

**Figure 2: Community Planning Process**





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

## Needs Assessment Findings

### Data Collection Activities

To ensure sufficient opportunities for community input, RDA and ACBHS collected data across a variety of activities. These efforts took place from January 2018 through April 2018, and included administration of a countywide survey, interviews with a wide range of stakeholders, and updates from ACBHS staff on MHSA programs and populations served. The table below provides more details for each data source.

**Table 1. Data Collection Activities and Participants**

Activity	Date	Total Participants
<i>MHSA Program and Service Data</i>	FY 2016/17	n/a
<i>Key Informant Interviews</i>	February–March, 2018	10
<i>Countywide Stakeholder Survey</i>	February–March, 2018	46

### MHSA Program and Service Data

In March 2018, Alpine County Behavioral Health Services (ACBHS) compiled service data for each of its programs in FY 2016/17 and submitted them to RDA for analysis and incorporation into the Annual Update. These data detailed the numbers of individuals and families served per program as well as the funding of said service.

In addition to reviewing the service data, RDA interviewed several Alpine County Behavioral Health Services (ACBHS) staff to assess the program implementation status of each of their planned programs in FY 2016/17. As a part of this interview, RDA also worked with Alpine County Behavioral Health Services (ACBHS) to identify each program’s successes and barriers. These interviews provided the foundation for the community program planning process and informed the program updates.

### Services Utilization Data

Alpine County Behavioral Health Services (ACBHS) collaborates with several agencies who serve Alpine County and neighboring communities. Due to annual events, and outreach events featuring prominent guest speakers and open to the general community, the number of individuals served exceed the County population. MHSA programs are open to the community and therefore participation numbers listed below may include service providers, family members of Alpine County residents and others who are not Alpine County residents. Mental Health Services Act-funded programs served 2,482 people in FY 2016-17. The majority of consumers were adults (931 individuals), followed by children (682 individuals),





older adults (495 individuals), and transition age youth (379 individuals).<sup>2</sup> Of all the persons who received services through Mental Health Services Act (MHSA), 23% of consumers received services through the Community Services and Supports (CSS) component while 77% received services through Prevention and Early Intervention (PEI).

### **Key Informant Interviews**

From February to March 2018, RDA interviewed ten Alpine County stakeholders to assess the current strengths and areas for improvement in MHSA services for the county. ACBHS leadership identified key informants based on their connection or familiarity with ACBHS programming. Key informants had a broad range of affiliations with ACBHS, including behavioral health service consumers and their family members, service providers, education representatives, representatives from social services agencies, and representatives of underserved populations as set forth by the MHSA CPP guidelines. RDA asked those interviewed to express their needs and concerns related to public mental health services, share their experiences with the current system of services, and provide suggestions for improved programming and services.

### **Countywide Stakeholder Survey**

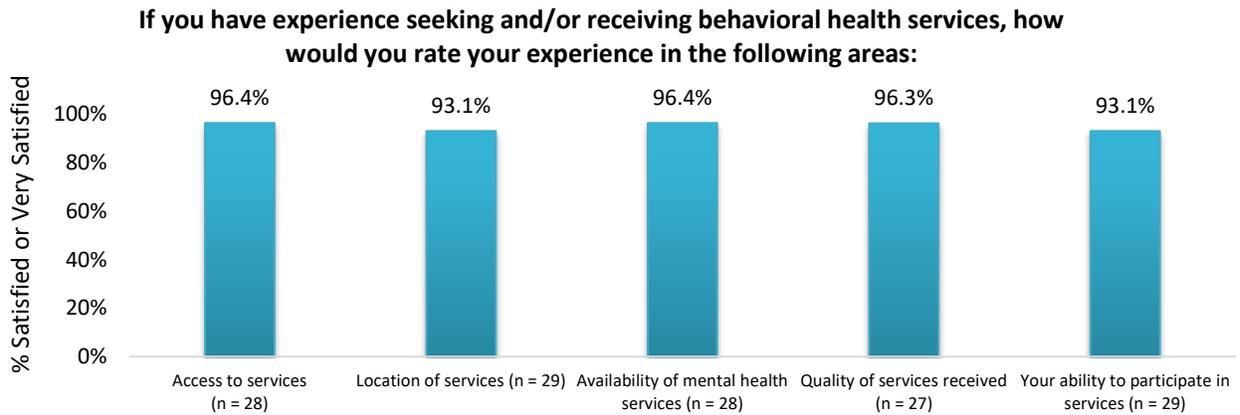
In an effort to reach more MHSA stakeholders, particularly those who are geographically isolated, the MHSA Planning Team administered an online and paper-based survey countywide. The MHSA Planning Team administered the survey across the Alpine County in February through March. Forty-six individuals completed the survey, sharing their awareness of behavioral health services in the County. Those who completed the survey were also asked to rate their satisfaction with the availability of services and the extent to which services met their needs. Survey participants were also asked to identify populations who were in particular need of behavioral health services.

Across the various stakeholder engagement efforts, community feedback was mostly positive. Among survey respondents, who had experience accessing Alpine County Behavioral Health Services (ACBHS) programs and services, an overwhelming majority were satisfied with access, availability, and quality of services (see Figure 3).

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<sup>2</sup> The figure 1,821 is not unduplicated. Many Mental Health Services Act (MHSA) consumers participate in multiple programs and services.

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



The survey in combination with other community planning activities and program data highlighted the strengths of Alpine County Behavioral Health Services (ACBHS) programs and identified opportunities to address needs. The following sections present the findings from the needs assessment activities.

### Key Findings

As part of the annual update process, RDA used the information collected during the needs assessment to identify key themes that were discussed in relation to the mental health services provided in Alpine County. It is important to note that during the recent MHSA Three Year Planning process for FY 2017-2020, Alpine County Behavioral Health Services (ACBHS) underwent an intensive design of the MHSA Three Year Plan that is in the implementation phase. Therefore, community feedback pointed to several key needs and concerns previously highlighted in the three-year plan that have not yet been alleviated. Community feedback also pointed to positive attitudes and hopes regarding Alpine County Behavioral Health Services (ACBHS) ongoing implementation of MHSA programs.

The needs assessment identified four key areas of needs:

- (1) Access to Services;
- (2) Mental Health Stigma;
- (3) Communication and Coordination; and
- (4) Workforce Education and Training.

#### Access to Services

**Isolation, particularly during the winter months, remains a persistent need.** Given the vast geography and small population of Alpine County, residents can easily feel isolated in their communities. This was particularly true for adults as they aged, lost friends, and became more homebound. Many had reported strong feelings of isolation and depression. While Alpine County Behavioral Health Services (ACBHS) has implemented a variety of senior socialization activities, isolation among older adults remains an area of



need, particularly during the winter. Some stakeholders recommended increasing activities and outreach and engagement during the winter months.

**Invest in additional transportation for consumers with limited mobility.** Alpine County Behavioral Health Services (ACBHS) provides transportation to all Mental Health Services Act (MHSA) programs, which has greatly improved consumers' access to programs and services. While stakeholders acknowledged the progress made towards improving transportation for clients, community members identified a need for client transportation that is physically accessible for all members of the Alpine community. Community members shared that physically accessible transportation would help clients with mobility issues to continue accessing Alpine County Behavioral Health Services (ACBHS).

**Transition Age Youth (TAY) want a dedicated space to congregate and access drop-in services:** As previously identified in the FY 2017-20 Three Year Program and Expenditure Plan, stakeholders shared the need for a safe space dedicated for Transition Age Youth (TAY) to gather and socialize. This location could also serve as a drop-in location for Transition Age Youth (TAY) to engage in or be referred to other services as needed, which could increase access and engagement.

### Mental Health Stigma

**Mental health stigma is a barrier that prevents families from seeking more intensive behavioral health services for their children.** While children are engaging in Prevention and Early Intervention (PEI) services, there is a stigma among seeking more intensive behavioral health services. Stakeholders discussed that families and caregivers need support to address stigma and build resiliency, such as through a mentoring group or speaker series. Alpine County Behavioral Health Services (ACBHS) may want to develop an opportunity for parents and caregivers to learn about social-emotional health in a way that feels safe and non-stigmatizing.

### Communication and Coordination

**Increase clinician engagement in the community.** During the Community Program Planning (CPP) activities, stakeholders shared that they would like to see an increase in clinician engagement in the community to help strengthen their connection with service providers. Alpine County Behavioral Health Services (ACBHS) will continue to invite clinicians to Create the Good and other MHSA programs and events.

**Improve communication about program success and engagement-across programs.** Several stakeholders discussed their perception that Transition Age Youth (TAY) are not engaging in services. Despite this perception, service utilization data shows that a proportionate amount of TAY are engaging in services. In the past fiscal year (2016-17), Alpine County Behavioral Health Services (ACBHS) provided six programs and services for transition age youth (TAY) ages 16–24. These programs and services served 375 Transition Age Youth (TAY) in FY 2016-17. Alpine County Behavioral Health Services (ACBHS) should consider increasing their communication around successes in TAY engagement in services.

