



helping people

Sierra County Behavioral Health

Mental Health Services Act

Annual Update

Fiscal Year 2016/17

Proposed Draft for Public Comment

This Mental Health Service Act Annual Update is designed to report on Mental Health Services Act activities during Fiscal Year 2014/15 and to enhance county and community mental health services to Sierra County residents during FY 2016/17. This Annual Update is available for public review and comment through December 16, 2016. We welcome your feedback during the review process or at the Public Hearing to be held on December 8, 2016. During the 30-day review, configuration of this document may change; however, content will not unless Public Hearing results in a change(s).

Public Hearing Information:

Sierra County Wellness Center
207 Front Street
Loyalton, CA 96118
December 16, 2016
9:30 a.m.

Hosted by the Sierra County Mental Health Advisory Board

Questions or Comments? All comments are welcome.

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Annual Update Overview

The purpose of this annual update is to address elements that have changed within Sierra County's Mental Health Services Act (MHSA) Plan and to address plan changes and expenditures during FY 16/17 as a result of the Community Planning Process (CPP) completed in March 2016. A review of programs and services provided in FY 14/15 is also included pursuant to MHSA state regulations.

The following MHSA values have been utilized during the CPP and are imbedded within programs and strategies to obtain desired outcomes:

- Community Collaboration
- Cultural Competence
- Consumer/Family Driven
- Wellness, Recovery, and Resilience Focused
- Integrated Service Experiences for Clients and their Families

The above listed values help to enhance programs offered by identifying appropriate service and strategy venues which meet the unique needs of Sierra County community members. Most importantly, these values have enabled Sierra County Behavioral Health (SCBH) to recognize the need to employ a universal service strategy in offering programs so as not to increase stigma, label, or identify individuals being served. Utilizing universal service strategies also progressively increases educational outreach throughout Sierra County's community members and stakeholders as they participate in programs. SCBH continues to improve its workforce, as well as, increase collaboration with other providers and organizations as a result of MHSA values continuing to be imbedded within programs and strategies.

Welcome to Sierra County

Sierra County is the second least populated county in the State of California. In the summer months, Sierra Valley supports more cattle than the total number of Sierra County residents. Considered a “Frontier County”, because of remoteness and population density, Sierra County has no stoplights, fast food restaurants, movie theaters, traditional public transportation systems, hospitals, or shopping centers. Most communities are geographically isolated from services and other communities. The county is bisected by the Sierra Nevada Mountain range, one pass (Yuba Pass, elevation 6,701 ft.) provides access between the east and west side communities. Harsh weather and mountain driving conditions make travel during the winter months treacherous and dangerous.

Sierra County shares a border with the State of Nevada. Neighboring counties are Plumas, Lassen, Nevada and Yuba.



Estimated Population per Community Zip Code* within Sierra County:			
Alleghany/Forest City	89	Loyalton	1,627
Calpine/Sattley	326	Sierra City	258
Downieville	352	Sierraville	215
Goodyears Bar	46		

* 2010 US Census Bureau-FactFinder, Community Facts

Sierra County's population of 3,003 (US Census Bureau 2014 estimate) is spread over 962 square miles (of which approximately 70% is National Forest). The only incorporated city is Loyalton, with 769 persons residing within the city proper. Another 858 residents live within Loyalton's zip code, associating approximately 50% of Sierra County's population with the City of Loyalton. While the county seat is located in Downieville, Sierra County Board of Supervisor meetings alternate between the locations of Downieville and Loyalton.

The main campus of Sierra County Health & Human Services is located in Loyalton. An office is located in Downieville allowing the agency capacity to serve community members on both the east and west side of the county.

Population as of 2010: 3,240	
<u>Population percentage by age:</u>	
Under 18	17.0%
18-19	1.6%
20-24	3.6%
25-34	7.5%
35-49	18.3%
50-64	31.0%

*2010 US Census Bureau-FactFinder, Community Facts

Based on US Census Bureau statistics (table below), the number of families who fall within the 200% below poverty level are increasing, thus increasing the percentage of individuals who may be eligible for services through Sierra County Behavioral Health.

US Census Bureau - Fact Finder based on 2010 Census	Estimated 2012	Estimated 2013	Percent Increase or Decrease
	Percent	Percent	
Persons Below Poverty Level	16.80%	19.40%	+2.6%
Median Household Income	\$42,500	\$39,009	-8.21%
Number of Households	1,338	1,253	-6.35%
Persons per Household	2.32	2.45	+5.6%

Community Planning and Local Review Process

Sierra County Health and Human Services is a consolidated and integrated Health & Human Services Agency which includes Behavioral Health, Public Health, Environmental Health, Tobacco Use Reduction Program and Social Services. As such, Sierra County Health and Human Services is utilizing the following key strategies to engage in program development:

- Establishing consolidated administrative support infrastructures;
- Establishing consolidated program support infrastructures;
- Importing or developing evidence-based practices and other outcome-based approaches to services;
- Developing integrated, co-located and decentralized services concurrently;
- Establishing client and cultural inclusion structures/processes that will advise the agency in terms of policy and programming;
- Focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self-sufficiency, as well as improved community health.

To ensure the most effective use of resources, avoid duplication of effort, and maximize the leveraging of ongoing efforts and community strengths, Mental Health Services Act (MHSA) programming is developed and delivered with careful consideration of the common goals of other Sierra County Department of Health and Human Services initiatives and includes the strategies listed above to guide planning and service delivery in Sierra County.

The Mental Health Services Act programming also employs a “3x5” approach to program design which spans:

Three Service Strategies

Universal
Selective
Indicated

Five Target Populations

Children, Youth and Families
Transition Age Youth (TAY)
Adults
Older Adults
Community

Sierra County’s approved Community Services and Supports Plans, Workforce Education and Training Work Plan, Capital Facilities and Information Technology Needs Plan, Prevention and Early Intervention Plan were developed and are implemented with cross-departmental integration aimed at the delivery of holistic and transformational programs designed to meet Sierra County’s community members’ needs.

In February 2015, Sierra County Behavioral Health (SCBH) began the Community Planning Process by creating three different surveys. Two community member surveys were created, one addressing children and family concerns while the other addressed

adult concerns, along with a stakeholder survey. Community member surveys were distributed and collected throughout Sierra County communities by key community leaders. Stakeholder surveys were distributed during stakeholder meetings and during a Mental Health Advisory Board meeting. Personal visits were also made to stakeholder facilities to engage and educate stakeholders about the Community Planning Process.

Survey results can be found in appendix A.

