

Mental Health Services Act Plan 2017-2020

Fiscal Year 2018/2019 Annual Update

This Mental Health Service Act Annual Update is designed to report on Mental Health Services Act activities during Fiscal Year 2016/17 and to enhance county and community mental health services to Sierra County residents during FY 2018/2019.

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 2017/2020 and to address plan changes and expenditures during FY 2018/2019. A review of programs and services provided during FY 2015/2016 and FY 2016/2017 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 the following 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 meeting 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.

Preface

Sierra County Behavioral Health does an amazing amount of work in providing quality services to community members. Overarching observations regarding Sierra County Behavioral Health were identified during the preparation of this document. It is important to share these observations as they set the tone for how Sierra County Behavioral Health has been and currently is able to implement services and supports for community members to access.

Frontier county employees must wear many different hats and experience being *'one person deep'* with no ability to specialize or concentrate in any one area of the Department of Health Care Services' required regulations to maintain state compliance. Larger counties are able to leverage funding to provide employees the ability to work solely in one area of the many demands of Behavioral Health Regulations. For example, employees are hired to solely address External Quality Reviews, Adult Systems of Care, Children's Systems of Care, Information Technology reviews and updates, Behavioral Health fiscal records and reporting, evaluation and data collection, Department of Health Care regulation and review, and administrative duties.

Reporting requirements require demographics and outcomes to be reported in a public and transparent manner while maintaining confidentiality. Sierra County Behavioral Health finds itself creating two reports, one that redacts identifiable information such as in this report and another confidential report submitted to the state. Many of the demographics required are identifiable here in Sierra County.

In general Department of Health Care Services expects programs to serve specific identified populations. In Sierra County agencies/organizations have a difficult time providing targeted services for specific populations. There is no anonymity for those who live in Sierra County. This leads to profiling and identifying specific populations. The concept of multiple layers connected to dual relationships and the lack of anonymity is a concept not understood at the state level.

Sierra County Behavioral Health has many distinct challenges and barriers in meeting all of the required Department of Health Care Services regulations. The agency is thoughtfully and successfully moving forward while finding creative ways to maintain compliance.

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

Population percentage by age:

Under 18	17.0%
18-19	1.6%
20-24	3.6%
25-34	7.5%
35-49	18.3%
50-64	31.0%
65 & older	21.0%

* 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 & 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.

COMMUNITY PLANNING PROCESS 2018

Community Planning Process information used to implement the 2017-2020 Three Year MHSA Program and Expenditure Plan was used to construct the 18/19 Annual Update as well as several meetings held before the August 2, 2018 Public Hearing. No major changes have been made to the 2017-2020 Three Year MHSA Program and Expenditure Plan within the FY 18/19 Annual Update. Comments gathered from the meetings are listed below.

6-7-18 MHSA Steering Committee Meeting	Attendees BH Staff (3) BH Advisory Board Member (1)	<ul style="list-style-type: none"> • Supported the Student Parent Navigator Program. Outcomes were effective and supportive to students, families, and the schools. • Still want to see Veteran’s Peer Support. Need to figure out ways to overcome the challenges of filling the position. • Voiced the Parenting Program was worthwhile and needed to continue. Outcomes were effective. • Supported annual update current programs and expenditures. • A success story from one of the Prevention and Early Intervention Programs was shared regarding the challenges and stigma related to poverty and living in
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	<p>Community Members (2)</p> <p>SC Wellness Center (1)</p>	<p>isolated communities. It is a very real challenge to find access to laundry services in Sierra County if one is not fortunate enough to have them in their home. There is a stigma and lack of understanding as to what families must do to provide clean clothing for their children when they don't have ready access to a laundry facility. Providing an avenue for community members to access laundry services was discussed. Everyone supported the need with robust discussion about where and how to provide the service. The ending consensus was to have peer run laundromats. This would allow for many skills to be learned and practiced during community members' recovery path. There was further discussion about stigma when a community member could not pay, the use of tokens was agreed on as a method to not create further stigma. Attendees would like to pursue this idea through the innovations component.</p>
<p>7-18-18</p> <p>Behavioral Health Meeting</p>	<p>Attendees</p> <p>BH Providers (4)</p> <p>BH Staff (11)</p>	<ul style="list-style-type: none"> Provider suggested the need for more part-time case management.
<p>7-24-18</p> <p>Community Planning Meeting</p>	<p>Attendees</p> <p>BH Staff (2)</p> <p>Social Services Staff (1)</p> <p>Community Members (4)</p>	<ul style="list-style-type: none"> The need for residential facilities available to people in a closer proximity to the community of residence when higher levels of care are needed. When community members are experiencing severe mental illness symptoms and need higher levels of care they are placed where beds are available, sometimes this means living over 200 miles away from family and loved ones. This leaves family members struggling to interact including visually determining how their loved one is doing. <p>There was a suggestion of utilizing technology such as FaceTime or Skype to communicate with the family member placed in residential care.</p> <ul style="list-style-type: none"> Sierra County Social Services is working towards certifying their own Resource Homes within the County. Resource Families indicate a concern about needing Behavioral Health Services to be available to them, with sometimes a need for intensive services. They would also like to have 24-7 support available should the need arise. <p>Some type of therapeutic foster care training is needed for the Resource Families and others involved in the child's life.</p> <ul style="list-style-type: none"> Prevention strategies to new moms and babies is being looked at through social services. There are plans to pilot a home visiting program utilizing the curriculum 'Parents as Teachers'. There is hope a public health nurse and a mental health worker could visit the homes. More family engagement and communication with the parents of youth receiving services. Especially regarding Treatment Goals and Medication Management.

		<p>Direct communication from the doctor prescribing the medication as to side effects and directions as to how to administer the medication.</p> <ul style="list-style-type: none"> • A bereavement committee or something similar to reach out to Senior Citizens experiencing the death of a loved one would be beneficial. Most often Senior Citizens' support group becomes smaller and smaller as they age. It would be nice to be able to provide support to those who don't have a support system to cope with their loss. <p>There was talk about this being a volunteer program based out of the Wellness Center.</p> <ul style="list-style-type: none"> • A nurse who could provide home visits to those with medical needs and who are isolated was identified as a need. • The Innovation plan process was explained and the need for the innovative program to be community driven. It was reported that at the last MHSA Steering Committee meeting there was discussion about having some type of Peer Run Laundromat or looking at placing washers and dryers strategically throughout Sierra County. This prompted conversation from everyone in attendance agreeing on the need to provide some type of laundry services to help reduce stigma associated with wearing soiled clothing. <p>Social Services suggested having a laundromat that also provided a place to gather and sell coffee. There was talk about it looking like a 'mini' Starbucks setting. Providing job training and an opportunity to collaborate with Workforce Alliance could also be included if this idea were to continue to be explored.</p> <p>The other innovative project discussed was the 'Healthy Brain and Body' program. This idea evolved from brainstorming about increasing individual treatment goal achievement. Mindfulness, movement and nutrition education activities could be offered before a therapy session to help relax the mind and body as a precursor to a therapy session. Providing an opportunity for consumers to learn and experience whole health activities promotes self-efficacy in advancing goals and achieving outcomes supporting recovery, wellness and resilience.</p> <ul style="list-style-type: none"> • The topic of Sierra County's demographics being so different from the State's was brought up. A little over 20% of Sierra County's population fall within the age group of 0-25 while at least 35.5% of the state's population falls in this age group. Fifty-two percent (52%) of Sierra County's population represents an age group of 50 and up. In comparison, the state representation for this age group is only 29.10%. Therefore, there is an inverse proportion between funding amounts available to the population of Sierra County in comparison to the states funding expenditure requirements. Per State Requirements prevention strategies and programs are targeted to youth even though these funds could benefit Sierra County's older population as well.
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Public Hearing