**Improve agency communication with mental health consumers to promote transparency about processes and services available.** There may be opportunities for Alpine County Behavioral Health Services (ACBHS) to increase communication efforts with members of the community. During both key informant interviews and the community work session, consumers shared needing more clarity surrounding Department-led communications, as well as improved policy and procedures in engaging with consumers or beneficiaries. While Alpine County Behavioral Health Services (ACBHS) has developed a system for stakeholders and community members to seek resolution for issues related to Mental Health Service Act (MHSA) programs and activities, community members have requested more clarity and transparency in this process. The County may want to consider the following community-identified areas of communication need:

- Written guidelines about County programs and services, and criteria needed to join these activities.
- Notification and explanation of changes to services.
- Clarity in filing a complaint.

Based on this feedback, Alpine County Behavioral Health Services (ACBHS) intends to develop a communications plan in response to this request, and other requests about available services and how to best disseminate that information.

### **Workforce Education and Training**

**Improve agency and contractor capacity to provide recovery-orientation in service delivery and practices.** During the Community Program Planning (CPP) activities, stakeholders identified a need for improved recovery-orientation, specifically to promote consumer voice and choice. As both a response to this need and to achieve internal Department goals, Alpine County Behavioral Health Services (ACBHS) recently implemented the Strengths Model. The Strengths Model is an evidence-based practice that combines concepts and principles of recovery-orientation to help people in their journey to wellness. The University of Kansas (KU) developed the Strengths Model in the mid-1980s as a response to traditional deficit-oriented approaches in mental health. The Strengths Model is both a philosophy of practice and a set of tools and methods designed to enhance recovery. The Strengths Model rests on six core principles:

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

These principles provide a philosophical base and a day-to-day guidance for tasks and goals. Alpine County Behavioral Health Services (ACBHS) is excited to fully implement the Strengths Model into their programs and services over the next 18 months.



**Continue to provide culturally responsiveness training to Alpine County Behavioral Health Services (ACBHS) staff members.** Alpine County Behavioral Health Services (ACBHS) is dedicated to providing culturally responsive services and ensuring that staff have the cultural humility necessary to provide services to Alpine County’s diverse community members. Additionally, cultural responsiveness is an integral component of recovery-oriented service delivery. Stakeholders discussed that Alpine County Behavioral Health Services (ACBHS) should continue to refine their cultural responsiveness trainings to move the conversation from historical trauma to healing trauma itself.

Alpine County Behavioral Health Services (ACBHS) is planning trauma informed practices training over the next year for staff and the community in direct response to this feedback from the community.

## Community Program Planning and Review

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

**Table 2. Stakeholder Participation in Community Program Planning (CPP) Activities**

Community Program Planning (CPP) Activity	Date	Total Participants
<b>Community Work Session</b>	April 4, 2018	9
<b>30-Day Public Posting</b>	April 19 – May 19, 2018	TBD
<b>Public Hearing</b>	May 25, 2018	TBD

## Community Work Session

Following the conclusion of the Needs Assessment, RDA synthesized the results of stakeholder interviews, the countywide survey, and the program and service data analysis to identify key strengths and challenges in Alpine County’s mental health services as experienced by a variety of stakeholders. Through this process, RDA also identified program and services needs and gaps. RDA then presented this information during a one-day community work session on April 4, 2018 held at the Firehouse Wellness Center in the Hung A Lel Ti Community. The team designed the work session to discuss the results of the needs assessment and to identify strategies to address these needs and gaps and maximize resources.

The community work session provided an opportunity for participants to corroborate service gaps and needs from the needs assessment and expand this list based on their knowledge and experience of mental health services in Alpine County. RDA facilitated a work session to brainstorm strategies that would help address these needs and gaps in which stakeholders were asked the following questions:

1. Of the existing Mental Health Services Act (MHSA) programs, what programs or services are working well?





2. What changes would you make to existing programs to address the community’s areas for growth (e.g., changes or modifications)?
3. What existing resources from the county or community-based organizations could be leveraged to make the changes identified above?

Stakeholders agreed that Alpine County Behavioral Health Services (ACBHS) has made great strides to address the community’s mental health needs and encouraged Alpine County Behavioral Health Services (ACBHS) to continue these efforts. In addition, work session participants developed the following strategies, which primarily consist of slight program modifications as summarized in Table .

**Table 3: Programming Strategies by Mental Health Services Act (MHSA) Component as Identified during Community Work Session**

MHSA Component	Program Expansion or Modifications
Community Support Services (CSS)	<ul style="list-style-type: none"> <li>• Keep all current programs.</li> <li>• Provide psychoeducation for mental health consumers and education related to tools and strategies for healing.</li> <li>• Develop classes and trainings for mental health consumers to understand their own signs, and symptoms and approaches to mental health treatment.</li> <li>• Provide education and information about alternatives to therapy and talk therapy.</li> </ul>
Prevention and Early Intervention (PEI)	<ul style="list-style-type: none"> <li>• Keep all current programs.</li> <li>• Continue to engage Transition Age Youth (TAY) in identifying their needs and developing programming in a variety of prevention and early intervention strategies, which may include identifying safe hang out spaces dedicated for Transition Age Youth (TAY) use.</li> <li>• Engage in stigma reduction activities to mitigate parents/caregivers stigma of their children participating in more intensive services.</li> <li>• Develop communication strategies to better engage mental health consumers in their recovery and wellness, and provide venues and solutions for consumer concerns.</li> </ul>
Workforce, Education, and Training (WET)	<ul style="list-style-type: none"> <li>• Include explicit trainings for staff recovery orientation and cultural responsiveness.</li> </ul>
Capital Facilities and Technology Needs (CFTN)	<ul style="list-style-type: none"> <li>• Continue to develop additional space for expanded/new services and Alpine County Behavioral Health Services (ACBHS) administrative offices (in progress).</li> <li>• Secure additional transportation to support mental health consumer’s ability to participate in programs.</li> </ul>

Following the community work session, the Mental Health Services Act (MHSA) Planning Team met to review the proposed strategies. Ultimately, the planning team decided to incorporate most of the proposed strategies that adhered to these requirements into the Mental Health Services Act (MHSA) Annual Update.

**Figure 4. Stakeholder Location**



## Local Review Process

[To be filled out upon review]

## Public Comments

[Input upon Public Hearing]

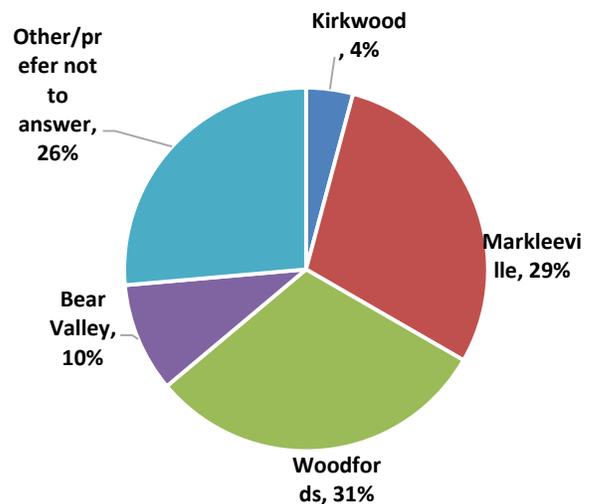
## Summary of Stakeholder Participation

A total of (64 + public posting and public hearing) stakeholders participated in various needs assessment and Community Program Planning (CPP) activities from January through May 2018<sup>3</sup>. Several stakeholders participated in more than one activity, and all who participated in needs assessment activities were also invited to participate in the Community Program Planning (CPP) process. The following table displays the various Community Program Planning (CPP) activities the Mental Health Services Act (MHSA) Planning Team conducted to gather stakeholders' input and the number of stakeholders engaged in each activity.

The participants represented a diverse age range (3% 16 – 24, 41% 25 – 59, and 49% 60+; 7% preferred to not answer). Of the participants, 77% of the participants identified as female, while 15% identified as male and 8% preferred not to answer. Among the participants, 73% identified as White/Caucasian, while 13% identified as American Indian/Native Alaskan, 7% identified as multi-race, and 7% preferred to not answer.

The majority of participants were from either Woodfords (31%) or Markleeville (29%), with a few participants from Bear Valley (10%). About 30% of the participants were residents of other areas of Alpine County, out-of-county, or preferred not to answer.

The Mental Health Services Act (MHSA) Planning Team was successful in engaging diverse stakeholders as set forth by the Mental Health Services Oversight and Accountability Commission's (MHSOAC) Community Program Planning (CPP) guidelines, including behavioral health service consumers and their family members, service providers, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations<sup>4</sup>.