Stakeholder Process

Stakeholder surveys targeted children and parent/family concerns. A total of 49 surveys were collected from the following stakeholders:

Health Care Agency representation includes:

- Eastern Plumas Health Care Clinic
- Eastern Plumas Health Care Skilled Nursing Facility
- Western Sierra Medical Clinic

Community Children's Services representation includes:

- Sierra Kids
- Child Care Council
- Child Abuse Council
- Sierra Nevada Children's Services
- Children & Families Commission

Other representation includes:

- Sierra SAFE Program
- Alliance for Workforce Development
- High Sierra Family Resource Center

Survey results were then discussed during stakeholder meetings. The stakeholder meetings included an August 8, 2015 Task Force Committee meeting; an August 28, 2015 First 5 Sierra meeting, a September 1, 2015 Local Child Care Council meeting; a September 17, 2015 Student Attendance Review Board meeting; and an October 21, 2015 Child Abuse Council meeting. During these meetings overwhelming support for implementing family strengthening and parenting classes/trainings/opportunities were voiced to help address many of the areas of concern identified through the stakeholder surveys. Leveraging funding from other agencies and organizations was encouraged to increase the scope and location of the programs offered.

Community Input Process

One hundred twenty-six (126) community member surveys were collected throughout Sierra County communities. Of the 126 community members surveyed, 38 identified themselves as having utilized services themselves or are a family member of a person who has utilized services.

An attempt was made to collect surveys from as many Sierra County communities as possible. Interestingly enough and quite by chance the amount of surveys collected were proportionate to the population of each community (Table 1). Ages of survey respondents represent all age groups with the senior population representing 37% of surveys collected (Table 2).

Cultural proficiency/competency is a crucial component of the development of all services offered. Per QuickFacts from the U.S. Census Bureau, 94.8% of Sierra County residents are white. The Race/Ethnic breakdown (Table 3) of the survey respondents reflect this statistic.

Table 1

Number of Surveys Collected per Community	
Loyalton	70
Downieville	23
Calpine	15
Sierra City	9
Sierraville	6
Pike/Alleghany	2
Verdi	1

Table 2

Age of Survey Respondents	
Under 16	8%
16-25	16%
26-40	18%
41-59	21%
60+	37%

Table 3

A Community Planning meeting was held in conjunction with a Mental Health Advisory Board meeting on _____, 2016. Flyers were distributed in public places throughout Loyalton and Downieville. An ad was purchased through both newspapers advertising the meeting. Representation included: TBD. A quick Community Planning Process

training took place explaining MHSA program philosophy and current programs. Following the training, survey results were disseminated and discussed along with appropriate program and service changes.

During the 30-day review process the FY 16/17 MHSA Annual Update proposed draft was distributed to Mental Health Advisory Board members, stakeholders listed above, community members receiving services, and community members. The following responses were received:

Definite need for a Behavior Intervention Specialist who can serve both sides of the county. Should be a full time position.	Stakeholders	4
Plan provides appropriate services to appropriate populations at this time.	Stakeholders	3
Need for local services to include people who have insurance as they become underserved or unserved due to lack of providers in Sierra County.	Community Members	3 or fewer
Use of Equine programs to enhance wellness, recovery, and resiliency.	Community Members receiving services and stakeholders	3 or fewer
Liked the idea of incorporating a Volunteer Peer Support Program.	Community Members Receiving Services	4
Start incorporating a program or support of a program within the MHSA Plan targeting prevention and early intervention services for Veterans.	Community Members, Stakeholders and local news media	5

On April 5, 2016 the Sierra County Board of Supervisors passed Resolution No. 2016-53 authorizing Sierra County Health & Human Services to employ extra help employees to provide outreach services to veterans within Sierra County. As a result of this resolution an ad hoc Sierra County Veterans Program Committee was established to brainstorm the creation of a Veterans' Program and how to best fund it through Health & Human Services.

The following meetings took place with stakeholders to determine and recognize the need to provide services and supports to Sierra County veterans.

Date 2016	Meeting Title	Attendee Representation	Outcomes
March 23	Veterans Ad Hoc Meeting	6 community members 1 Sierra County Health & Human Services Employee	Letter to the Sierra County Board of Supervisors and the Mental Health Advisory Board identifying need for Sierra County Veterans and creating an Ad Hoc

			Committee titled the "Sierra County Veterans Program"
June 17	Sierra County Veterans Program	4 stakeholders 1 Sierra County Government Representative 2 Sierra County Health & Human Services Employees	Present to the Mental Health Advisory Board the needs and rationale behind utilizing MHSAs funds to create and fund a Veterans' Peer Support Specialist
July 7	Mental Health Advisory Board meeting	3 voting members of the MHAB 4 stakeholders 2 Behavioral Health employees	One Extra Help Veterans' Peer Support Specialist position under Prevention & Early Intervention approved. Create a Volunteer Veterans' Peer Support Program

During the July 7, 2016 Mental Health Advisory Board meeting it was determined to utilize the March 2016 Community Planning Process information along with attending other stakeholder meetings to identify any new, imperative needs to be included in the FY 2016/17 Annual Update. It was also decided, not include many new programs until the existing approved FY 15/16 Annual Plan Update was implemented and evaluated.

Community Services and Supports

Outreach and Engagement

Status FY 2014/15

Sierra County Behavioral Health (SCBH) continued to be successful in providing education to the Sierra Plumas Joint Unified School District. Building trust continues to be a priority between the school district and Sierra County Behavioral Health.

Program Description

Outreach and Engagement activities focus on identification, education, and support of individuals, and when appropriate their families, in need of mental health services. In addition, Outreach and Engagement activities strive to educate and build trust with other community based-organizations to help reduce barriers associated with receiving behavioral health services.

The objectives of Outreach and Engagement are to:

- Identify individuals in need of services and supports and link them to existing services at Behavioral Health, Wellness Centers, and other service delivery locations;
- Educate community members and other community-based agencies/organizations about available services and supports;
- Improve relations between providers, overlapping influences, and different cultures and communities;
- Educate community members and other community-based agencies/organizations to help dispel myths about living with severe mental illness and to promote wellness, recovery, and resiliency;
- Reduce barriers to participation in behavioral health services.

Populations Served in FY 2 014/15

During FY 2014/15, individuals were not targeted through Outreach and Engagement activities. The focus was centered on building a relationship with local schools in Loyalton as well as collaborating with other agencies to reach the objectives of Outreach and Engagement. The relationship between SCBH and Sierra-Plumas Joint Unified School District continued. A new relationship with Emergency Preparedness was built, resulting in collaborating to offer Mental Health First Aide. Approximately 85 individuals were served under Outreach and Engagement activities with the following breakdown:

40% 7th graders,
27% 8th graders,
13% Junior High and High School staff, and
20% potential Mental Health First Aide responders.