The Public Hearing conducted on August 2, 2018 (located in Loyalton) was made available to community members living on the West side of Sierra County through video conferencing. Attending the Public Hearing were Behavioral Health Advisory Board members (3), Community Members (2), Public Health staff (1), Behavioral Health staff which includes Substance Use Disorders staff (6). Additional comments made during the Public Hearing were as follows:

- Utilizing Capital Facilities Reversion funds was not indicated under the Reversion Fund Plan section of the plan. It will need to be included.
- Workforce, Education and Training fund transfer was not included in the annual update to maintain transparency. There is a need to include in this update.
- Supported with enthusiasm the innovations component idea of a peer run laundromat. An additional idea was voiced by a Substance Use Disorder staff to utilize a mobile laundromat and collaborate with the HIV Van that will be visiting remote and isolated communities in Sierra County.

The Behavioral Health Advisory Board voted to accept the draft and add the comments as well as the above stated additions in the Reversion Fund Plan regarding Capital Facilities and the Workforce, Education and Training Transfer. They voted to hold a special meeting to review the language in the plan and then direct the plan to be taken the Board of Supervisors for approval. This allowed for an extension of the 30 day review with the changes included.

Stakeholder Process 2017

The MHSA Coordinator makes a point to attend regular meetings of stakeholder agencies on an ongoing basis. This allows for the ability to have real-time discussions and learn of any perceived or real needs/gaps in services. The MHSA Coordinator is a member of the First 5 Commission, Child Care Coordinating Committee Sierra County Health Coordinating Committee and the Student Attendance Review Board.

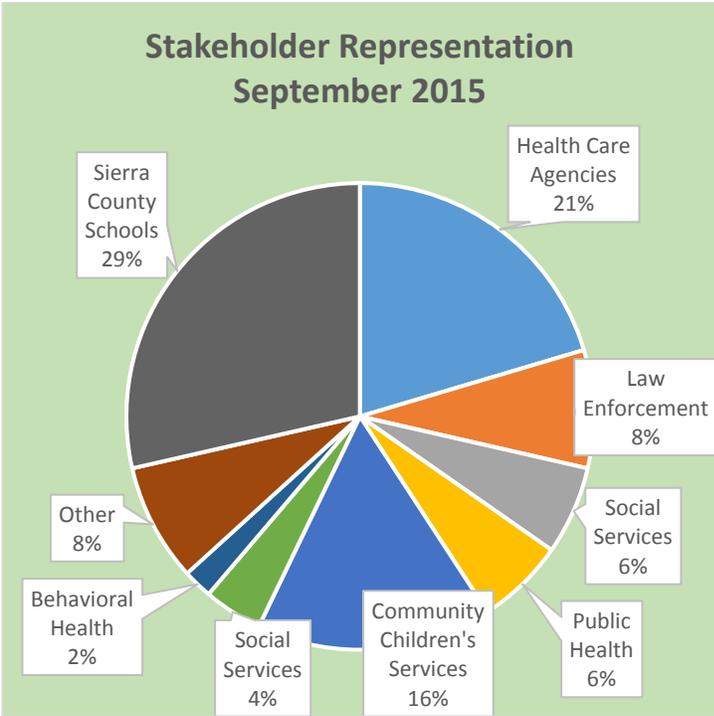
The following stakeholder meetings were attended:

Date	Agency/Organization	Outcome
8-30-2017	Eastern Plumas Healthcare	The need to collaborate with Eastern Plumas Healthcare to provide services to community members with mild to moderate mental illness.
9-21-17	Student Attendance Review Board	The Student/Parent Navigator program is meeting expectations.
9-25-17	Law Enforcement	Interested in implementing Laura's Law.
9-27-17	Child Abuse Council	Build on existing programs, give them a chance to grow.
10-18-17	Child Care Coordinating Committee	Hire a Behavior Intervention Specialist
10-27-17	First 5	Would be nice to collaborate to look at providing services for 0-2 year olds. First 5 identified a gap in services for these children and their families.

Stakeholders also participated in the community survey. Results are included under the Community Input Process 2017 section.

Stakeholder Process 2015 and 2016

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

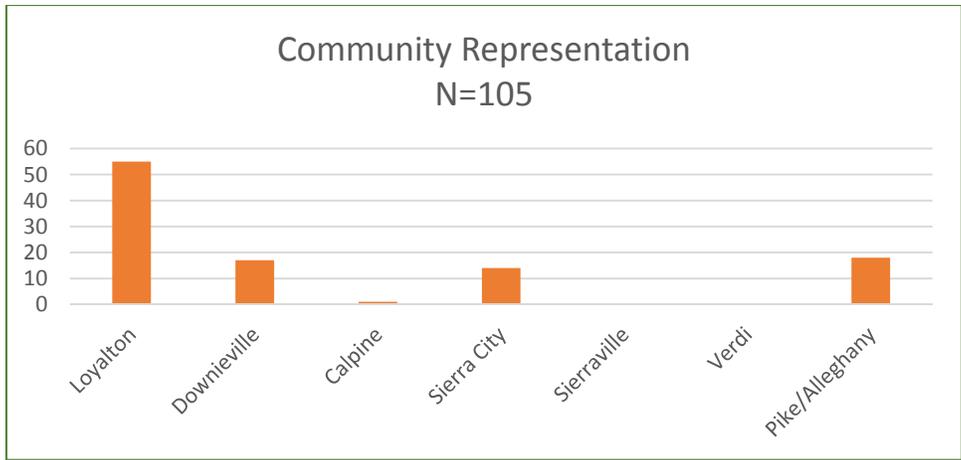
Survey results were then discussed during stakeholder meetings. The stakeholder meetings included an August 8, 2015 Task Force Committee meeting; an August 28, 2015 First 5 Sierra meeting, a September 1, 2015 Local Child Care Council meeting; a September 17, 2015 Student Attendance Review Board meeting; 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

Community Input Process 2017

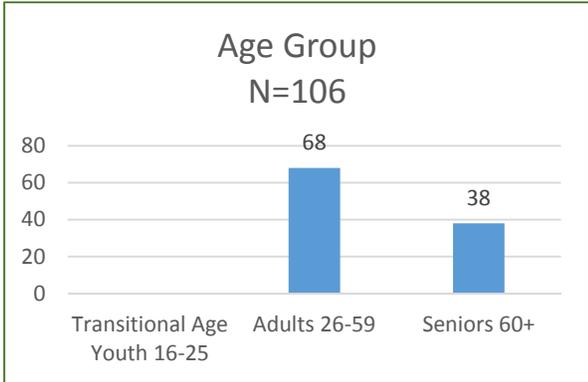
Two Community Planning meetings were scheduled and held. One was held in Downieville on April 19, 2017 and the other was held on April 25, 2017 in Loyalton. The meetings were advertised in local papers and fliers were distributed within communities. Community members did not attend either meeting.