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

<sup>4</sup> At the time of this planning process, the Mental Health Services Oversight and Accountability Commission (MHSOAC) had not released updated guidelines. This planning process was conducted based on instructions the



## MHSA Program Plan Updates

This report will provide FY 2018-19 program and service updates for the following programs:

**Table 1. Summary of Mental Health Services Act (MHSA) Programs by Component**

Component	Program
<b>Community Services and Supports (CSS)</b>	Field Capable Clinical Services
	Full Service Partnerships
	Play Therapy
	Grief Support
	Outreach and Engagement
	General Systems Development
<b>Prevention and Early Intervention (PEI)</b>	Senior Socialization and Exercise
	Positive Behavior Interventions and Support
	Create the Good
	Combining Past and Present
	Wellness Projects
	School-Based Primary Intervention Program
	Mental Health First Aid Training
	Suicide Prevention Program
<b>Workforce, Education, and Training (WET)</b>	Mental Health Services Act (MHSA) Workforce, Education, and Training (WET) Coordination
	Fundamental Learning Program
	Increasing Mental Health Staff Through Educational Stipends
<b>Capital Facilities and Technology Needs (CFTN)</b>	Capital Facilities Development
	Electronic Health Record Implementation

### Community Services and Supports (CSS) Programs

Through the Community Program Planning (CPP) process, stakeholders supported current Community Services and Supports (CSS) programs and identified few needs for modifications. As a result, the Mental Health Services Act (MHSA) Planning proposes the continuation of current programs with slight modifications listed below in the proposed activities sections.

Under the Mental Health Services Act (MHSA), California counties must make full use of the funding allocations received from the State. The MHSA Fiscal Reversion Policy specifies that funds allocated to a county that have not been spent within the statutory requirements will revert to the state for reallocation. Noted in the Community Services and Supports (CSS) program updates are how Alpine County Behavioral Health Services (ACBHS) plans to utilize funds at risk of reversion.

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Mental Health Services Oversight and Accountability Commission’s (MHSOAC) FY 2016-2017 MHSA Annual Update Instructions.





### Field Capable Clinical Services

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

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

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

**Population Served:** In FY 2016-17, Field Capable Clinical Services served 36 individuals and families and cost \$1,876 per person. In FY 2018-19, Alpine County Behavioral Health Services (ACBHS) anticipates serving 45 individuals with a per-person cost of \$1,556.

#### FY 2016 – 2017 Activities and Outcomes

**Key Successes in FY 2016-17:** One of the key successes of the Field Capable Clinical Services program was building trust with tribal members through locating services in the Hung A Lel Ti community. The Field Capable Clinical Services program continues to build trust in this community by meeting clients where they feel most comfortable, including in-home visits. In addition to building trust, by providing in-home visits, the Field Capable Clinical Services program also mitigates the once persistent challenge around transportation. In addition to building trust with the community, Field Capable Clinical Services worked to provide timely follow-up and linkage to clients and was able to set up appointments with individuals looking to access services within seven days.

**Program Challenges in FY 2016-17:** Alpine County Behavioral Health Services (ACBHS) encountered no challenges in implementing Field Capable Clinical Services in FY 2016-17.

**FY 2016-17 Partners:** Alpine County Behavioral Health Services (ACBHS) collaborated with the Woodfords Washoe Community Council to lease office and clinical space in the Hung-A-Lel-Ti community.

#### Proposed Activities for FY 2018 - 2019

Field Capable Clinical Services has been greatly successful at providing clinical services in non-clinical environments, including schools and community locations throughout the county. Therefore, Alpine County Behavioral Health Services (ACBHS) plans to continue implementing Field Capable Clinical Services as designed.

### Full Service Partnerships (FSP)

**Program Description:** The Full Service Partnership (FSP) program is designed to expand mental health services and supports to individuals with serious mental illness and children with severe emotional





disturbance, and to assist these residents in achieving their goals. Alpine County Behavioral Health Services (ACBHS) staff members also serve as active partners in County Multi-Disciplinary Teams in order to increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning.

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

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

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

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

**Population served:** In FY16-17, the Full Service Partnership (FSP) program served five individuals and families with a cost of \$65,494 in direct services. In FY 2018-19, Alpine County Behavioral Health Services (ACBHS) anticipates serving six individuals with a per-person cost of \$65,000.

#### *FY 2016 – 2017 Activities and Outcomes*

##### **Key Successes in FY 2016-17:**

- In FY 2016-17, Alpine County Behavioral Health Services (ACBHS) worked diligently to meet the myriad needs of Full Service Partners. For example, the County provided financial assistance for housing, as well as additional funding for nutritious food.
- In addition to providing within county supports, Alpine County Behavioral Health Services (ACBHS) also worked with clients to provide as-needed, specialized services in nearby counties. For example, a client received a specialized medical evaluation by a psychiatrist at a specialized clinic.

**Program Challenges in FY 2016-17:** Alpine County Behavioral Health Services (ACBHS) encountered no challenges in implementing Full Service Partnership in FY 2016-17.

**FY 2016-17 Partners:** Alpine County Behavioral Health Services (ACBHS) did not collaborate with any other agencies in FY 2016-17.

#### *Proposed Activities for FY 2018-19*

The full service partnership (FSP) program will continue to provide and expand mental health services





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

In response to a community identified need to provide psychoeducation resources to consumers, Alpine County Behavioral Health Services (ACBHS) plans to explore offering Full Service Partners increased opportunities for psychoeducation. Psychoeducation refers to providing education and information for people diagnosed with a mental health illness and their family members. The goal of this approach is to help those with mental health issues better understand their mental health conditions while developing coping strategies on how to maintain their own emotional health and overall-wellbeing. Additionally, Alpine County Behavioral Health Services (ACBHS) plans to develop classes and training for mental health consumers to understand their own signs, symptoms, and approaches to mental health treatment.

### Play Therapy

**Program Description:** Play Therapy is an evidence-based practice designed to deliver clinical services to children in a low-stakes environment with the goal of helping children decrease anxiety, increase confidence, make healthier choices, and decrease behavior issues through the expression of play. These services include a variety of evidence-based practices, such as Art Therapy.

**Population Served:** Play Therapy served seven youth during FY 2016-17, spending \$23,058 on direct services. In FY 2018-19, Alpine County Behavioral Health Services (ACBHS) anticipates serving 10 individuals with a per-person cost of \$25,000.

#### *FY 2016 – 2017 Activities and Outcomes*

**Key Successes in FY 2016-17:** Play Therapy experienced many successes, such as helping to engage a consistent cohort of children and helping these children decrease anxiety, increase confidence, decrease behavior issues, and make healthier choices through play.

**Program Challenges in FY 2016-17:** As noted in past plans and updates, transportation in Alpine County may act as a barrier to engaging some stakeholders in behavioral health services. Despite this challenge, Play Therapy clients can still be seen in the school setting.

**FY 2016-17 Partners:** In FY 2016-17, the Play Therapy program partnered with Diamond Valley School.

#### *Proposed Activities for FY 2018 - 2019*

Alpine County Behavioral Health Services (ACBHS) looks forward to maintaining Play Therapy services and establishing consistency in services.

### Grief Support

**Program Description:** Grief Support provides support for those who have experienced the loss of a loved one. Services may include outreach, crisis support, bereavement groups, individual support, and training on end of life issues as they relate to mental health issues, suicide prevention and intervention, substance use disorder issues, illness, and others depending on the current needs of the





community. Culturally-competent follow-up interventions, education, referrals, and support target those who require assistance to address their emotions and needs as survivors. The service may also be designed to improve family functioning/communication in the wake of loss, identify and understand the factors that promote a survivor’s resilience and strength, provide bereavement services and support, and address issues of stigma and shame.

In FY 2015-16, stakeholders recommended the development of Grief Support as a Community Services and Supports (CSS) program. Alpine County Behavioral Health Services (ACBHS) did not have the appropriate staff training to deliver Grief Support services, but recognized the need for such programming. Therefore, Alpine County Behavioral Health Services (ACBHS) proposed the implementation of Grief Support in their Mental Health Services Act (MHSA) Annual Update for FY 2016-17 through partnership with the Barton Health Hospice.

Despite the community interest in providing this service, due to low interest, Alpine County Behavioral Health Services (ACBHS) will remove the grief support program as a standalone program in. Instead, Alpine County Behavioral Health Services (ACBHS) will refer consumers to grief support services provided by Douglas Center for Hope and Healing or Barton Health Hospice.

In FY 2016-17, Alpine County Behavioral Health Services (ACBHS) referred a client to attend a three-day grief workshop in Nevada called, “The Art of Holding Your Heart.” The workshop is designed to help people experiencing grief to explore their emotions in a constructive way. During the workshop, participants practiced self-compassion, deep listening, body sensing, movement and yoga, education, and creativity to attend to all emotions. The goal of the workshop is to help individuals define and take ownership of their individual “Grief Journey.” Alpine County Behavioral Health Services (ACBHS) plans to continue to provide grief support to consumers through these and other unique and innovative partnerships as well as other Community Services and Supports (CSS) programs.