Key Activities in FY 2014/15

Being Myself with You

'Being Myself with You' was targeted at 7th and 8th graders attending Loyalton Junior/High School. The school staff met with the school counselor, Sierra County Behavioral Health's Marriage Family Therapist (MFT) during a "pre" meeting to discuss peer anti-bullying and to identify the behavioral issues prevalent between the two classes. A "post" meeting was scheduled to discuss the salient issues students were experiencing through the artwork they completed. A total of 4 sessions held where the MFT interacted with the students through art and music activities.

'Being Myself with You' costs averaged \$28 per person with a cost of \$505 per session. Contact was made with sixty-eight individuals through 'Being Myself with You'.

Mental Health First Aide

On June 3, 2015 SCBH, in collaboration with Emergency Preparedness, hosted the first Mental Health First Aide training offered in Sierra County. SCBH collaborated with Emergency Preparedness to offer this training to community agencies/organizations along with community members while imbedding the 5 MHSA values. This training turned out 17 potential responders with the following demographics.

N=16	Age Range
1	16-24
3	25-44
10	45-60
2	61-80

Agency/Organization Representation	Number of potential responders
Behavioral Health	3
Drug and Alcohol	2
Social Services	2
Public Health	4
Workforce Alliance	1
Family Resource Center	3
Community Members	2
Total	17

N=16	Race/Ethnicity
2	American Indian or Alaskan Native
14	Caucasian/White

3	Male
14	Female

Seventeen potential responders were targeted and educated through the Mental Health First Aide training. The collaborative effort between Emergency Preparedness and MHSA cost \$182 per person while the hard cost to MHSA was \$76 per person.

Key Successes

The schools and SCBH have rebuilt trust to problem-solve and meet the needs of both school staff and students. Through the Outreach and Engagement activities, a door has been opened to collaborate and allow SCBH to provide services in the school setting if needed.

SCBH has created a collaborative relationship with Emergency Preparedness to provide Mental Health First Aide training with the goal of offering this training county-wide.

Barriers or Challenges

The most prevalent challenge identified was the previous lack of trust Sierra-Plumas Joint Unified School District held towards Sierra County Behavioral Health. As celebrated above under key successes, the lack of trust has been transformed to a trusting and problem-solving relationship between the two agencies allowing for future collaboration and successful outcomes.

Sierra County Behavioral Health underwent upper management administrative vacancies and changes beginning in FY 2011/12 through FY 2013/14. The Director of Health and Human Services left in September of 2013 and the Assistant Director who was acting Director left in May of 2014. During this time of changes the MHSAs Coordinator position was vacant. In May of 2014 the MHSAs Coordinator position was filled on a full-time basis. These abrupt leadership changes contributed to the implementation delays of MHSAs programs.

Historically and currently, both Sierra County residents as well as agencies/organizations serving residents are challenged by lack of access to major medical facilities, minimum or no health insurance coverage, lack of employment, geographic isolation, and lack of transportation. The challenge associated with a lack of transportation creates a barrier for Sierra County community members to access Outreach and Engagement activities.

Planned Activities and Modifications FY 2016/17

During FY 2016/17 outreach and engagement activities will continue to be conducted. They will be designed to provide outreach to Sierra County residents and other service agencies/organizations which also serve Sierra County residents. Facilitating transportation, when appropriate and feasible, to community members who do not have access to transportation and live in remote areas will be implemented.

The western portion of Sierra County has not been given/exposed to any Outreach and Engagement activities in the recent past. In August 2016, a Peer Support Specialist was hired and is located out of Downieville with direction to implement culturally appropriate Outreach and Engagement activities while identifying unserved and underserved community members. SCBH will also be collaborating with Western Sierra Medical Center to provide a non-stigmatizing space for peer support activities to be implemented and to work towards the possibility of creating a Wellness Center.

If feasible, a "Front Porch" program will be implemented to provide outreach to isolated community members. The "Front Porch" program will involve peer support staff providing activities in geographically isolated communities while educating about available services, wellness and recovery. During activities data will be collected to identify other needs not being met. Identified gaps in services will be shared with other agencies in the hopes of providing unique services to bridge the acknowledged gaps. Confidentiality will be maintained during data collection.

Mental Health First Aid classes will continue to be offered to stakeholder agencies/organizations and community members in collaboration with Emergency Preparedness. With the passing of the updated Prevention and Early Intervention regulations, it has been determined that this activity is best housed under the Prevention and Early Intervention component in the following two categories: 1) Outreach for Increasing Recognition of Early Signs of Mental Illness and 2) Stigma and Discrimination Reduction.

'Community Academy' activities will take place to provide a universal service strategy, reaching community populations, to address Outreach and Engagement objectives. Historically, Community Academies have been successful in Sierra County as a venue to provide one day workshops featuring appropriate and knowledgeable speakers addressing relevant behavioral health topics. Through the CPP process Community Academy topics will be determined. A follow-up 'Bridges out of Poverty' workshop will be offered as a result of stakeholder interest in continuing to learn about strategies to improve relationships between different cultures and communities, along with reducing barriers to participating in behavioral health services. Cultural Proficiency will continue to be addressed through the Community Academy venue. Approximately 4 Community Academy activities will be offered.

Communication about Outreach and Engagement activities along with behavioral health services and Health & Human Services programs will improve by utilizing the Sierra County website, local newspapers, and newsletters. Mental Health Services Act Partnership meetings will be scheduled and take place on both the east and west sides of the county. The Behavioral Health Coordinator will participate in other stakeholder agency/organization meetings to learn of needs and promote Outreach and Engagement activities.

Outreach and Engagement efforts will be tracked to establish outcomes associated with the activities/programs. Tracking measures will include when and where events are held, how many people were reached, and how many people subsequently participated in MHS services. Outcomes will then be applied to assess the value of Outreach and Engagement activities.

Full Service Partnerships

FY 2014/15

Full Service Partnerships were implemented with progress made towards achieving program objectives.