During the 2017 community planning process 109 surveys were collected with the following demographics:



Self-Identified Race/Ethnicity	Percent
N=102	
White/Caucasian	88.24%
Hispanic/Latino	2.94%
Black/African American	0.0%
Native American/Native Alaskan	1.96%
Asian or Pacific Islander	0.98%
Multi-Race	5.88%

Gender	Percent
N=97	
Male	28.87%
Female	71.13%



While evaluating this Community Planning Process survey it is apparent there are some demographic areas not represented. Surveys from the communities of Calpine, Sierraville and Verdi were not received. The age group of Transitional Age Youth was not represented, as well as, males being underrepresented. The MHSA Coordinator will need to identify key community leaders within these areas where representation was lacking altogether or there was under representation.

Connection to Behavioral Health Services	Percentage
98 respondents who selected all that apply	
Community Member	44.90%
County Government Staff	17.35%
Consumer of Behavioral Health	22.45%

Contracted Service Provider or Community Based Organization	11.22%
Family Member of a Consumer of Behavioral Health Services	10.20%
Education Agency Staff	7.14%
Social Services Agency Staff	6.12%
Veteran Organization Staff or Volunteer	3.06%
Medical or Health Care Organization Staff	3.06%
Law Enforcement Staff	2.04%
<p>The following comments were made:</p> <ul style="list-style-type: none"> ● Child Care Council (4) ● SNCS (1) ● Loyaltan Senior Center (2) ● School Volunteer (1) ● Fire Fighter (1) ● EMT (1) ● Foster Parent or Resource Parent (1) ● Online Community Newspaper (1) ● Advocate for child care providers to be able to access behavioral health counselors in our County (1) ● Out of Sierra County every day Team AM Vets 22 (1) ● I take advantage of peer support for supportive conversation and other services relating to my living situation. (1) 	

Community Survey Results

In your opinion, are there specific groups of people in your area who are in particular need for mental health services?	Percent
Adults	57.78%
Seniors	55.56%
Geographically Isolated	47.78%
Transition Age Youth, ages 16-24	42.22%
School Age Children	28.89%
Parents	23.33%
Young Children, ages 0-5	14.44%
Linguistically isolated people	12.22%

Two open ended questions were asked of survey takers during this Community Planning Process. The answers received have been categorized into the most common themes. Both questions produced the following theme

categories: access to services, service capacity, crisis intervention, public/community education, recovery oriented services and ambivalent statements.

“What suggestions do you have for improving behavioral health services in Sierra County.”

Seventy-one respondents took the time to provide a comment.

Access to Services – 13 Comments

The needs identified were for services to be provided in remote communities as well as a need for home visits. Accepting insurance other than medi-cal was also identified.

Educating Public/Advertisement of Services – 9 Comments

Many survey respondents commented on a lack of knowledge about Behavioral Health Services and how to access them. More public outreach and advertisement was indicated as a need.

Crisis Intervention – 8 Comments

All comments centered on the need for some type of crisis intervention team and training. Only utilizing law enforcement for wellness checks and 5150's is stigmatizing and overwhelming for community members who are in distress.

Service and Staff Capacity – 7 Comments

Children and Seniors were populations identified under this category as well as general services needing to be increased or more staff readily available.

Recovery Oriented Services – 3 Comments

An increase in non-traditional services to promote recovery was identified. A Wellness Center in Downieville was identified as well as some services centered around Yoga.

Anti-Behavioral Health Services – 3 Comments

Derogatory comments were received from survey respondents. These comments were not based on unsatisfactory encounters with behavioral health but more of a lack of understanding about Mental Illness and what Behavioral Health's role is in our communities.

Ambivalent – 14 Comments

Comments such as not sure, not applicable and don't know fall under this category.

There were also outlier comments made which were not relevant to the question.

“In your opinion, what behavioral health services should be improved? Why?”

Fifty-nine (59) surveyors responded.

Categories were again needed to analyze this question. Comments centered on Access to services (16), services for Seniors and Veterans (5) as well as children(2) were recognized as themes. Crisis intervention and 5150 training (2) was also brought up. All of the category comment themes are the same as indicated above. Approximately half of the comments were ambivalent comments (19). The anti-Behavioral Health comments were the same as those indicated above.

A public hearing was held on December 13, 2017 by the Mental Health Advisory Board. Representation was made up of the following: a quorum of Mental Health Advisory Board members, 5 or fewer community members associated with Behavioral Health, First 5, Social Services, Public Health and Behavioral Health.

The following public comments were made during the hearing:

- The importance of measuring desired outcomes. The MHSA Coordinator explained there are outcome measurements within programs. The measurement tools and methodology is not indicated in this plan. They will be in the annual update.
- Wellness Center services in Downieville need to be destigmatizing and the Wellness Center should not be housed at the satellite Behavioral Health building located in Downieville.
- The need for services in remote areas was brought up. Possibly providing 'bus passes' for these community members to use with the Golden Rays Senior transportation was suggested.
- The need for services to be provided to those living just outside of the Sierra County Border where these individuals identify with the community and culture of Loyalton.
- The need to get the Front Porch program up and going. Possibly hiring an extra-help Peer Specialist to facilitate this program.

Community Input Process 2015 and 2016

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 to collect surveys was made 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.

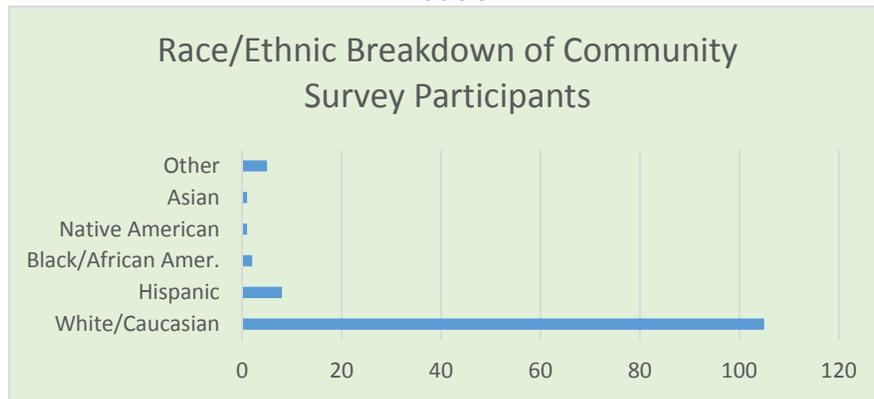
Table 1

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 on December 8, 2016. Flyers were distributed in public places throughout Loyalton and Downieville. E-mails were sent to stakeholders or personal invites were conducted. A quick Community Planning Process presentation took place explaining MHSA program philosophy and current programs. Following the presentation, 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 not receiving services. The following responses were received:

Date	Representation	Comment Mode	Comment
12/06/16	Downieville Peer Support	Face to Face	<ul style="list-style-type: none"> Peer support staff indicates definite stigma in entering the behavioral health building in Downieville. This is a barrier for peer support staff to overcome by moving to a non-stigmatizing space. Need for Wellness Center Space in Downieville.
12/07/16	Child Care Council, First 5 2 people	Phone	<ul style="list-style-type: none"> Behavior Intervention Specialist is still a need. Implementation needs to take place as soon as possible with data driving the need to increase hours. Make sure available to East and West side of the County. Utilize Nurturing Parenting classes in the home of families who are geographically isolated and have no transportation.
12/07/16	Sierra/Plumas Joint Unified School District	E-mail	<ul style="list-style-type: none"> Really do not have anything pertinent to add to your report but concur that the relationship between our agencies, at least in my 3 1/2 year tenure, has been excellent. We center our work on shared issues and share precious resources as appropriate and wish to continue to work together on behalf of the Sierra County community—Superintendent
12/08/16	Public Health Supervisor	Face to Face	<ul style="list-style-type: none"> Likes plan as it stands at this point in time.
12/08/16	Social Services Social Worker	Community planning meeting	<ul style="list-style-type: none"> Would like to see collaboration between Social Services and MHSA to be able to introduce Trauma Informed Care

			practices and training. Possibly provide ACES trainings through the Prevention & Early Intervention programs.
12/08/16	3 or fewer Community Members Receiving Services	Community planning meeting	<ul style="list-style-type: none"> • Would like to see families dealing with addiction receive support through ALATEEN or ALANON. Especially if parent is involved in Drug Court. Like the idea of parenting supports for those families dealing with addiction and reducing risk factors associated with mental illness.
12/08/16	MHSA Coordinator	Community planning meeting	<ul style="list-style-type: none"> • Make sure to include Wellness Center under prevention and early intervention category to capture prevention and early intervention strategies.
12/08/16	MHSA Coordinator	Community planning meeting	<ul style="list-style-type: none"> • Make sure to address rent for wellness center space in Downieville.

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 MHSA 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 MHSA Component

Outreach and Engagement - CSS

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 as well as providing strategies or activities to reduce cultural disparities.

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 to help reduce cultural disparities;
- 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.

Status FY 15/16

Outreach and Engagement Activities were provided through the Sierra County Wellness Center, Community Academies and Mental Health First Aid.

The 'Being Myself with You' activity, created to build relationships with Loyalton Middle School staff and students was not continued in FY 15/16. Work demands of the two individuals who planned and implemented this program did not allow time to continue this activity.

Populations Served in FY 15/16

Outreach and Engagement activities utilized both universal and selective approaches in facilitating the activities. Community members, employees/volunteers associated with community based organizations/agencies and community leaders were targeted to participate in activities. A total of 77 individuals participated in Outreach and Engagement activities.

Key Activities in FY 15/16

Mental Health First Aid

Mental Health First Aid provides outreach to entities within Sierra County to meet the objectives of Outreach and Engagement by teaching the evidence based ALGEE Action Plan (CCR Title 9, D1, C14, A6, Section 3640 (a)). The training helps one to identify, understand, and respond to signs of mental illnesses and substance use disorders. The course helped agency/organization personnel and community members to identify risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone both in crisis and non-crisis situations, and where to turn to for help.

The goals and objectives are to increase the number of potential responders, increase the number of settings providing opportunities to identify early signs of mental illness, and reduction in mental illness stigma. Outcomes to these goals and objectives are as follows during FY 15/16.

- To increase the number of potential responders:

A total of 45 individuals were trained during this fiscal period. Increasing the number of potential responders trained during the previous fiscal year by 165%.

N=31	Race/Ethnicity
*	American Indian or Alaskan Native
*	Asian
*	Hispanic or Latino Origin
*	Caucasian/White

N=43	Gender
*	Female
*	Male

N=41	Age Range
*	16-24
*	25-44
*	45-60
*	61-80
*	81+

- To increase the number of settings providing opportunities to identify early signs of mental illness: The number of settings in which potential responders are associated with has grown by 29% during this fiscal year as a result of the two trainings.

The rural natures of Sierra and Plumas Counties, along with the geographic makeup of communities within both counties, lends to the collaboration and blending of communities served through agencies/organizations. For example, the Sierra Plumas Joint Unified School District houses grade K-12 schools in Loyalton. These Loyalton schools serve the school age children of several communities located in Plumas County. County lines are not always clear in rural areas, thus it behooves us to invite and provide trainings to Plumas County employees who more likely than not interact with Sierra County residents, including children and youth.

The table below indicates the settings from which there is potential for those trained to respond to individuals experiencing difficulties.

Number	Potential Responders Within the Following Agencies/Organizations
*	CalTrans
*	Community Members
*	DPM
*	First Responders/Paramedics
*	Loyalton Senior Center
*	Plumas County Public Health
*	Plumas Sierra Crisis Line Volunteers
*	Sierra County Health & Human Services
*	Sierra County OES
*	Sierra Safe
*	Sierra/Plumas Joint Unified School District

- Reduction in mental illness stigma: Mental Health First Aid (MHFA) aims to teach individuals how to respond in a mental health emergency to offer support to someone who appears to be in emotional distress. The basis behind Mental Health First Aid is to recognize that mental health problems are more common than many of us think. Mental Health First Aid helps in reducing the stigma and discrimination associated with mental health by addressing how derogatory labeling is disrespectful and creates a formidable barrier to recovery. For example, while you don't hear someone referred to as "a cancer," or "a broken leg," oftentimes we do hear people referred to as "manic depressives" or "schizophrenics." Myths associated with mental health are dispelled during this training while introducing the concept of Recovery.

To evaluate the outcome of reduction in mental illness stigma, Sierra County Behavioral Health utilized the Mental Health First Aid evaluation. This evaluation addressed the overall course, presenter and practical application learned/experienced as a result of attending the training. The following results speak for themselves as to the impact Mental Health First Aid has on stigma reduction and discrimination associated with mental illness. A rating scale of 1-5 was used, with 1 equaling strongly disagree and 5 equaling strongly agree. All survey questions had ratings within tenths of strongly agreeing covering overall course evaluation, presenter evaluation and practical application. The total average rating of overall course evaluation was 4.9. The total average rating of presenter evaluation was 4.95 while the total of practical application was 4.67. For further information see Appendix A.

In addition to the rating scale, survey open ended questions were answered with comments supporting the effectiveness of Mental Health First Aid and the instructor. Some of the more poignant comments were:

- “Opened my eyes to dealing with and understanding mental health.”
- “Encourages change in approach towards people with mental illness.”
- “Acknowledgement of mental health as a national problem.”
- “Offered solutions to help access if there is a problem and offer help to a person having a mental health problem.”

Mental Health First Aid training, as evidenced above, is an excellent mechanism to dispel myths, reduce stigmatism and educate our communities about behavioral health services.

Between the collaboration of Emergency Preparedness and MHSA the total cost to provide Mental Health First Aid was \$6,593. The cost of training 45 individuals was \$147 per individual.

The actual cost to MHSA was \$4,793. Bringing the MHSA cost per person to \$107.

With the release of the updated Prevention and Early Intervention regulations it is evident that this program is better housed under the Prevention and Early Intervention component in fiscal year 16/17.