**\*This program is discontinued.**

## Outreach and Engagement

**Program Description:** The Outreach and Engagement program identifies, educates, and supports individuals in need of mental health services, and serves to reduce stigma and barriers to participation in Behavioral Health Services.

**Population Served:** During FY 2016-17, Alpine County Behavioral Health Services (ACBHS) conducted Outreach and Engagement activities that reached 536 unique individuals. Of those reached, nearly half (43%) were adults, 27% were children and youth, 20% were older adults, and 9% were transitional age youth (TAY). The per-person cost for ACBHS to run this program in FY 2016-17 was \$198. In FY 2018-19, Alpine County Behavioral Health Services (ACBHS) plans to serve 605 individuals with a cost of \$181 per person.

### FY 2016 – 2017 Activities and Outcomes

#### Key Successes in FY 2016-17:

- BHS staff conducted outreach through several key activities, including:
  - Presenting information on mental health awareness to children, adults, and seniors at the 50+ Club, Create the Good, and Back-to-School Night.
  - Going door to door within the Hung A Lele Ti community and distributing information on available behavioral health services monthly.





- Mental Health Matters: bringing in outside speakers, such as Kevin Hines, to share their stories with the community
- BHS staff offered a wide range of engagement activities, including: Yoga for Trauma Release and Meditation. In addition to yoga, FSP clients were invited to Prevention and Early Intervention (PEI) programs such as:
  - Senior activities
  - Family movie nights
  - Wellness and Exercise classes
  - Cultural Programs
  - Art classes
  - Yoga for Trauma Release and Meditation
  - Summer/holiday break activities and meals for school-aged children
  - Outreach and advertising through social media

**Program Challenges in FY 2016-17:**

- In FY 2016-17, the community building in Bear Valley experienced flooding which displaced, and ultimately ended up causing the cancellation of, the Bear Valley Yoga class for a period of time. Because the Yoga class is held in a non-Alpine County Behavioral Health Services (ACBHS) specific building, Alpine County Behavioral Health Services (ACBHS) does not have immediate control over renovations to this building.
- Stigma surrounding use of behavioral health services also remains a challenge. Alpine County Behavioral Health Services (ACBHS) has addressed this stigma by engaging in “stealth mental health” outreach activities, which create covert opportunities for individuals to engage in behavioral health services. Additional countywide outreach that directly addresses mental health and the stigma surrounding it, would help to reduce this stigma, and continue to build knowledge and understanding of available services and supports.

**FY 2016-17 Partners:** To conduct their many Outreach and Engagement activities, Alpine County Behavioral Health Services (ACBHS) collaborated with Each Mind Matters, Bear Valley and Markleeville Library sites, Tahoe Youth & Family Services, Woodfords Indian Education Center, Woodfords Washoe Recreation, Choices for Children, Live Violence Free, the 50+ Club, Alpine County Parents Group, and the Washoe Native Temporary Aid for Needy Families (TANF) Program.

***Proposed Activities for FY 2018 - 2019***

Alpine County Behavioral Health Services (ACBHS) staff will continue to conduct outreach to Alpine residents, provide a wide range of engagement activities, and facilitate transportation for residents in remote areas of the county when feasible.

**Reversion Planning**

Alpine County Behavioral Health Services (ACBHS) proposes to develop Health/Mental Health Kiosks to provide information to the public about behavioral health services and programs; reduce the stigma of mental illness and substance use disorders; and educate the public about how to access Behavioral Health Services and partner resources.

Additionally, Alpine County Behavioral Health Services (ACBHS) plans to use funds to develop a communications plan. The plan will be used to address the consistent messages from stakeholders regarding the department’s transparency, outreach about programs, communication to the community about the County’s role and population to serve.





## General Systems Development

### Program Description

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

- Mental health treatment, including alternative and culturally specific treatments
- Peer support
- Supportive services to assist clients, and clients' families as appropriate, in obtaining employment, housing, and/or education
- Wellness centers
- Personal service coordination/case management/personal service coordination to assist clients, and clients' families as appropriate, to access necessary medical, educational, social, vocational rehabilitative or other community services
- Needs assessment
- Individual services and supports plan development
- Crisis intervention/stabilization services
- Family education services
- Project-based housing programs

**Population Served: N/A**

### FY 2016 – 2017 Activities and Outcomes

#### Key Successes in FY 2016-17:

Interagency collaboration remained strong and enabled Community Services and Supports (CSS) service recipients to engage in wraparound services.

#### Program Challenges in FY 2016-17:

Transportation remains a barrier for residents living in more remote areas of the county, and Alpine County Behavioral Health Services (ACBHS) staff are working to improve transportation options for services whenever possible. Specifically, the County is looking to provide client transportation that is physically accessible for all members of the Alpine community, including those with mobility restrictions.

**FY2016-17 Partners: N/A**

### Proposed Activities for FY 2018 - 2019

- To further develop Alpine County Behavioral Health Services (ACBHS) staff's capacity to deliver value-driven services, Alpine County Behavioral Health Services (ACBHS) will provide increased exposure to and training in evidence-based practices in addition to cultural competency trainings. Whenever feasible, these trainings will be offered to consumers of Alpine County Behavioral Health Services (ACBHS) services as well.
- Alpine County Behavioral Health Services (ACBHS) staff will also continue to provide transportation to services and events, and explore options for improving access to services among consumers in Bear Valley and Kirkwood.



- Improve the county mental health service delivery system for all clients and their families.
- Develop and implement strategies for reducing ethnic/racial disparities.

### Reversion Planning

Alpine County Behavioral Health Services (ACBHS) proposes to use reversion funds to purchase two new vehicles (one a Paratransit vehicle) for client transportation. The vehicles will be used to transport consumer and community members to Behavioral Health programs and services.

## Prevention and Early Intervention (PEI) Programs

Through the Community Program Planning (CPP) process, stakeholders supported current Prevention and Early Intervention (PEI) programs and identified few needs for modifications. As a result, the Mental Health Services Act (MHSA) Planning Team proposes the continuation of current programs with slight modifications listed below in the proposed activities sections.

### Senior Socialization and Exercise

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

**Population Served:** In FY 2016-17, Senior Socialization and Exercise served 315 individuals with a per person cost of \$57. In FY 2018-19, Alpine County Behavioral Health Services (ACBHS) plans to serve 325 individuals with a per person cost of \$57.

### FY 2016 – 2017 Activities and Outcomes

#### Key Successes in FY 2016-17:

The Senior Socialization and Exercise program incorporated a wide range of activities in FY 2016-17 to bring seniors together in a warm, welcoming environment. Socialization activities included:

- Collaboration with the 50+ Club, which provided an opportunity for seniors to gather and socialize with each other and the broader community on a monthly basis.
- Elder Luncheons, held monthly, afforded seniors an opportunity to socialize while playing bingo, or creating a hands on craft.
- Cultural Activities including gathering and preparing Native and cultural foods, and sharing traditional knowledge.
- Monthly speakers on topics including emergency preparedness, essentials for a file of life, traveling, County business, health updates, storytelling, grief, healthy lifestyles, and Medicare Part D.
- Weekly Senior Soak socialization outings to Grover Hot Springs State Park. This program was so well attended that Alpine County Behavioral Health Services (ACBHS) expanded the hours of the program to now be open to seniors for two days a week, all day long.



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

- Weekly yoga classes with instructors.
- Bi-weekly chair exercise classes, performed with free weights, bands, and balls, as well as pre- and post-exercise stretching for stiff joints.
- Informal walking groups, which served as mobile talking circles.

Overall, senior socialization and exercise activities have provided consumers with opportunities to connect to each other and develop a support network. They also provided opportunities to inform consumers about other Mental Health Services Act (MHSA) programs which resulted in increased enrollment.

**Program Challenges in FY 2016-17:**

- The Senior Soak program has grown and extended all days and hours beyond the 10:00 a.m. to 12:00 p.m. time slot, to meet the needs of working seniors. Alpine County Behavioral Health Services (ACBHS) worked with Grover Hot Springs to create passes so that seniors have more flexibility to enjoy the hot springs. Senior Soak is now open to seniors two days a week, all day long.
- In FY 2016-17, the representative of the 50+ Club, a long-time partner of Alpine County Behavioral Health Services (ACBHS), retired from this position. Since this retirement, ACBHS has been working with the 50+ Club to clarify the roles around collaboration.

**FY 2016-17 Partners:** To conduct their many Senior Socialization and Exercise activities, Alpine County Behavioral Health Services (ACBHS) partnered with Grover Hot Springs State Park, Woodfords Recreation, Washoe Tribal Health Clinic, and the 50+ Club.

**Proposed Activities for FY 2018 – 2019**

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

**Positive Behavior Intervention Support (PBIS)**

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

**Population Served:** In FY 2016-17, Positive Behavioral Intervention Supports (PBIS) served 94 children with a per-person cost of \$340. Alpine County Behavioral Health Services (ACBHS) anticipated serving 85 children (depending on school enrollment) in FY 2018-19, with a per-person cost of \$337.