Program Description

The Full Service Partnership (FSP) program is best defined as a collaborative relationship between the county and community members of all ages who live with severe mental illness (SMI) or live with a severe emotional disturbance (SED), and when appropriate the community member's family, by expanding mental health services and supports and providing the full spectrum of community services so that the community member can achieve their individualized identified goals. Sierra County Behavioral Health staff serve as active partners to FSP partners increasing the coordination of care within the community or need-based, appropriate services which are not offered in Sierra County. The team composed of Sierra County Behavioral Health staff and individuals identified by the FSP partner offers strength-based, client/family-directed, individualized mental health and wrap-around services and supportive funding to:

- Children and Youth with SED who have experienced school disciplinary problems or academic failure, are in or at risk of out-of-home placement, or are at risk of involvement in the juvenile justice system.
- Transitional-Age Youth with SED who are at risk of or have juvenile justice system involvement, co-occurring disorders, risk of homelessness or involuntary hospitalization, or institutionalization.

- Adults with SMI who are homeless or at risk of homelessness, have co-occurring substance use disorders, are involved in the criminal justice system, or have had frequent hospitalizations or use of emergency room services for psychiatric problems.
- Older Adults with SMI who are homeless or at risk of homelessness, are frequent users of emergency psychiatric services or hospitalizations, have reduced functioning due to health problems, or are isolated or at risk of suicide.

Populations Served in FY 2013/14

The FSP program provided eight (8) community members with the highest level of care through individualized and coordinated behavioral health services. The average cost per-person of \$31,283.25 was allocated to the FSP program in FY 2014/15.

Key Activities in FY 2014/15

A higher level of care and support for the eight partners was provided, including strengthened wrap-around services for clients, providing access to case management and medication support, as well as a continuum of services across the county. Service providers outside of Sierra County were deemed necessary and appropriate as part of recovery through the identified goals of partners. It needs to be noted that there is no specific information given in this update to keep confidentiality and maintain Health Insurance Portability and Accountability Act (HIPAA) regulations.

Key Successes in FY 2014/15

To maintain confidentiality of persons served, key successes can be summed up through the program description of providing higher levels of care to support FSP partners in obtaining their recovery goals.

Barriers or Challenges in FY 2013/14

Sierra County Health and Human Services dealt with staff turnover during FY 2013/14 which created challenges in understanding Mental Health Services Act FSP regulations and eligibility.

Stigma associated with mental health is still a barrier to overcome in Sierra County. Couple this with the small population and a perceived or real (due to the fact that most everyone has a social or family connection in Sierra County) lack of anonymity, individuals may choose not to seek help.

Housing availability in Sierra County is very limited. This creates a barrier when trying to achieve independent living goals for community members receiving services.

Intensive crisis stabilization services along with board and care providers are not available in Sierra County, thus out-of-county services must be sought and can be quite expensive. There are times when no beds are available creating some difficult situations where unique problem-solving must be employed.

Partners FY 2014/15

Sierra County Behavioral Health collaborated with multiple local agencies, as appropriate, in providing a higher level of care. Identifying which local agencies Sierra County Behavioral Health collaborated with provides identifiable information.

Planned Activities and Modifications FY 2016/17

Sierra County Behavioral Health will continue to provide and expand mental health services and supports to community members living with the symptoms of SMI or dealing with SED. Sierra County Behavioral Health staff will continue to remain active participants with FSP partners to increase coordination of services and supports.

Peer support services will be established out of the Downieville Health and Human Services office enabling Sierra County Behavioral Health to offer peer support services to an identified geographic underserved population.

A part-time behavioral intervention specialist position will be created and filled to provide additional recovery-oriented services to youth FSP partners and family members.

General System Development and Service

General Services

Status FY 2014/15

Implemented with progress made to achieve its objectives.

Program Description

General Service Delivery improves the County's mental health service delivery system for all severely mentally ill or severely emotionally disturbed community members who receive services and/or to pay for specified mental health services and supports for clients, and/or when appropriate their families. General Service Delivery funds may only be used to pay for those portions of the mental health programs/services for which there is no other source of funding available.

SCBH utilizes General System Development and Services funds to provide and maintain appropriate continuum of care services identified for each individual. Sierra County population is so small, and the culture is such that group program offerings are not utilized resulting in services not being utilized. Therefore, there are times when services and intensity of services vary greatly from individual to individual.

Populations Served in FY 2014/15

MHSA General Service Delivery provided 37 individuals with mental health services. Of the total population served through MHSA General Service Delivery 65% were female, 35% were male.

Age Range	Number Served
0 - 15	*
16 - 25 (TAY)	*

26 - 59	30
60+	*

* Numbers are too low and would provide identifiable information.

Identified Ethnicity	Percent
Non-Hispanic	89%
Mexican/Mexican American	8%
Other Hispanic Latino	3%

Further breakdown of demographic information will provide identifiable information, therefore, it was not included in this annual update.

The average total program cost per person served was \$10,004. Total administrative costs were \$87,318.

Key Activities in FY 2014/15

Mental Health Services included medication management, therapy, and case management. Peer support was offered through the Wellness Center. To ensure individualized continuum of care was recognized and acted upon, transportation to mental health services and medical appointments was provided. Medications were also provided, when necessary, to maintain the level of functioning identified within individual treatment plans.

Key Successes in FY 2014/15

SCBH was able to go live with Electronic Health Records (EHR) on November 1, 2014, fulfilling the state regulation of counties utilizing electronic health records.

SCBH contracted with Placer County to collaborate under Placer County's Mental Health Plan. SCBH participated in the External Quality Review and Oversight.

Barriers or Challenges in FY 2014/15

As stated in the 2015/16 Annual Update, SCBH has experienced staff and administrative turnover. During FY 2014/15 SCBH was fortunate to have no administrative turnover take place and was able to continue providing services to community members while meeting program needs.

The Case Manager position was vacant from February through July of 2015. The MHSA Coordinator provided case management during this vacancy to maintain continuum of care.

One full time equivalent MFT resigned in November of 2104. Two MFTs were hired to fill the full time equivalent of the position. One MFT was housed in Downieville, while the other was housed in Loyalton.

Staff and administrative changes always create a challenge while community members are building trust with the new employees or contractors.

Partners in FY 2013/14

SCBH contracts with Placer County Behavioral Health to implement the Placer/Sierra County Mental Health Plan. SCBH benefits from partnering with Placer County Behavioral Health in meeting state and Medi-Cal requirements.

Planned Activities and Modifications in FY 2016/17

SCBH will continue to provide identified needed services to individuals meeting the MHSA criteria. Individualized and appropriate continuum of care services will continue to be offered. Continuum of care needs are not always recognized in advance as each individual requires services and supports to meet their unique treatment plans and circumstances. Every effort will be made to provide appropriate continuum of care services.

Downieville's psychiatrist retired during FY 2016/17. An active campaign was undertaken to hire another psychiatrist, however one could not be found who would be willing to work in Downieville. To maintain medication services, SCBH will be contracting with Kingsview to provide tele-psychiatry services.