Key Successes

The two goals and objectives for offering Mental Health First Aid trainings were met by increasing the number of settings providing opportunities to identify early signs of mental illness and increasing the number of potential responders. To date a total of 62 individuals living or interacting with community members living in Sierra County have attended the Mental Health First Aid trainings Sierra County Behavioral Health and Emergency Preparedness have offered. The outcome of reducing stigma toward mental illness was also met as seen above in the practical application portion of the training evaluation. Many of the individuals who have attended the trainings have told other community members about the training and how useful it was to them in both a professional setting as well as a personal setting.

Barriers or Challenges

SCBH is lacking potential responders from two major agencies in Sierra County. Mental Health First Aid offers training targeted to law enforcement as well as those who work with youth. The Sierra County Sheriff's Department and Sierra Plumas Joint Unified School district have not been able to commit to these specialized trainings due to the length of the training while no POST credits or continuing education credits for teachers are offered. These are legitimate barriers and challenges the Sierra County Sheriff's Office and Sierra Plumas Joint Unified School District face. Sierra County Behavioral Health and Emergency Preparedness have been working behind the scenes in the hopes of being able to provide continuing education credits for these two agencies, reducing this particular barrier in offering Mental Health First Aid.

FY 16/17 Cultural Proficiency Training – Community Academy

A cultural proficiency training was offered during FY 15/16 to provide community members, community based agencies/organizations and community leaders with tools to reduce cultural disparities. The Strategies organization provided the training. Based out of Northern California, they have the expertise to address rural counties who don't experience ethnic/racial diversity within communities. Culture is defined as: *"A set of practices and beliefs that is stated with members of a particular group and distinguishes one group from others."* as well as, *"A group of people identified by their shared history, values and patterns of behavior."* These two definitions apply to the geographically isolated communities within Sierra County. Furthermore, they address the different economic structures within communities. Behavioral Health utilized this training to comply with the Cultural Competency Plan.

Cost

The cost to provide the Cultural Proficiency Training was \$184 per person. This includes employee costs to research, schedule and prepare for this training. MHSA was the sole funder of this training.

The following agencies/organizations participated in the training:

Agency/Organization Represented	Number
Behavioral Health	9
Child Care Council	1
Family Resource Center	1
Health & Human Services	6
Peer Support	1
Public Health	1
Social Work	3
Total Attendees	22

Key Successes FY 15/16

Utilizing the Cultural Proficiency training, under Outreach and Engagement, to comply with the Cultural Competency Plan was very successful. Behavioral Health experienced an attendance rate of 86% staff and 60% contractors. This training also provided material that supports community based cultural competency which is the most successful strategy to use within the unique communities of Sierra County

Barriers FY 15/16

Most individuals associate diverse ethnic/racial populations with the term cultural competency/proficiency. There is not much thought as to geographic, economic or industry related culture. Because Sierra County's population is not ethnic/racially diverse, many don't feel the need to attend trainings related to culture. SCBH will continue to promote this training in future years and to use it within Behavioral Health as a Cultural Competency training.

Wellness Center Open House FY 15/16

The Wellness Center hosted an open house dinner on December 22, 2018. The idea behind it was to encourage individuals to visit the Wellness Center so that barriers could be reduced regarding receiving services through Behavioral Health. The activity was well received with individuals taking ownership of the activity by planning on hosting another similar activity. Ten individuals attended this activity.

Cost

The cost to conduct this activity was \$51.00 per person. MHSA funded the entire activity.

Successes FY 15/16

Individuals taking on ownership of this activity indicated the activity was a success and provided support to individuals.

Barriers and Challenges FY 15/16

The Wellness Center was associated with Behavioral Health and therefore a government agency. Many of the individuals who reside in Sierra County are not interested or distrustful of government agencies. More education is needed to truly reduce distrust associated with Behavioral Health.

FY 16/17 Bridges out of Poverty – Community Academy

Bridges out of Poverty was offered during fiscal year 16/17 through Community Academies as a strategy under Outreach and Engagement to reduce cultural disparities (CCR Title 9, D1, C14, A6, Section 3640 (b)(1)). The audience targeted to participate in the activity were community based organizations/agencies as well as community leaders (CCR, Title 9, Division 1, Chapter 14, Article 6, Section 3640 (a)(3)).

- The 'Bridges out of Poverty' workshop identified the need for strategies to improve relationships between different cultures and communities to help reduce cultural disparities. Promote a better understanding of poverty and living in constant survival mode.
- Provide the structures, ideas and concrete tools a community needs to prevent, re-duce and alleviate poverty.
- Understand how employers, community organizations, social services agencies, health agencies, legal professionals and others can address poverty in a comprehensive way.

Fifty individuals representing the following agencies/organizations attended:

- Public Health (9)
- Behavioral Health (8)
- Wellness Center (2)
- Social Services (4)
- Sierra Safe (2)
- Sierra/Plumas Joint Unified School District (4)
- Health & Human Services (4)
- Eligibility (3)
- Family Resource Center (3)
- Workforce Development (4)
- Emergency Services (2)
- Child Care Council (1)
- First 5 Sierra (1)
- Community Members (2)
- Environmental Health (1)

The average cost per person to provide this training was \$204.

Key Successes

The Bridges out of Poverty workshop was very well attended with 50 attendees. The norm for trainings/workshops in Sierra County averages 15 to 20 attendees. Attendees stated an interest in following-up with a workshop that provided more strategies to address poverty.

The following results were collected from a post work-shop evaluation.

Rating Scale: 1-Strongly Disagree, 7- Strongly Agree

Topic Sections	Average Rating per Topic
Material	5.9
Use of Information	6.86
Attitude Toward the Presenter	7

To view the post work-shop results see Appendix B.

Barriers or Challenges

There were no barriers or challenges associated with this activity.

Planned Activities FY 18/19

As indicated in the MHSA 2017-2020 Three-Year Program & Expenditure Report the Front Porch Program, Community Academies and Ways to Wellness activities will take place.

Full Service Partnerships

FY 15/16 and FY 16/17

Status

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 15/16 and 16/17

Community members participating in the FSP program were provided the highest level of care through individualized and coordinated behavioral health services. All FSP Partners received services in their preferred language.

	Populations Served FY 15/16	Populations Served FY 16/17
Number Served*	11 or fewer Community Members	11 or fewer Community Members
Average Cost Per Person	\$17, 178	\$44,243
Children Aged 0-15	Not Served	Not Served
Transitional Aged Youth 16-25	Served	Served
Adults 26-59	Not Served	Not Served

*Specific information has been redacted to maintain confidentiality.

Key Activities in FY 15/16 and 16/17

Higher levels of care and supports for FSP Partners were 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 15/16 and 16/17

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, living in their community and living in least restrictive environments. Peer Support and the Wellness Center played a large role in working towards and meeting recovery goals.

Barriers or Challenges in FY 15/16 and 16/17

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 and 16/17

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 2018/19

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. Individual identified needs will continue to be provided to community members who are FSP partners.

Peer support services and the Wellness Center will continue to be offered to FSP partners. Peer Support services will be provided through the Downieville Satellite office of Behavioral Health as well as in Loyalton.