**FY 2016 – 2017 Activities and Outcomes**

**Key Successes in FY 2016-17:**



- In FY 2016-17, Positive Behavioral Intervention Supports (PBIS) saw great success in the Tier II support, “Check-In/Check-Out,” which provides brief intervention and supports for students.
- The quarterly Positive Behavioral Intervention Supports (PBIS) reward program, HAWK Breakfast, continued to be successful with consistently high attendance.
- In FY 2016-17, Alpine County Behavioral Health Services (ACBHS) replaced its former rewards software platform with a new rewards platform. Replacing the rewards platform solved many technical issues that had previously interfered with program implementation. Implementing the new platform also enabled greater choice for Positive Behavioral Intervention Supports (PBIS) rewards, including both classroom and school-wide student store options. Rewards now include an increased variety of non-tangible reward choices such as dance passes and selecting song of the day for morning announcements.
- An ongoing commitment to training continues to be a key success, with three staff attending Positive Behavioral Intervention Supports (PBIS) trainings in Fall 2017, and three more scheduled to attend in Spring 2018. Continued training has resulted in an increased flow of information regarding major behavior incidents to teachers and parents.

**Program Challenges in FY 2016-17:**

- In FY 2016-17, the Positive Behavioral Intervention Supports (PBIS) program experienced challenges in training new staff. To remedy this challenge, the Multi-Tiered System of Supports (MTSS) Team is developing an improved site-specific training protocol and support matrix for new staff.
- Another challenge in FY 2016-17 was an increase in recorded numbers of “major behavioral incidents”, which are classified as any incident where the Principal becomes involved. Upon examination of this recorded increase, it became evident that this issue stems from high referral rates by new staff, and increased consistency in program implementation by experienced staff. The new training protocol and support for new staff expects to have a positive impact on referral rates. While increased program consistency has resulted in an increase in reports of major behavior, and it is expected that the same consistency will ultimately aid in the decline of these incidents by connecting students to support services.

**FY 2016-17 Partners:** Positive Behavioral Intervention Supports (PBIS) partnered with Alpine County Behavioral Health, and Diamond Valley School.

***Proposed Activities for FY 2018 - 2019***

Positive Behavioral Intervention Supports (PBIS) was positively received by the school, families, and community members. As such, Alpine County Behavioral Health Services (ACBHS) plans to continue supporting its implementation over the next three years. Slight changes in activities include:

- Implementing a more efficient reward system and keeping high-interest reward items stocked in both classroom and school-wide reward stores.
- Committing to high-quality training for new staff to increase program effectiveness.
- Developing a new Tier I social-emotional learning component within the Multi-Tiered System of Supports to improve positive behavioral intervention.

While no major changes to program services and activities are planned, it is expected that the increased training protocol and continued consistent program application will result in a reduction in major behavioral incidents.

## Create the Good

### Program Description:

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

Create the Good offers weekly luncheons with drop-in hours, a summer lunch program for school-aged youth if needed, and weekly dinners in Bear Valley. These events offer an opportunity for members of the community to come together and enjoy healthy, balanced meals. Events feature presentations on topics related to health and wellness, including healthy eating. These events also support community members in learning new things, building relationships with neighbors, and sharing recipes.

**Population Served:** Create the Good served 719 community members. A majority (40%) were adults, followed by 27% transitional age youth (TAY), 16% children and youth, and 16% older adults. In the coming year, Alpine County Behavioral Health Services (ACBHS) anticipates serving 335 individuals through Create the Good\*.

*\*FY 2018-19 estimates are reduced from FY 2016-17 service utilization data because Alpine Kids will no longer be reported within the service utilization data for Create the Good, but will instead include the Wellness Projects serving both adults and youth.*

### FY 2016 – 2017 Activities and Outcomes

#### Key Successes in FY 2016-17:

- Weekly attendance increased to, on average, 15 individuals per event. These events have become a great opportunity for community members to create rapport with clients of Alpine County Behavioral Health Services (ACBHS). Additionally, these events have been successful at providing opportunities for clinicians to meet with the community, build relationships, and reduce stigma. Overall, Create the Good events have seen new attendees with regular attendance.
- Alpine County Behavioral Health Services (ACBHS) began Create the Good implementation in Bear Valley in FY 2016-17.

#### Program Challenges in FY 2016-17:

- It was challenging to predict how many individuals would attend events. For example, sometimes Alpine County Behavioral Health Services (ACBHS) would plan for 30 attendees and only five individuals would show up. Now Alpine County Behavioral Health Services (ACBHS) plans for events to have somewhere between 15 to 20 participants.

**FY 2016-17 Partners:** Alpine County Behavioral Health Services (ACBHS) collaborated with SNAP-Ed, Community Service Solutions, Live Violence Free, and the Suicide Prevention Network.

### Proposed Activities for FY 2018 – 2019

- Create the Good will continue to offer weekly luncheons with guest speakers and presentations on integrated health and wellness topics. These luncheons continue to be an opportunity for the public to learn more about Alpine County Behavioral Health Services’ (ACBHS) programming and



clinical staff, in addition to stigma reduction, the effects of trauma and other indicated topics.

### Reversion Planning

Alpine County Behavioral Health Services (ACBHS) plans to use reversion funds to update the facilities at the Hung A Lel Ti firehouse.

## Combining Past and Present

**Program Description:** Combining Past and Present is a culturally based prevention program for Alpine County residents of all ages. The program seeks to preserve cultural traditions, build community, and prevent the onset of depression and anxiety related to lack of socialization for members of the Hung A Lel Ti community. Through community dialogue and activities, the program also addresses trauma-related mental health topics specific to Tribal communities, such as historical trauma and identity confusion.

**Population Served:** In FY 2016-17, Combining Past and Present served 171 community members. A majority (48%) were children, followed by 41% adults, 11% transitional age youth (TAY), and 10% older adults. The per person cost of Combining Past and Present is \$25. In the coming year, Alpine County Behavioral Health Services (ACBHS) anticipates serving 189 individuals through Combining Past and Present with a per person cost of \$34.

### FY 2016 – 2017 Activities and Outcomes

#### Key Successes in FY 2016-17:

FY 2016-17 activities included sharing traditional knowledge, following the traditional calendar of the Washoe people through gathering trips for food and materials in the surrounding area, and then preparing traditional foods and tools. During FY 2016-17, cultural programming included:

- Acorn, Willow, Berries, Onion, and Pine Nut Gatherings
- Basket Making, Beading, Stick Game Making, Flint Knapping, Acorn Biscuits and Pine Nut Soup
- Singing Cultural Songs

These activities were targeted toward Alpine County residents of all ages, and were intended to provide community members with an opportunity to participate in cultural history and traditional ways of life.

A key success in FY 2016-17 was reducing the stigma of weaving among men. Through Combining Past and Present, weaving creates opportunities to keep individuals in the community focused and occupied with learning traditional knowledge, creating community, and practicing wellness.

#### Program Challenges in FY 2016-17

- One of the barriers faced in this program, is that the cultural knowledge projects are complex and take a lot of time to complete. They often have many steps and can be difficult to commit the time necessary.

**FY 2016-17 Partners:** Alpine County Behavioral Health Services (ACBHS) partnered with the Great Basin Basket Association, the Washoe-Cultural Resource Department, and the Washoe Tribal Health Center.

### Proposed Activities for FY 2018 – 2019





Combining Past and Present will continue to provide activities intended to preserve cultural traditions, build community, and prevent the onset of depression and anxiety related to lack of socialization and identity loss. Alpine County Behavioral Health Services (ACBHS) recently hired a new Native Wellness Advocate (in FY 2016-17) who will work with consumers to develop culturally-appropriate activities. Based on previously successful activities, Alpine County Behavioral Health Services (ACBHS) anticipates continuing the following activities:

- Gathering and preparing native foods
- Incorporating the Washoe language
- Sharing traditional knowledge (basket making, beading, stick game making, flint knapping, skirt and ribbon shirt making)
- Collaborating with Elders and the Washoe Tribe Cultural Resource Department
- Collaborating with Live Violence Free to bridge gaps to service access for consumers who experience domestic violence and child abuse

### Wellness Projects

**Program Description:** Alpine County's Wellness Projects are designed to provide targeted programming for a variety of distinct populations. These programs will provide continued support to prevent the development and onset of mental health issues among Alpine County residents and engage residents in programming to decrease barriers to accessing services for serious mental illness (SMI) and severe emotional disturbance (SED). Please see the Wellness Projects below.

Children and Transition Age Youth (TAY) Wellness Project: Alpine County Behavioral Health Services (ACBHS) will continue to provide play groups for children and will continue to support and leverage existing children and Transition Age Youth (TAY) programming occurring in nearby locations and through community collaborations.

Bike to School: Held in the spring, Alpine County Behavioral Health Services (ACBHS) staff chaperone local children as they ride their bikes to school. This project promotes health, wellness, collaboration, and the Alpine County cycling spirit.