Increasing service numbers, needs, and modalities of services offered has impacted office space. Office space and furniture will be purchased to meet these increased needs.

Crisis Line

Status FY 2014/15

Implemented with progress made to achieve its objectives.

Program Description

SCBH provides a local crisis and resource line through collaborating with Plumas Crisis Intervention and Resource Center (PCIRC).

Populations Served in FY 2014/15

Nine Sierra County individuals were served through the Plumas and Sierra County Crisis Line during FY 2014/15. The average cost per person served was \$556. More demographics are not available and have the potential of providing identifying information.

Services and resources in frontier/rural communities differ greatly from those available in urban settings. Utilizing a local crisis line allows SCBH to provide this service in a culturally appropriate manner.

Key Activities in FY 2014/15

SCBH continued to collaborate with Plumas Crisis Intervention and Resource Center to provide the crisis line services.

Key Success in FY 2014/15

The crisis line was utilized by Sierra County Community members. Calls included crisis intervention, supportive conversation, and identifying available resources for callers.

Barriers or Challenges in FY 2014/15

The call center carrier was changed in FY 2014/15 due to unsatisfactory test call results. The new call center provides satisfactory service while transferring calls to Plumas Crisis Intervention and Resource Center crisis line volunteers.

Partners in FY 2014/15

SCBH partnered with Plumas County Intervention and Resource Center to provide a local crisis line for Sierra County community members.

Planned Activities and Modifications in FY 2014/15

SCBH will continue to collaborate with Plumas County Intervention and Resource Center to provide Sierra County community members services offered through the Plumas and Sierra County Crisis Line.

Wellness Center

Status FY 2014/15

Implemented with progress made to achieve its objectives.

Program Description

The Sierra County Wellness Center is wellness-focused and provides integrated services that are supportive, alternative and unique to support community members on their recovery path. The Wellness Center strives to be culturally competent, member-driven, and wellness-focused. Peer support staff is housed at the Wellness Center. Wellness Recovery Action Plan (WRAP) education and facilitation takes place at the Wellness Center. Peer Support provides services via the phone, home visits, and on site.

Populations Served in FY 2014/15

The Wellness Center provided services to 14 unique community members during FY 14/15. Of the community members served 72% were adults, 21% were older adults, and 7% were transitional age youth. The average cost per person served through the Wellness Center by peer support staff was \$1,263 per person. During FY 2014/15 there were 209 recorded encounters that took place through the Wellness Center.

Key Activities in FY 2014/15

The Sierra County Wellness Center offered supportive conversation, WRAP education and implementation with community members, and support in community member's recovery goals. A more specific description of key activities and demographics of those served could be construed as a breach of confidentiality or a HIPAA violation due to identifying information.

Key Successes in FY 2014/15

Peer support services were recognized as being an integral service and support of Sierra County Behavioral Health. Having 14 unique community members seek services through the Wellness Center to obtain peer support services is a step in breaking down barriers to

community members seeking services. More specific descriptions of key successes could be a breach of confidentiality or a HIPAA violation.

Barriers or Challenges in FY 2014/15

There was a lack of other agencies/organization's understanding of the purpose of the Sierra County Wellness Center. Turnover and vacancies of administrative staff created some uncertainty as to the role of the Sierra County Wellness Center.

Only one peer support staff was employed on a part-time (24 hours per week) basis during this fiscal year.

Partners in FY 2014/15

During FY 2014/15 the Wellness Center started to build a relationship with the Family Resource Center. Collaboration to provide another non-stigmatizing space to conduct peer support activities was addressed between both entities.

Planned Activities and Modifications in FY 2016/17

Historically, geographic isolation and poverty presents transportation challenges and barriers to community members participating in activities outside of community members' immediate neighborhoods. To increase linkage and access to recovery, wellness and resiliency services a vehicle(s) will be purchased in an amount not to exceed \$50,000. The vehicle(s) will be utilized by Peer Support Specialists, including the Veterans' Peer Support Specialist to provide transportation services to those experiencing isolation and not receiving services. The Front Porch program will also utilize the vehicle(s) to conduct activities in isolated communities.

The goal of peer support staff is to increase the Sierra County Wellness Center usage during FY 16/17 by increasing education about services and supports offered through the Wellness Center. Flyers, informational articles, website postings will take place to increase educational efforts. Sierra County agencies/organizations will be contacted on a regular basis to inform about services and supports offered. A Wellness Center education log will be utilized, keeping track of posting dates along with where and how postings were distributed. Then a usage log will be analyzed in conjunction with the education log to learn of spikes in usage and if the information disseminated was successfully utilized.

The Sierra County Wellness Center will be starting a "Volunteer Peer Support" program to increase peer run activities by 15%. A baseline number of activities will be generated. A log of peer run activities will be kept along with the number of participants to determine if the goal of a 15% increase was realized.

As the Sierra County Wellness Center usage increases, peer support positions will be increased to allow community members access 8 hours a day, 5 days a week and to enhance the volunteer peer support staff. Increasing peer support staff is also mentioned in Outreach and Engagement to increase activities.

New Peer Support Staff will be trained and certified in the Wellness Recovery Action Plan (WRAP) program to increase WRAP activities.

Many of the community members who receive services do not have access to a laundry facility. In an effort to support both community members receiving services and FSP

partners in their recovery goals, a washer and dryer was purchased and housed at the Wellness Center at the very end of FY 15/16 as indicated in the FY 15/16 annual update. Laundry services are now available during FY 16/17. The Sierra County Wellness Center is now equipped to assist those who are experiencing homelessness and need hygiene assistance.

Ways to Wellness

Status in FY 2014/15

The “Ways to Wellness” program was implemented from a direct result of an identified need to provide services to underserved or unserved community members living at the Senior Apartment Complex in Loyalton. Many of the community members living there do not access services and supports located at Sierra County Behavioral Health in Loyalton.

Program Description

“Ways to Wellness” was implemented to provide an environment where community members could learn creative wellness tools through positive activities aiding in reducing depression and loneliness and promote building relationships, supports and positive social activities through arts and crafts. WRAP’s ideas were introduced and participation in completing an action plan was encouraged.

Populations Served in FY 2014/15

Eleven sessions were conducted during FY 2014/15 with a total of 14 unique community members participating. The average cost of conducting this program strategy was \$77.18 per community member. The average cost per session was \$98.

Key Activities in FY 2014/15

Arts and craft activities were conducted during the eleven sessions which took place during FY 2014/15. While the arts and craft activities were taking place, WRAP topics were discussed.