General System Development and Service

FY 15/16 and FY 16/17 Updates

General Service Delivery

Status

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’s population is so small, and the culture is such that group program offerings are not utilized by individuals. Most, if not all, services are provided on an individualized basis. Therefore, there are times when services and intensity of services vary greatly from individual to individual.

Populations Served in FY 15/16 and FY 16/17

During FY 15/16 MHSA General Service Delivery provided 47 individuals with mental health services. Of the total population served through MHSA General Service Delivery 70% were female, 30% were male.

In FY 16/17 fifty (50) individuals were served through the General Service Delivery component.

All of the individuals served indicated a preferred language of English.

Populations Served		
	FY 15/16	FY 16/17
Age Range	Number	
0-15	Served	Not Served
16 - 25 (TAY)	Not Served	Not Served
26 - 59	Served	Served
60+	Served	Served
Identified Ethnicity	Percent	
Non-Hispanic	92%	96%
Mexican/Mexican American	6%	2%
Unknown/Not Reported	2%	2%
Average Cost Per Person Served	\$12,950	\$10,803

In Fiscal Year 16/17 children and TAY (ages 0-15 and 16-25) individuals were served through the Prevention and Early Intervention Component under Early Intervention Treatment.

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

Key Activities in FY 15/16 and FY 16/17

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 and to alleviate crisis situations occurring from an interruption in medication management.

Key Successes in FY 15/16 and 16/17

Staff and administrative changes always create a challenge while community members are building trust with the new employees or contractors. During FY15/16 community members were able to start to build trust with SCBH staff and contractors. Fiscal year 16/17 allowed for continued staff and administrative changes, therefore trust continued to be built between community members and Behavioral Health Staff.

Barriers or Challenges in FY 15/16 and 16/17

Prior to FY 14/15 SCBH experienced multiple administrative turnover which resulted in a lack of program consistency and understanding. During FY 15/16 the administrative team grew in their knowledge and created a team dedicated to providing quality services while learning more about state requirements and meeting those requirements.

Partners in FY 15/16 and 16/17

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 18/19

SCBH will continue to provide identified needed services to individuals meeting the MHSA criteria. Individualized and appropriate continuum of care serves 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.

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 15/16 and 16/17

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 15/16 and FY 16/17

Twenty-one calls were made to the Plumas and Sierra County Crisis Line originating from Sierra County during FY 15/16. The average cost per person served was \$238.

During FY 16/17 thirty-one calls were made to the crisis line with an average cost per person served being \$161. Further 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 community defined culturally appropriate manner.

Key Activities in FY 15/16 and FY 16/17

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

Key Success in FY 15/16 and FY 16/17

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 15/16 and FY 16/17

The cost of providing an individual Sierra County Crisis line is prohibitive. The call center provides satisfactory service while transferring calls to Plumas Crisis Intervention and Resource Center crisis line volunteers, however there are times when the call center could have handled things differently. On the whole the call center provides the service needed at a cost that works for both Sierra and Plumas Counties.

Partners in FY 15/16 and 16/17

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 18/19

As indicated in the MHSA 2017-2020 Three Year Program & Expenditure Plan SCBH will continue to collaborate with Plumas County Intervention and Resource Center to provide Sierra County community members the services offered through the Plumas and Sierra County Crisis Line.

Wellness Center - CSS

Status FY 15/16 and FY 16/17

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 aware, member-driven, and wellness-focused.

Peer support staff is housed at the Wellness Center. Peer Support provides services via the phone, home visits, and on site.

Populations Served in FY 15/16 and FY16/17

During FY 15/16 and 16/17 the Wellness Center provided services to individuals who were enrolled in the Full Service Partnership program, eligible under General Service Delivery, as well as individuals falling into the prevention category. It was determined to provide prevention services through the Wellness Center as identified by Community Defined Best Practices during FY 16/17. Further demographics and costs have been addressed under the Prevention Component.

All age groups were served through the Wellness Center. For reporting purposes and to maintain confidentiality 'served' was used to indicate individuals fell into the following demographic categories.

Sierra County Wellness Center	FY 15/16	FY 16/17
Total Number of Unique Community Members Served Under the CSS Component	57	25
Full Service Partnership (FSP)	Served	Served
Gender		
Female	Served	Served
Male	Served	Served
Age Group		
Children (0-15)		
Transitional Aged Youth (16-25)		
Adults (26-59)	Served	Served
Older Adults (60+)		
General Service Delivery	Served	Served
Gender		
Female	Served	Served
Male	Served	Served
Unknown	Served	Served
Age Group		
Children (0-15)	Served	Served
Transitional Aged Youth (16-25)	Served	Served
Adults (26-59)	Served	Served
Older Adults (60+)	Served	Served
Prevention	NA	72
Total Number of Encounters Recorded	468	774

Estimated Average Cost Per Person Served	\$944	\$2,298
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The purchase of a vehicle to be able to provide transportation and allow for more mobility in providing services was purchased. The cost to the CSS component under the Wellness Center was \$12,098. This purchase was a capital purchase and not included in the average cost per person calculation.

Key Activities in FY 15/16

The Sierra County Wellness Center offered supportive conversation, WRAP education and implementation with community members, linkage to services, and support in community members’ 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 15/16 and FY 16/17

In FY 15/16 peer support services were recognized as being an integral service and support of the Sierra County Behavioral Health team. Having 57 unique community members seek services through the Wellness Center to obtain peer support services is a huge step in breaking down barriers to community members seeking services. More specific descriptions of key successes would be a breach of confidentiality or a HIPAA violation.

During FY 16/17 two extra help Peer Support Specialists were hired to meet the increase in encounters and services being provided. The Loyalton Wellness Center had one 80% Permanent Part Time Peer Support Specialist and an extra help Peer Support Specialist. The satellite Health & Human Services office in Downieville was able to house an extra help Peer Support Specialist to start to offer and build peer support services at that location.

The Sierra County Wellness Center was able to provide supportive services to individuals who have participated in their unique recovery process and were able to recognize that their individual needs would not be met in Sierra County. They built enough resources, strength and self-confidence to move out of Sierra County; attempting to live successful, independent lives.

Barriers or Challenges in FY 15/16 and FY 16/17

Transportation continued to be a barrier for individuals living in isolated communities wishing to accessing services. This barrier was alleviated to a degree with the purchase of the vehicle. However, there were still barriers due to the need of an employee providing the transportation to the Wellness Center.

Partners in FY 15/16 and FY 16/17

During both fiscal years the Wellness Center works with various organizations/agencies while providing support to the identified needs of community members seeking services through the Wellness Center.

Planned Activities and Modifications in FY 18/19

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.

Research and provide services targeted to youth (ages 0-25) through the Wellness Center. MHSA regulations indicate Transitional Aged Youth (16-25) as a population we should be striving to serve.

Other Community Services and Supports Planned Activities or Modifications FY 18/19

As indicated in the MHSA 2017-2020 Three-Year Program & Expenditure Plan the following programs/activities will be implemented:

- Ways to Wellness,
- Integrated Primary Care & Mental Health Health,
- Crisis Stabilization Unit,
- Insight Respite Center (IRC),
- No Place Like Home, and
- Rural Border County Interagency Agreement(s).

Prevention and Early Intervention MHSA Plan Component

Veterans' Peer Support

Status FY 15/16 and 16/17

Veterans' Peer Support was not implemented during FY 15/16.