Family Night: Originating from Alpine County Behavioral Health Services' (ACBHS) Substance Use Disorder (SUD) treatment program's group called Feed the People; Alpine County Behavioral Health Services (ACBHS) adopted Family Night into its array of Wellness Projects as a safe place for families to experience sober recreation. The event begins as a Native American substance use disorder (SUD) recovery group that evolves into Family Night, taking a less clinical structure for families to talk about how to build a resilient and healthy community reflective of its members.

Walk for Wellness: This project borrows from somatic therapy and involves adults in exercise and socialization to alleviate feelings of isolation and improve well-being, resilience, and recovery.

**Population Served:** Wellness Projects served 382 community members. A majority (36%) were adults, followed closely by 34% children, 20% transitional age youth (TAY), and 10% older adults. The per person cost of Combining Past and Present in \$44. In the coming year, Alpine County Behavioral Health Services (ACBHS) anticipates serving 400 individuals through Combining Past and Present with a per person cost of \$44.

### FY 2016 – 2017 Activities and Outcomes

#### Key Successes in FY 2016-17:

The Family Night project saw increased attendance with familiar audiences and introduced healthier





foods. Wellness Projects provided opportunities for interaction between community members and clinical and MHSA staff through various activities, reducing stigma and building relationships.

**Program Challenges in FY 2016-17:**

It was challenging to predict how many individuals would attend events. To address this challenge, Alpine County Behavioral Health Services (ACBHS) kept track of attendance at these events and then created an average to predict an estimate of how many people would attend.

Family Night also experienced challenges with starting events on time. Occasionally, the substance use disorder (SUD) group session will go over and Family Night will start late. Alpine County Behavioral Health Services (ACBHS) has responded to this challenge by being responsive to the community needs and flexible with starting the event later.

Alpine County Behavioral Health Services (ACBHS) has had some difficulty engaging Transition Age Youth (TAY) in Wellness Projects. Alpine County plans to continue building relationships and providing engaging programs and services. In FY 2016-17, the Alpine County Behavioral Health Services (ACBHS) held targeted events to engage youth, such as Sacramento Comic Convention, CosPlay costume workshops, and the Girls Empowerment Conference at University of Nevada, Reno. Additionally, Alpine County Behavioral Health Services (ACBHS) created a youth survey to engage youth in designing programming and engagement strategies and identify areas of services needed and wanted.

**FY 2016-17 Partners:** Alpine County Behavioral Health Services (ACBHS) partnered with Alpine First 5 Commission, Choices for Children, Diamond Valley School, and Tahoe Youth & Family Services, and Live Violence Free.

**Proposed Activities for FY 2018 – 2019**

Alpine County Behavioral Health Services (ACBHS) will continue to provide targeted programming for its distinct populations described above. These programs will provide continued support to prevent the development and onset of mental health issues among Alpine County residents. Additionally, Alpine County Behavioral Health Services (ACBHS) plans to provide and discuss nutritional information of the food being prepared.

**School-Based Primary Intervention Program**

**Program Description:** The Primary Intervention Program (PIP) provides one-to-one services to students through the use of non-directive play sessions, including games, arts and crafts activities, and conversations. Services are delivered by a child aid, with close supervision from a mental health professional. Once a week, children receive a 30-40 minute one-to-one session for a period of 12-15 weeks.

The Primary Intervention Program (PIP) program is designed to enhance the social, emotional, and behavioral development of young students; to build children’s self-esteem and confidence; to encourage positive attitudes toward school and improved academic achievement; and to provide access to services for children with severe emotional disturbance (SED). Primary Intervention Program (PIP) services are provided by Tahoe Youth & Family Services (TYFS) through the Mental Health Services Act (MHSA) plan.

**Population Served:** In FY 2016-17, eight children were served by the Primary Intervention Program (PIP), with a total cost of \$25,000 and per person cost of \$3,125. In FY 2018-19, Alpine County Behavioral





Health Services (ACBHS) intends to serve seven children with a total cost of \$25,000 and a per person cost of \$3,571.

**FY 2016 – 2017 Activities and Outcomes**

**Key Successes in FY 2016-17:** The Primary Intervention Program (PIP) received support from Diamond Valley School to support children in the program. With the support of the school, children were able to use sessions to decompress and connect with the child aid. Having the kids bond to the PIP worker made them feel safe, which helped them reset and be ready to have a good day.

**Program Challenges in FY 2016-17:** In FY 2016-17, the Primary Intervention Program (PIP) was successful at engaging students in prevention services. However, program staff noted that when students required more intensive services, families were reluctant to engage in these services.

**FY 2016-17 Partners:** Alpine County Behavioral Health Services (ACBHS) collaborated with Diamond Valley School and Tahoe Youth & Family Services (TYFS) to implement this program.

**Proposed Activities for FY 2018 – 2019**

Alpine County Behavioral Health Services (ACBHS) and Tahoe Youth & Family Services (TYFS) plan to continue Primary Intervention Program (PIP) implementation with few changes. Tahoe Youth & Family Services (TYFS) looks forward to continuing to work with students one-on-one to support their social, emotional, and behavioral development and improve their academic achievement.

**Mental Health First Aid Training**

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

**Population Served:** In FY 2016-17, Mental Health First Aid (MHFA) trained 21 adults. In FY 2018-19, Alpine County Behavioral Health (ACBHS) plans to train 15 adults in Mental Health First Aid (MHFA).

**FY 2016 – 2017 Activities and Outcomes**

**Key Successes in FY 2016-17:**

- Alpine County Behavioral Health (ACBHS) hosted two well-attended trainings preparing participants to utilize Mental Health First Aid (MHFA) in identifying, understanding, and responding to signs of mental illness and substance abuse.

**Program Challenges in FY 2016-17:**

- The main challenge experienced during FY 2016-17 was due to staffing challenges and transitioning roles.





**FY 2016-17 Partners:** Alpine County Behavioral Health Services (ACBHS) partnered with Alpine County Mental Health Advisory Board.

**Proposed Activities for FY 2018 – 2019**

Alpine County Behavioral Health Services (ACBHS) plans to continue coordinating trainings to empower more community members to understand and utilize Mental Health First Aid (MHFA) skills and strategies to prevent and address mental health problems and crises.

Additionally, a partnership with another county or Mental Health First Aid (MHFA) provider will be established to provide the law enforcement specific module to local first responders as a part of the County’s Crisis Intervention Team and training.

**Suicide Prevention**

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

- **Training.** Several training programs are currently available. Applied Suicide Intervention Strategies Training (ASIST) is a national suicide prevention training program. The training is recognized as an established best practice and is specifically popular among small and mid-size counties. Through a two-day training, stakeholders learn how to recognize the risk and how to intervene to prevent the immediate risk of suicide. The purpose of the training is to prepare participants to integrate intervention principles into everyday practice. Question, Persuade, Refer (QPR) is another suicide prevention training program. Guided by certified trainers, QPR is an interactive one-hour presentation.
- **Outreach and Engagement.** The primary goal of this component is to lead presentations to raise community awareness about suicide. Presentations are typically delivered at community groups (e.g., parent group meetings, senior luncheons, Create the Good, Youth Leadership) and in K-12 schools (e.g., school assemblies, youth groups).
- **Suicide Hotline.** Alpine County Behavioral Health Services (ACBHS) will contract with Crisis Support Services of Alameda County to operate a 24 hour per day, 7 days per week crisis line. In addition, the National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Individuals in crisis are connected to the closest available crisis center where a trained counselor assists the individual to connect them to necessary services and supports in their county.
- **Suicide Prevention Communication Materials.** The California Mental Health Services Authority (CalMHSA) has developed a health communication campaign on suicide prevention, titled Know the Signs. In addition, it has identified strategies for collaborating with media and schools to conduct a general public education campaign to promote awareness of suicide and reduce stigma around seeking help.

Population Served: N/A

**FY 2016 – 2017 Activities and Outcomes**

**Key Successes in FY 2016-17:**

The Suicide Prevention Program experienced success by creating a dialogue with community members about suicide prevention. Suicide Prevention held several trainings, such as Applied Suicide Intervention Skills Training (ASIST) and safeTALK, as well as campaigns to bring Suicide Prevention to the surface. The



“Walk in Memory, Walk for Hope” suicide prevention awareness walk was also successful at creating awareness of suicide. Another key success was the ability to connect with the youth of Alpine County by coordinating a Living Out Loud advocacy group that included youth ages 14-17.

**Program Challenges in FY 2016-17:**

- Alpine County Behavioral Health Services (ACBHS) encountered no challenges in implementing Suicide Prevention in FY 2016-17.

**FY 2016-17 Partners**

- Suicide Prevention Network (SPN) partnered with Alpine County Behavioral Health Services, Diamond Valley School, Washoe Indian Education Center, Native TANF, Tahoe Youth & Family Services, Live Violence Free, Health and Human Services, Washoe Tribe Juvenile Probation, Washoe Tribe Recreation Department, Washoe Tribal Council, Alpine County Sheriff’s Department, and Washoe Tribe Police Department.