Key Successes in FY 2014/15

An identified need was addressed, with the activity taking place outside of the traditional behavioral health setting. The number of unique individuals served increased from two in FY 2013/14 to fourteen (600%) in FY 2014/15. As a result of attending Ways to Wellness activities, two individuals were linked to Peer Support services.

Barriers or Challenges in FY 2014/15

During FY 2014/15 there were no identified challenges or barriers in implementing the “Ways to Wellness” program.

Partners in FY 2014/15

Loyalton Senior Apartment Complex partnered with SCBH during FY 2014/15. They graciously allowed SCBH staff utilize their community room to conduct the program.

Planned Activities and Modification in FY 2016/17

Continuation of the “Ways to Wellness” program is planned during FY 2016/17. Ways to Wellness was not fully implemented during FY 2015/16 due to peer support staffing issues, many seniors living at the Senior apartments have asked to have ‘Ways to Wellness’ available to them again. Seniors indicated the activities and social engagement were very important to their wellbeing and decreased isolation. Wellness Recovery Action Plan elements will continue to be embedded in the activities. The ‘Ways to Wellness’ program is presented as a universal service strategy for Seniors and those with disabilities.

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Prevention and Early Intervention

Music Together

Status in FY 2014/15

Music Together provides a universal service strategy targeted to children and families to reduce stigma, improve timely access to services for underserved populations.

Program Description

Music Together is an internationally recognized early childhood education music and movement program, the curriculum of which is employed to provide a prevention and

early intervention program offered to community members and their young children to increase access and linkage to services while reducing stigma associated with mental illness, as well as accessing supports and service through SCBH.

A Licensed Marriage Family Therapist (LMFT) facilitates Music Together in the school setting. Modeling from the facilitator not only takes place for the child, it also enables the teachers, parents, aides, and caregivers to apply age-appropriate, positive interaction in school and at home.

Populations Served in FY 2014/15

During FY 2014/15, 54 sessions of Music Together were offered during the school year. Pre-school children and their family members were the targeted population. A total of 38 unique individuals were served with the following breakdown: 41% children, 54% adults (significant family members of the children), and 5% school staff. Implementing Music Together as a prevention and early intervention program cost \$170 per person during FY 2014/15. The per-session cost was \$120. Administrative costs were \$840 to conduct Music Together.

Key Activities in FY 2014/15

Key activities consisted of 54 sessions of Music Together being offered during the school year to children and their families through the local pre-school programs.

Key Successes in FY 2014/15

The implementation of the Music Together program allowed for SCBH staff to build trust on a personal level with school staff. A direct result of trust being built between the schools and SCBH can be realized in the actions of school staff reaching out to SCBH staff for assistance with students displaying signs of behavior issues.

Within the small communities of Sierra County, building trust on an individual basis equates to the reduction of stigma. The implementation of Music Together permitted both trust building and stigma reduction, allowing Sierra Plumas Joint School District and SCBH a future in collaborative efforts.

Three or fewer families have reported the following to Behavioral Health staff. Their participation in Music Together and getting to know the MFT in that setting before accessing services through Behavioral Health was successful in reducing stigma. These families indicated previously knowing the MFT, then subsequently meeting the MFT in the Behavioral Health setting, "Breaks that barrier where people are scared." They indicated they were much more comfortable receiving services because of their previous participation in Music Together. This is a great testimony to the fact that utilizing Universal service strategies is effective in Sierra County.

The total population of Sierra County is so small, concentrated within geographic areas, and with the relationships of individuals crossing many social spheres of influences any statistics and/or outcomes of activities could result in identification of individuals served. Therefore, more specifics are not shared in this document.

Barrier or Challenges in FY 2014/15

SCBH staff had to overcome the lack of trust and stigma Sierra Plumas Joint Unified School District held towards SCBH. This took time and perseverance on the part of SCBH staff.

Partners in FY 2014/15

Partners to implement the Music Together program during FY 2014/15 consisted of First 5 Sierra, Sierra-Plumas Joint Unified School District, and Loyalton Preschools.

Planned Activities and Modifications in FY 2016/17

During FY 2015/16 Mental Health Services Act Prevention and Early Intervention program offerings were limited. Continuity implementing programs was challenging as Sierra County Behavioral Health was not only understaffed, administrative vacancy and turnover was taking place. Sierra County Behavioral Health currently enjoys a full administrative staff allowing for program continuity and growth to take place in FY 15/16. Based on identified needs realized through the Community Planning Process the following programs have been identified to start being implemented in FY 2016/17.

Veterans' Peer Support Specialist

A Veterans' Peer Support Specialist position will be created to provide outreach, support, and linkage for veterans and/or their families to appropriate services. This is a universal strategy to serve the target population of Veterans.

Mental Health First Aide

Mental Health First Aide will continue to be offered, however it has been determined to offer it under the Prevention and Early Intervention Component.

Music Together

The Music Together program will continue into FY 2016/17. Participation data will be collected along with a focus group activity or satisfaction surveys taking place at the close of FY 2016/17 to be used as a means to evaluate the Music Together program.

Student/Parent Navigation

Sierra County Behavioral Health is working towards creating a Student/Parent Navigation program. The outcomes desired in creating this position are to provide outreach, linkage, and access to supports and services to families of youth who are experiencing challenges with school attendance and behavior problems. Growing evidence shows that positive emotional health improves educational outcomes by decreasing absences, decreasing discipline referrals, and improving test scores. Because of this important interplay between emotional health and school success, SCBH will be collaborating with schools and the Student Attendance Review Board (SARB) as an outreach vehicle in creating relationships with families to identify needs, provide linkage and timely access to appropriate services and supports. This linkage will be based on identified needs and strengths of families, and being person and family centered with a holistic approach to promote whole-person wellness of the student and family. This service strategy will be selective and target children, youth, and families.

A Student/Parent Navigator was hired in August to start implementation of this program. Current identified partners will include Sierra-Plumas Joint Unified School District and SARB. Other partners will be identified based on individual family needs and strengths.

The total population of Sierra County is so small, concentrated within geographic areas, and with the relationships of individuals crossing many social spheres of influences this program needs to serve a combination of the following Prevention and Early Intervention program outcomes: prevention, early intervention, stigma and discrimination reduction, and to improve timely access to services for underserved populations. A form will be created to keep track of which outcome was achieved, how many people were served, what programs (if any) program participants were linked to. The form will also include Prevention and Early Intervention required demographic information. Only outcome reporting information that won't identify participants will be disseminated via annual updates.