During FY 16/17 the Veterans' Peer Support Specialist was hired in January of 2017 and provided Veterans' Peer Support through the Sierra County Wellness Center.

Program Description

The Veterans' Peer Support Specialist was created in direct response to the Community Planning Process identifying the need of services for veterans. The Veterans' Peer Support Specialist provides direct and indirect peer support services to veterans and/or their family in either a clinic or a self-help setting, as part of the overall goal of identify and assisting veterans in accessing available and appropriate services.

The Veterans' Peer Support Specialist position is not be considered as, or to replace, the California Veterans' Officer.

The goals and objectives are to:

- Increase knowledge of resources available, including wellness/recovery services and supports
- Represent and promote the veteran's and family/caregiver perspective within the behavioral health system

The outcomes related to the goals and objects are:

- Reduction in homelessness of veterans
- Increase in referrals to Sierra County Behavioral Health and other services/supports
- Suicide reduction

Populations Served FY 15/16 and 16/17

During FY 15/16 there were no peer support services available targeting Veterans.

Veterans and their family members were served during FY 16/17.

Veterans Served	FY 15/16	FY 16/17
Total Veterans/Family Members Served	NA	11 or fewer
Age Groups Served		
25-59	NA	Served
60+	NA	Served
Ethnicity		
Filipino	NA	Served
Other	NA	Served
Race		
Native Hawaiian or other Pacific Islander	NA	Served
Caucasian	NA	Served
Primary Language	Percent Served	
English	NA	100%

Sexual Orientation		
Heterosexual or Straight	N/A	Served
Gender-Assigned Sex at Birth		
Male	N/A	Served
Female	N/A	Served
Current Gender Identity		
Male	N/A	Served
Female	N/A	Served
Veteran Status		
Veteran	N/A	Served
Non-Veteran	N/A	Served
Disability		
Communication		Missing
Physical Health		Missing

The average cost per person served during FY 16/17 was \$2,738. A vehicle was purchased to implement the program during FY 16/17 at a cost of \$19,918. The cost of the vehicle was a capital purchase and not included in the average per person cost calculation.

Key Activities FY 15/16 and 16/17

Prior to FY 15/16 the Veterans' Peer Support Specialist position, providing Veteran's Peer Support, was an identified need. During the Community Planning Process conducted in FY 15/16 there was an identified need to create the position and provide peer support for veterans.

The Veterans' Peer Support (VPS) Specialist position was filled in January 2017 allowing for Veteran's Peer Support to take place.

Key Successes and Outcomes in FY 15/16 and FY 16/17

The identification of the need for Veteran's Peer Support and the Veterans' Peer Support Specialist was an achievement during FY 15/16.

In FY 16/17 the successes were reduction in homelessness and self-medicating through substance abuse, linkage to the appropriate services provided through the Veteran's Administration and other individualized identified services/supports, as well as supportive conversation. Work opportunities were presented to veterans through the Veterans' Peer Support Specialist. Further details of successes have not been provided to maintain confidentiality.

PEI Reporting Requirements for Timely Access to Services for Underserved Populations

Specific underserved populations for whom the county intended to increase timely access to services:

- All Veterans of Sierra County are underserved as there are no other mental health services located in Sierra County.

Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset:

- No individuals have been referred to one of the programs listed above.

Average Interval between referral and participation in services:

- Not applicable

Number of referrals of members of underserved populations to agencies/organizations providing services to enhance living or social situations providing anxiety and situational relief:

- 11 or fewer individuals who were not formally documented but referred organically.

Description of ways the Wellness Center encouraged access to services and follow-through on referrals:

- The Veterans' Peer Support Specialist, housed at the Sierra County Wellness Center, encourages access and linkage to services by utilizing Motivational Interviewing techniques during active listening and supportive conversation to identify needs, strengths, and skills of Wellness Center Visitors. Peer Support Specialists also educate about mental health and addiction issues as a means to support visitors in recognizing their unique challenges. During every encounter, visitors of the Wellness Center are encouraged to capitalize on their strengths through Peer Support Specialists modelling successful recovery behaviors while assisting visitors obtain their goals.

Barriers or Challenges in FY 15/16 and FY 16/17

There were no barriers or challenges during FY 15/16 as the program was not being implemented during this fiscal year.

During FY 16/17 the challenges of creating a new program and hiring a Veterans' Peer Support Specialist were experienced. Educating community members that Veteran's Peer Support was available and building trust took a while.

PEI Reporting Requirements for Challenges and Barriers of Data Collection and Evaluation

The Veterans' Peer Support Specialist program was a new position during FY 16/17. The Veterans' Peer Support Specialist was hired on in January of 2017. Much of the remaining 6 months of the fiscal year was spent understanding what the program entailed as well as the Peer Support Specialist being engaged in required trainings to increase his/her capacity to provide services. It needs to be noted that the Veterans' Peer Support Specialist left his/her position in August of 2017 and the position has remained vacant since that time.

Implementation of utilizing Electronic Health Records to gather the required Prevention and Early Intervention demographic data has just been implemented during FY 17/18. Duration of Untreated Mental Illness has been difficult to assess and report in a consistent manner. The Wellness Center has created forms to collect the needed information. These forms continue to be updated to more easily collect the needed data. Since the Veterans' Peer Support Specialist is housed at the Wellness Center he/she will have access to these forms.

It needs to be noted that collecting much of the demographic data, referral data, and duration of untreated illness is challenging at its best. Sierra County is a Frontier County with a population of 3,000 residents. The vast majority of residents have conservative beliefs and will not participate in programs if asked questions such as those associated with sexual orientation and gender identification. In communities as small as those within Sierra County these questions lead to profiling and identification of individuals.

The Veterans' Peer Support Specialist, as well as all program facilitators, was very hesitant to collect this data and was unsure as to how to go about it.

As a frontier county, Sierra County Behavioral Health is globally challenged with state, federal and EQRO regulations as a result of limitations in staff and financial capacity. The amount of funding Sierra County receives to provide services and supports is not sufficient to maintain staff whose job descriptions are solely related to evaluation and reporting requirements. The ratio of administrative vs. program costs would be skewed and deemed unacceptable. Resources to leverage funding to internally create or outsource programs and positions is virtually non-existent. For example, Sierra County has one appropriate 501-C3 organization to contract with. This organization does not have

the capability of taking on more programs at this time. In addition, the political will of county residents and local government curb the hiring of additional employees to provide IT, evaluation and more program staff.

Most all data and evaluation reporting to the public will be redacted due to the need for Data De-Identification as presented through the California Department of Health Care Services.

During FY 17/18 the Behavioral Health Coordinator will work closely with the Prevention and Early Intervention Reporting MHSOAC Project Lead to successfully collect the required reporting data. All methods will be in place by the end of FY 17/18.

Partners in FY 15/16 and FY 16/17

There were no partners established in FY 15/16.

In FY 16/17 the Veteran's Peer Support program started to be implemented. The Veterans' Peer Support Specialist learned about and collaborated with other local agencies/organizations to meet the needs of each individual served. The Veteran's Administration in Reno was a partner through the relationship built between the VPS Specialist and staff.