**Proposed Activities for FY 2018 – 2019**

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

- Continue training and outreach to all Alpine County, with localized trainings in Bear Valley, Kirkwood, Markleeville, and within the Hung A Lel Ti community.
- Develop a suicide prevention campaign within the school district in collaboration with Diamond Valley School and Behavioral Health Services staff.
- Continue to build a strong connection with the youth and transitional aged youth of Alpine.
- Encourage and promote the “Walk in Memory, Walk for Hope” awareness walk in September.
- Promoting Mental Health Matters in May by having speakers share their stories and journey to recovery.

Suicide Prevention Network may explore outreach and engagement in Bear Valley by hosting a training during one of the monthly Create the Good events.

## Innovation (INN) Project

Given the county’s need for physical capacity and personnel to implement previously approved and expanded programs, Alpine County did not identify the need or ability to implement an innovation (INN) project at this time.

## Workforce, Education, and Training (WET) Programs

The need for Workforce, Education, and Training (WET) programs emerged during the Community Program Planning (CPP) process. Alpine County recently approved its plan to implement Workforce, Education, and Training (WET) beginning in FY 2016-17.



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

**Program Description:** Alpine County Behavioral Health Services (ACBHS) is dedicating the Mental Health Services Act (MHSA) Coordinator position to oversee the coordination and implementation of Mental Health Services Act (MHSA) Workforce, Education, and Training (WET) programs in addition to overseeing the coordination and implementation of the Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Capital Facilities and Technology Needs (CFTN) components of its Mental Health Services Act (MHSA) Plan.

The Mental Health Services Act (MHSA) Coordinator will coordinate and sustain an education and training program for Alpine County Behavioral Health Services (ACBHS) staff, volunteers, partners, and consumers. Under the supervision of the Alpine County Behavioral Health Services (ACBHS) Director, this individual is responsible for promoting a work environment that values learning, cultural, and linguistic competence and humility, as well as personal and professional development. Activities to be implemented under the Workforce, Education, and Training (WET) component include developing curriculum for training modules to address specific topics, including state and federal regulations, consumer culture, and core skills; conducting training; and arranging for staff to participate in training outside of the county as appropriate. The Mental Health Services Act (MHSA) Coordinator will also support the expansion of the Alpine County Behavioral Health Services (ACBHS) workforce to include staff that are representative of Alpine County’s consumer culture, ensuring that the Alpine County Behavioral Health Services (ACBHS) system is responsive to the needs of its community.

#### *FY 2016 – 2017 Activities and Outcomes*

**Key Successes in FY 2016-17:**

In January 2017, Alpine County Behavioral Health Services (ACBHS) promoted their Mental Health Services Act (MHSA) Program Specialist to the Mental Health Services Act (MHSA) Program Coordinator position, the responsibilities of which includes Mental Health Services Act (MHSA) Workforce, Education, and Training (WET) Coordination.

**Program Challenges in FY 2016-17:** N/A

#### *Proposed Activities for FY 2018 – 2019*

Alpine County Behavioral Health Services (ACBHS) looks forward to supporting the Mental Health Services Act (MHSA) Program Coordinator in her role transition and building her capacity to take on Mental Health Services Act (MHSA) Workforce, Education, and Training (WET) Coordination.

### Fundamental Learning Program

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

#### *FY 2016 – 2017 Activities and Outcomes*

**Key Successes in FY 2016-17:** One of the major successes of the Fundamental Learning Program was





implementing the Strengths Model. In January 2017, the Eastern Sierra counties of Mono, Inyo, and Alpine contacted the California Institute for Behavioral Health Solutions (CIBHS) for support to implement Strengths Model care management via a learning collaborative approach. The three Eastern Sierra counties decided to implement this model in an effort to build their infrastructure as recovery-oriented systems and improve outcomes for people with serious mental illness and substance use disorders in the areas of housing, employment, education, and increased community involvement.

Over a period of approximately 14 to 24 months, behavioral health agencies in Inyo, Mono, and Alpine counties will test and adapt innovative practices designed to bring about wide-scale changes at both systems and practice levels that reflect high fidelity implementation of the Strengths Model.

The University of Kansas (KU) developed the Strengths Model in the mid-1980s as a response to traditional deficit-oriented approaches in mental health. The Strengths Model is both a philosophy of practice and a set of tools and methods designed to enhance recovery. The Strengths Model rests on six core principles:

**Principle #1:** People with psychiatric disabilities can recover, reclaim and transform their lives

**Principle #2:** The focus is on an individual's strengths rather than deficits

**Principle #3:** The community is viewed as an oasis of resources

**Principle #4:** The client is the director of the helping process

**Principle #5:** The relationship is primary and essential

**Principle #6:** The primary setting for our work is in the community

**Program Challenges in FY 2016-17:** N/A

#### *Proposed Activities for FY 2018 – 2019*

Alpine County Behavioral Health Services (ACBHS) looks forward to further assessing its workforce needs by staff classification in FY 2017-18 and building out the Fundamental Learning Program over the next few years. Based on feedback from staff and stakeholders in the Community Program Planning (CPP) process, some activities Alpine County Behavioral Health Services (ACBHS) plans to implement include:

- Building in regular and explicit trainings and support for staff and community members around preventing, recognizing, and treating secondhand trauma.
- Continuing a relationship with Relias Learning to increase access to trainings, online courses, continuing education credits, and other skill-building opportunities.
- Identifying and leveraging regional and statewide workforce development opportunities, such as trainings offered by National Alliance on Mental Illness (NAMI), California Association of Social Rehabilitation Agencies (CASRA), and the Central Regional Partnership.

### Increasing Mental Health Staff through Educational Stipends

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

**Population Served:** N/A





### FY 2016 – 2017 Activities and Outcomes

Alpine County Behavioral Health Services (ACBHS) developed their Mental Health Services Act (MHSA) Workforce, Education, and Training (WET) Plan in FY 2016-17. The plan was approved by the County Board of Supervisors on June 30, 2016, therefore, Alpine County Behavioral Health Services (ACBHS) did not implement any activities or have any other outcomes in FY 2016-17.

**Key Successes in FY 2016-17:** In FY 2016-17, Alpine County Behavioral Health Services (ACBHS) was successful at developing relationships with Diamond Valley School and Douglas High School. With these relationships in place, Alpine County Behavioral Health Services (ACBHS) looks forward to administering education stipends to increase the mental health workforce.

**Program Challenges in FY 2016-17:** N/A

### Proposed Activities for FY 2018 – 2019

In FY 2018-19, Alpine County Behavioral Health Services (ACBHS) plans to leverage resources (e.g., presentations, lessons learned) from other counties or regions (e.g., Central Regional Partnership) who have been successful in developing mental health career pathway programs and adapting resources to engage Alpine County youth and Transition Age Youth (TAY). Additionally, Alpine County Behavioral Health Services (ACBHS) plans to identify and invite youth and Transition Age Youth (TAY) to apply for educational stipends.

### Financial Incentive Programs

**Program Description:** Alpine County Behavioral Health Services (ACBHS) will support stipends for up to four individuals seeking licensing and education as psychiatric nurse practitioners, graduate-level social workers, or graduate-level counselors. These funds will be available to staff who meet enrollment criteria in exchange for a commitment to work in the county mental health system for a specified period of time. Priority will be given to candidates with cultural and language proficiency, consumer/family member lived experience, and hard-to-fill positions.

***\*Alpine County Behavioral Health Services (ACBHS) has four clinical staff, none of whom have a financial need for the Financial Incentives Program. For this reason, this program was not implemented and its funding will be reallocated to other Workforce, Education, and Training (WET) programs.***

### Capital Facilities and Technology Needs (CFTN) Projects

Through the Community Program Planning (CPP) process, stakeholders supported current Capital Facilities and Technology Needs (CFTN) projects and identified few needs for modifications. Further, Alpine County's disbursement of Mental Health Services Act (MHSA) Capital Facilities and Technology Needs (CFTN) funding is scheduled to terminate at the end of FY 2017-18.

Under the Mental Health Services Act (MHSA), California counties must make full use of the funding allocations received from the State. The MHSA Fiscal Reversion Policy specifies that funds allocated to a county that have not been spent within the statutory requirements will revert to the state for



reallocation. Noted in the Capital Facilities and Technology Needs (CFTN) program updates are how Alpine County Behavioral Health Services (ACBHS) plans to utilize funds at risk of reversion.

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

**Program Description:** The Capital Facilities funds will be used to acquire a new building or space for Mental Health Services Act (MHSA) administration and services. The focus of the building or space will be to offer Mental Health Services Act (MHSA) services to children, transition age youth, families, adults, and older adults, providing: activity rooms for individual and group service delivery (e.g., additional wellness programs); and dedicated space for Alpine County Behavioral Health Services (ACBHS) administration.