A part-time Behavioral Intervention Specialist will be hired to assist in the implementation of the Student/Parent Navigation program. The Behavioral Intervention Specialist is also mentioned above as a resource for youth FSP partners and their families.

Parenting Supports

During the latest Community Planning Process, stakeholders identified a gap of providing supportive services to build stronger and healthier family units. Stakeholders were of the belief that by providing parenting and family strengthening programs, other issues identified as concerns in the survey would be addressed. Stakeholders voiced emotional literacy modeled and learned in a healthy family unit is a first step in reducing immersing mental health issues. Depending on the setting and venue in which the classes/supports are offered, universal, selective, or indicated service strategies will be employed with a target population of community members, children, youth, and families.

Current identified partners consist of the High Sierra Family Resource Center, Social Services, and First 5 Sierra. These partners are willing to leverage funds and resources to increase the breadth of parenting programs purchased, geographic areas reached, and target populations served.

At the very end of FY 15/16 the Nurturing Parenting Program (an evidence based program) was identified by partners as the program to be used county-wide. Nurturing Parenting provides levels of prevention allowing for community based, universal strategies and programs. High Sierra Family Resource Center was able to purchase comprehensive program material through leveraging funding between Social Services and First 5 Sierra. SCBH will be providing training to implement the Nurturing Parenting program with fidelity. The training will take place in-county to allow for multiple agencies/organizations and community members to be trained as Nurturing Parenting facilitators.

The parenting classes/supports will fall under prevention program and early intervention program outcomes. Training will be provided to parenting class/support facilitators to educate about the new prevention and early intervention reporting requirements. Appropriate data will be kept to identify which outcome was achieved, how many people were served, what programs (if any) program participants were linked to. The form will also include prevention and early intervention required demographic information. Only outcome reporting information that won't identify participants will be disseminated via annual updates.

Early Intervention Treatment

Under the Early Intervention regulations; identified, appropriate treatment up to 18 months can be funded through Early Intervention. Individuals do not have to be living with Severe Mental Illness or be severely emotionally disturbed to access services through the Prevention and Early Intervention funding stream category. Utilizing services under Early Intervention allows for underserved or unserved community members to receive early intervention services.

All Prevention and Early Intervention programs and strategies will be evaluated to assess effectiveness of indicated program outcomes.

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Workforce Education and Training

The Workforce Education and Training component is intended to dedicate funding to remedy the shortage of qualified individuals to provide services intended to address severe mental illnesses along with building program capacity within the agency and community agency/organizations.

Agency Staff Supervision

It is the intention of SCBH to continue utilizing the psychologist to provide supervision to all behavioral health staff as appropriate.

During FY 14/15 the psychologist provided supervision to the MFT Intern.

Agency Workforce Training

Planned Activities and Modifications in FY 20 16/17

Due to the high turnover of administrative staff, training appropriate to job duties will be offered. Wellness Recovery Action Plan (WRAP) training, peer core competency training, administrative staff training will be available to increase staff knowledge and capacity to service community members accordingly. \$30,000 will be available for this type of training.

Online Workforce Education and Training

Status in FY 2014/15

Sierra County Behavioral Health continued to utilize online learning through Relias Learning. All Sierra County Health and Human Services personnel have access to Relias Learning.

Program Description

Relias Learning is utilized to build program capacity by providing education to employees. The goal is to increase knowledge about mental illness and to apply best practices while assisting community members in their recovery goals. SCBH also utilized Relias Learning to provide the ability for employees to grow in cultural competency/proficiency.

Populations Served in FY 2014/15

Sierra County Health and Human Services staff had direct access to educational programs. The only breakdown available is the cost per employee to have access to Relias Learning. There were 33 Health and Human Services employees (including office and transportation extra-help) who had access to Relias Learning. The cost per employee to maintain Relias Learning was \$286 per employee.

Key Activities in FY 2014/15

Relias Learning was available to all Health and Human Services employees during FY 2013/14.

Key Successes in FY 2014/15

There were 30.25 training hours completed through Relias Learning in FY 2014/15. This was a 30% increase in training hours from FY 2013/14 to FY 2014/15.

Barriers or Challenges in FY 2013/14

Course enrollment through Relias Learning was challenging as the MHSA/Behavioral Health Coordinator position was vacant during the majority of FY 2013/14. Promotion of Relias Learning for employee use was limited as the new MHSA Behavioral Health Coordinator was learning about MHSA and all of its components.

Planned Activities and Modifications in FY 206/17

Employees will be encouraged to utilize Relias Learning through staff meetings. Relias Learning will be utilized as a tool to provide yearly and bi-annual trainings (such as cultural competency) which are required through Behavioral Health Policies and Procedures.

Peer support staff will utilize Relias Learning for many of the trainings they need to participate in to maintain best practices and to be successful in their positions.

After the Volunteer Peer Support Program has been established they will utilize Relias Learning as a means to learn about Wellness Recovery, consumer/family-driven services, cultural competency, HIPAA, and other topics related to the Peer Support program.

Employee utilization will increase by 25% during FY 2015/16.

Capital Facilities and Technologies

Capital Facilities Development

Status in FY 2014/15

The Capital Facility component was addressed during FY 2014/15. The Mental Health Advisory Board voted to utilize capital facilities development funds to purchase an existing building to provide mental health services in an attempt to reduce stigma surrounding receiving mental health services.

Program Description

According to Department of Mental Health Information Notice No.: 08-09, a “Capital Facility” is a building used for the delivery of MHSA services to individuals with mental illness and their families or for administrative offices. Capital Facility funds may be used by the County to acquire, develop, or renovate such buildings, or to purchase land in anticipation of acquiring/constructing a building. Capital Facility expenditures must result in an expansion of the capacity/access of existing services or the provision of new services.

Barriers and Challenges in FY 2014/15

Finding an appropriate building to purchase proved challenging, as the majority of buildings in Sierra County are older and require expensive upgrades to be ADA compliant. It is also challenging to upgrade the buildings to meet building codes applicable to public use.

Planned Activities and Modifications in FY 2016/17

Based on outcomes and needs identified through the Community Planning Process appropriate capital facility expenditures will be identified. The funds in this component will sunset in 2018.

Technologies Development

Status in FY 2014/15

Implemented with progress made towards achieving its objective.

Program Description

An Electronic Health Records (EHR) software program was identified and purchased. This enabled SCBH to be compliant with the State of California regulations regarding EHRs and to bill Medi-Cal for Medi-Cal billable services.