#### FY 2016 – 2017 Activities and Outcomes

##### Key Activities in FY 2016-17:

- Alpine County Behavioral Health Services (ACBHS) selected a site for a facility for behavioral health. The Site was approved by the Board of Supervisors. The architects have now submitted plans that include access to the new Alpine County Behavioral Health Services (ACBHS) site by going around the left side of the existing Community Development Agency (CDA) building. That plan allows us to move forward with the building and its current budget. The bid documents will go before the Board of Supervisors for approval by July 2018.

##### Program Challenges in FY 2016-17:

- The selected site had an existing entrance and egress that has access to highway, which required the team to work with Caltrans to determine whether the highway will need improvements. CalTrans had noted potentially very expensive road improvements but was not able to give exact estimates nor make recommendations until final building plans were submitted. The County determined that an alternate access route would be best.

#### Proposed Activities for FY 2018 – 2019

In FY 2018-2019, a contractor will be selected and construction will begin in Summer 2018.

##### Reversion Planning

A majority of CFTN Reversion Funds will be allocated to building renovations and updates.

### Technology Needs: Electronic Health Record Implementation

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

#### FY 2016 – 2017 Activities and Outcomes

##### Key Program Activities in FY 2016-17:

- Alpine County Behavioral Health Services (ACBHS) successfully established a functional electronic health record system and trained new staff on how to use this new system. The electronic health record (EHR) will also ensure the privacy of protected health information by having state-of-the-art equipment and software.





**Program Challenges 2016-17:** No challenges were experienced in FY 2016-17.

***Proposed Activities for FY 2018 – 2019***

Alpine County Behavioral Health Services (ACBHS) will continue to utilize the electronic health record (EHR) program during FY 2017-18 and does not anticipate any Mental Health Services Act (MHSA) funding needs to do so.

**Reversion Planning**

Alpine County Behavioral Health Services (ACBHS) plans to utilize funds at risk of reverting to provide analytic system updates to the electronic health record as well as computer enhancements and updates. With these upgrades, Alpine County Behavioral Health Services (ACBHS) hopes to be a data driven system with the capacity to report on client outcomes and other system wide outcome measures.



## Reversion Planning Table

Item	Purpose	Estimated Reversion Expenditure	Reference in MSHA Update	Program Name
<b>Analytic System Upgrades for the Electronic Health Record</b>	Develop a data driven system to accurately analyze and report consumer outcomes.	Under \$10,000	Page 38	Electronic Health Record Implementation
<b>Computer enhancements and upgrades</b>	Establish consistency across staff's operating system through enhancements and upgrades.	Under \$20,000	Page 38	Electronic Health Record Implementation
<b>Health/Mental Health Kiosks</b>	Provide information to the public about ACBHS services and programs; reduce the stigma of mental illness and substance use disorder; educate the public about how to access services at ACBHS and partner resources.	Under \$25,000	Page 23	Outreach and Engagement
<b>Two vehicles (one Paratransit/handicapped accessible)</b>	Transport consumers (experiencing limited mobility) and community members to BHS programs and services.	Under \$200,000	Page 24	CSS FSP GSD All MHSa Programs
<b>Kitchen upgrades at Hung A Lel Ti Firehouse</b>	Enhance program offerings through added kitchen equipment and features.	Under \$20,000	Page 28	Create the Good
<b>Communications plan* (per our conversation) to include Brochures and Outreach Materials</b>	To address the consistent messages from stakeholders regarding the department's transparency, outreach about programs, communication to the community about what we do and who we serve	Under \$50,000	Page 23	Outreach and Engagement
<b>Building renovations and updates</b>	Procure and renovate new BHS building.		Page 38	CFTN, CSS, FSP



## FY 2018-19 Mental Health Services Act Annual Update

### Funding Summary

County	Alpine					Date:	4/19/18
		MHSA Funding					
		A	B	C	D	E	F
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2018/19 Funding</b>							
1.	Estimated Unspent Funds from Prior Fiscal Years	698,368	990,678	772,732	326,149	988,500	
2.	Estimated New FY 2018/19 Funding	1,125,851	281,462				
3.	Transfer in FY 2018/19 <sup>a/</sup>	(212,840)				212,840	0
4.	Access Local Prudent Reserve in FY 2018/19						0
5.	Estimated Available Funding for FY 2018/19	1,611,379	1,272,140	772,732	326,149	1,201,340	
<b>B. Estimated FY 2018/19 MHSA Expenditures</b>		1,200,000	299,602	0	326,149	1,201,340	
<b>G. Estimated FY 2018/19 Unspent Fund Balance</b>		411,379	972,538	772,732	0	0	
<b>H. Estimated Local Prudent Reserve Balance</b>							
1.	Estimated Local Prudent Reserve Balance on June 30, 2018		583,065				
2.	Contributions to the Local Prudent Reserve in FY 2018/19		0				
3.	Distributions from the Local Prudent Reserve in FY 2018/19		0				
4.	Estimated Local Prudent Reserve Balance on June 30, 2019		583,065				
<small>a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.</small>							



### Community Services and Supports (CSS) Component Worksheet

County: Alpine					Date: 4/19/18	
	<b>Fiscal Year 2018/19</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>						
1. FSP	625,000	575,000	50,000			
<b>Non-FSP Programs</b>						
1. FCCS	127,000	117,000	10,000			
2. Outreach & Engagement	181,000	181,000				
3. Play Therapy	83,500	76,500	7,000			
4. Systems Development	250,500	250,500				
<b>CSS Administration</b>	0					
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	1,267,000	1,200,000	67,000	0	0	0
<b>FSP Programs as Percent of Total</b>	52.1%					



### Prevention and Early Intervention (PEI) Component Worksheet

County: Alpine						Date: 4/19/18	
		Fiscal Year 2018/19					
		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
<b>PEI Programs - Prevention</b>							
1.	Combining Past & Present	19,375	19,375				
2.	Wellness Projects	26,875	26,875				
3.	Senior Socialization & Exercise	34,375	34,375				
4.	Create the Good	29,375	29,375				
5.	Stigma & Discrimination Reduction - Spea	10,000	10,000				
6.	Primary Intervention Program (PIP)	45,375	45,375				
7.	Suicide Prevention	39,375	39,375				
<b>PEI Programs - Early Intervention</b>							
11.	PBIS	45,875	45,875				
12.	Mental Health First Aid	19,375	19,375				
<b>PEI Administration</b>		15,000	15,000				
<b>PEI Assigned Funds</b>		14,602	14,602				
<b>Total PEI Program Estimated Expenditures</b>		299,602	299,602	0	0	0	0

### Workforce, Education and Training (WET) Component Worksheet

County: Alpine						Date: 4/19/18	
		Fiscal Year 2018/19					
		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
<b>WET Programs</b>							
1.	MHSA Coordination	125,000	125,000				
2.	Fundamental Learning Program	170,000	170,000				
3.	Educational Stipends	31,149	31,149				
<b>WET Administration</b>		0					
<b>Total WET Program Estimated Expenditures</b>		326,149	326,149	0	0	0	0





### Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Alpine					Date: 4/19/18	
	<b>Fiscal Year 2018/19</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Building	1,201,340	1,201,340				
<b>CFTN Programs - Technological Needs Projects</b>						
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	1,201,340	1,201,340	0	0	0	0



## Appendix A: Stakeholders Engaged in Community Program Planning

To be updated after the public hearing\* A total of 127 individuals participated in the Community Program Planning (CPP) process, throughout the key informant interviews and the community work session in March 2017, the public hearing in May 2017, and the public commenting period in May and June 2017. A total of 31 demographic forms were submitted at the conclusion of these activities.

### Participant Stakeholder Affiliation

- 27% Consumers
- 15% Family Member of a Consumer
- 20% County Government Agency Staff
- 7% Contracted Service Provider or Community-Based Organization Staff or Volunteer
- 0% Law Enforcement Staff
- 6% Education Agency Staff
- 5% Social Service Agency Staff
- 0% Veteran Organization Staff or Volunteer
- 1% Medical or Health Care Organization Staff
- 51% Community Member
- 8% Other
- 8% Did not identify

### Participant Age Ranges

- 2% Under 16
- 0% 16-24
- 49% 25-59
- 45% 60 and older
- 3% Did Not Identify

### Participant Gender

- 79% Female
- 16% Male
- 1% Other
- 4% Did Not Identify

### Participant Race/Ethnicity

- 83% White/Caucasian
- 1% African American/Black
- 1% Hispanic/Latino
- 1% Asian or Pacific Islander
- 10% American Indian/Native Alaskan
- 3% Multi-race
- 6% Other
- 3% Did Not Identify

### Participant Residency

- 4% Bear Valley
- 4% Hung A Lel Ti Community
- 4% Kirkwood
- 30% Markleeville
- 28% Woodfords
- 26% Other
- 2% Did Not Identify