Key Activities in FY 2014/15

Training and actual utilization of the EHR program took place in FY 2014/15. The annual cost of contracting with Kingsview Corporation to provide continued service and support was \$54,385.

Barriers or Challenges in FY 2014/15

Utilizing the EHR software to its fullest extent while maintaining two sets of records (paper and electronic) and training staff was challenging during FY 2024/15.

Planned Activities and Modifications in FY 2016/17

Counties need to participate in an extensive process to bill Medi-Cal. The start of the Medi-Cal billing application and process will take place during FY 2015/16 with completion of the process and the actual billing of Medi-Cal targeted to take place during FY 2016/17.

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Prudent Reserve

Status FY 2014/15

Implemented with progress made to achieve its objectives.

Program Description

Pursuant to WIC Section 5847(a)(7), each County is required establish and maintain a prudent reserve for the Community Services and Supports component. The prudent reserve is necessary so that the County can continue to serve children, adults and seniors during years in which revenues for the Mental Health Services Fund are insufficient.

SCBH maintains a prudent reserve fund at the local level to ensure services do not have to be significantly reduced in years in which revenues are below the average previous years. Audit exceptions found through the triennial review of Placer/Sierra County Mental Health Plan's implementation of Medi-Cal Specialty Mental Health Services may also be funded through the prudent reserve should exceptions significantly reduce services.

On May 28, 2015 the Mental Health Advisory Board approved a transfer of \$79,734 leaving a prudent reserve fund balance of \$606,545. The prudent reserve transfer request was posted for the 30 public comment period on May 28, 2015. No comments were received.

Barriers or Challenges in FY 2014/15

There were no identified challenges or barriers associated with Prudent Reserve Funding.

Planned Activities and Modifications in FY 2016/17

SCBH will continue to transfer available unspent funds as per the MHSAs prudent reserve request formula during FY 2016/17.

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Fiscal Year 2016/17 Estimated Expenditures

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**FY 2016/17 Mental Health Services Act Annual Update
Funding Summary**

County: Sierra

Date: 11/16/16

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years					500,000	
2. Estimated New FY 2016/17 Funding	1,455,600	363,780	0			
3. Transfer in FY 2016/17 ^{a/}	(233,750)			118,750	30,000	85,000
4. Access Local Prudent Reserve in FY 2016/17	0	0				0
5. Estimated Available Funding for FY 2016/17	1,221,850	363,780	0	118,750	530,000	
B. Estimated FY 2015/16 MHSA Expenditures	1,036,000	363,780	0	118,750	530,000	
G. Estimated FY 2015/16 Unspent Fund Balance	185,850	0	0	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	606,545
2. Contributions to the Local Prudent Reserve in FY 2016/17	85,000
3. Distributions from the Local Prudent Reserve in FY 2016/17	0
4. Estimated Local Prudent Reserve Balance on June 30, 2017	691,545

^{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.

**FY 2016/17 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Sierra

Date: 11/16/16

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP Services	500,000	500,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. OUTREACH & ENGAGEMENT	0	30,000				
2. WAYS TO WELLNESS	0	5,000				
3. GENERAL SERVICE DELIVERY	300,000	300,000				
4. WELLNESS CENTER	0	73,000				
5. FRONT PORCH PROGRAM	0	5,000				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration		123,000				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	800,000	1,036,000	0	0	0	0
FSP Programs as Percent of Total	51.0%					

**FY 2016/17 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: SIERRA

Date: 11/16/16

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. MUSIC TOGETHER	7,000	7,000				
2. STUDENT/PARENT NAVIGATION	10,440	10,440				
3. PARENTING SUPPORT PROGRAM	10,000	10,000				
4. MENTAL HEALTH FIRST AID	6,000	6,000				
5. SAFETALK	6,000	6,000				
6. OUTREACH PREVENTION	20,000	20,000				
7. VETERANS' PEER SUPPORT	8,200	8,200				
8. WELLNESS CENTER	20,750	20,750				
9. BEHAVIOR INTERVENTION SPECIALIST	8,000	8,000				
10.	0					
PEI Programs - Early Intervention						
11. STUDENT/PARENT NAVIGATION	10,440	10,440				
12. PARENTING SUPPORT PROGRAM	48,000	48,000				
13. OUTREACH EARLY INTERVENTION	20,000	20,000				
14. WELLNESS CENTER	20,750	20,750				
15. VETERANS' PEER SUPPORT	8,200	8,200				
16. EARLY INTERVENTION TREATMENT	100,000	100,000				
17. BEHAVIOR INTERVENION SPECIALIST	8,000	8,000				
18.	0					
19.	0					
20.	0					
PEI Administration	52,000	52,000				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	363,780	363,780	0	0	0	0

**FY 2016/17 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Sierra

Date: 11/16/16

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. No Innovation expenditures are	0					
2. planned at this time.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2016/17 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: Sierra

Date: 12/31/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Clinical Supervisor	25,000	25,000				
2. ONGOING WORKFORCE TRAINING	29,500	29,500				
3. WET COORD/PRACTICUM SUPERVISOR	45,000	45,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	19,250	19,250				
Total WET Program Estimated Expenditures	118,750	118,750	0	0	0	0

**FY 2016/17 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: Sierra

Date: 11/16/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. BUILDING	500,000	500,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. EHR - Software and Hardware needs	10,000	10,000				
12. Tele-psychiatry Hardware needs	10,000	10,000				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	10,000	10,000				
Total CFTN Program Estimated Expenditures	530,000	530,000	0	0	0	0

**Appendix A
Survey Results**

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**Adult Survey - Community Public Opinion Poll
September 2015**

	Yes	No	Count	Percent Yes
Anxiety	51	34	85	60%
Sadness or depression	50	35	85	59%
Employment	48	37	85	56%
Education/training	48	37	85	56%
Physical health problems	48	37	85	56%
Living independently in community	43	40	83	52%
Chronic pain	44	41	85	52%
Respite for caregivers	39	43	82	48%
Drug misuse	40	44	84	48%
Anger Management	41	44	85	48%
Crisis care hospitalization	38	44	82	46%
Access to psychiatric medication services	38	45	83	46%
Household chores (shopping, laundry, cooking, etc.)	37	46	83	45%
Alcohol misuse	38	46	84	45%
Money management	36	48	84	43%
Stigma receiving services	36	48	84	43%
Involvement with the Court system	34	49	83	41%
Assistance with daily activities	32	50	82	39%
Assistance in managing medications	33	51	84	39%
Self-care (personal care)	32	51	83	39%
Veteran's health	30	51	81	37%
Suicide	25	59	84	30%
Homelessness	20	61	81	25%

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