Planned Activities and Modifications in FY 18/19

During FY 17/18 the VPS Specialist position was vacant. The position has been flown with no applicants. SCBH will be actively recruiting for the position during FY 18/19. This position and the services it provides is too important and worthwhile to not provide the service to our community members.

Parenting Program

Status in FY 15/16 and FY 16/17

During FY 15/16 a parenting program was identified as a need through the community planning process. Research was conducted to identify an evidence based parenting program that would meet the needs in Sierra County. The Nurturing Parenting Program was identified as the program to provide parenting classes. The Sierra County Family Resource Center was identified as the partnering agency to facilitate the parenting program.

In FY 16/17 the Nurturing Parenting Training was conducted with the program being piloted by the Family Resource Center.

Program Description

The Parenting Program is a new program providing services through Prevention and Early Intervention. Community activities are take place under the Prevention component while one on one classes are identified under the Early Intervention Component. The evidence based Nurturing Parenting Program is embedded within the parenting program and is the nexus of the parenting program.

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 immerging 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.

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.

Populations Served in 15/16 and FY 16/17

The High Sierra Family Resource Center employs a staff member who is a key community leader representing the Hispanic communities within Sierra County and is bi-lingual. This unique relationship allowed for services to be offered in isolated communities meeting the needs of underserved populations. Family members are included in the demographics reported below as the parenting program reflects the whole family. The number of families served, communities where services were provided and other identifying information has been redacted from this report to maintain confidentiality.

PEI Required Reporting of Populations Served Under Early Intervention	FY 15/16	FY 16/17
Age Groups Served		
0-15	N/A	Served
16-25	N/A	Served
26-59	NA	Served
60+	N/A	Not Served
Ethnicity		
Mexican/Mexican-American/Chicano	NA	Served
European	NA	Served
Race		
White	NA	Served
Primary Language		
	Percent Served	
English	NA	38.5%
Spanish	NA	61.5%
Sexual Orientation		
Heterosexual or Straight	N/A	Served
Missing Information	N/A	Served
Gender-Assigned Sex at Birth		
Male	N/A	Served
Female	N/A	Served
Missing Information	N/A	Served
Current Gender Identity		
Male	N/A	Served
Female	N/A	Served
Veteran Status		
Veteran	N/A	Not Served
Non-Veteran	N/A	Served
Missing Information	N/A	Served
Disability		
Communication	N/A	Not Served
Physical Health	N/A	Not Served

Program costs are as follows for the population served under the Parenting Program:

	FY 15/16		FY 16/17	
	Prevention	Early Intervention	Prevention	Early Intervention
Program Planning	\$6,344	\$6,344	\$0	\$0
Startup Costs	\$0	\$0	\$4,896	\$4,896

Program Implementation	\$0	\$0	\$0	\$12,000
Total Cost	\$6,344	\$6,344	\$4,896	\$16,896
Average Total Cost/Person	\$0	\$0	*\$0	\$1,300

*No persons were served under Prevention, costs were related to outreach and startup costs for the program.

Key Activities in FY 15/16 and FY 16/17

During FY 15/16 partnerships were created with Social Services, High Sierra Family Resource Center and First 5.

The Parenting Program took off during FY 16/17 with a training to provide certified Nurturing Parenting facilitators in keeping with fidelity to the evidence based status of Nurturing Parenting. One on one Nurturing Parenting Classes were held during this fiscal year.

Key Success and/or Outcomes FY 15/16 and FY 16/17

Identifying and building the relationships with other agencies/organization to partner and collaborate with was a key success in FY 15/16.

Providing the Nurturing Parenting training and having 11 or fewer individuals participate in the three day training was a huge success. Providing one on one Nurturing Parenting Classes within the first year was also considered a success.

The goals and objectives associated with the Parenting Program and specifically the Nurturing Parenting Program are improving family relationships and social functioning. The specific outcomes are to reduce risk-factors associated with emotional disturbance and/or mental illness along with reduction of recidivism of child abuse and neglect. The following chart indicates the risk factors associated with the base line information gathered at the onset of the Nurturing Parenting program during FY 16/17.

Risk Factors	Average Score	Score Range	Identified Average Risk Level
Inappropriate Expectations	5.4	3	medium risk
Low Level of Empathy	4	2	medium risk
Strong Belief in Value of Corporal Punishment	5	8	medium risk
Reverses Family Roles	5.6	4	medium risk
Restricts Power-Independence	6.4	3	medium risk

Barriers or Challenges in FY 15/16 and FY 16/17

During FY 15/16 there were no identified barriers or challenges as program planning and collaboration were being built with partner agencies/organizations.

FY 16/17 did have some challenges in implementing the program for the first time. Educating local agencies/organizations about the availability of Nurturing Parenting and getting buy-in was a challenge. Word is beginning to get out to community members and an increase in participation took place during FY 17/18. Community based classes and activities continues to be challenging at its best. Since the Nurturing Parenting classes started late in the year only baseline data was gathered. It was also noted while gathering the baseline data that families may not yet trust the facilitator and therefore not answer questions truthfully because of feeling judged. High Sierra Family Resource Center reported experiencing this with a solution of waiting to get baseline data after a few visits with the hope that by then trust will have been built to answer questions truthfully.

Partners in FY 15/16 and FY 16/17

Identified partners during both fiscal years consisted of the High Sierra Family Resource Center, Social Services, and First 5 Sierra. These partners were willing to leverage funds and resources to increase the breadth of parenting programs purchased, geographic areas reached, and target populations served.

PEI Reporting Requirements for Challenges and Barriers of Data Collection and Evaluation FY 16/17

Duration of Untreated Mental Illness has been difficult to assess and report in a consistent manner. The Behavioral Health Coordinator has created forms to collect the needed information. These forms continue to be updated to more easily collect the needed data.

It needs to be noted that collecting much of the demographic data, referral data, and duration of untreated illness is challenging at its best. Sierra County is a Frontier County with a population of 3,000 residents. The vast majority of residents have conservative beliefs and will not participate in programs if asked questions such as those associated with sexual orientation and gender identification. In communities as small as those within Sierra County these questions lead to profiling and identification of individuals. Most all data and evaluation reporting to the public will be redacted due to the need for Data De-Identification as presented through the California Department of Health Care Services.

As a frontier county, Sierra County Behavioral Health is globally challenged with state, federal and EQRO regulations as a result of limitations in staff and financial capacity. The amount of funding Sierra County receives to provide services and supports is not sufficient to maintain staff whose job descriptions are solely related to evaluation and reporting requirements. The ratio of administrative vs. program costs would be skewed and deemed unacceptable. Resources to leverage funding to internally create or outsource programs and positions is virtually non-existent. For example, Sierra County has one appropriate 501-C3 organization to contract with. This organization does not have the capability of taking on more programs at this time. In addition, the political will of county residents and local government curb the hiring of additional employees to provide IT, evaluation and more program staff.

During FY 17/18 the Behavioral Health Coordinator will work closely with the Prevention and Early Intervention Reporting MHSOAC Project Lead to successfully collect the required reporting data. All methods will be in place by the end of FY 17/18.

PEI Reporting Requirements for Access and Linkage to Medically Necessary Care

Number of individuals with serious mental illness referred to treatment and the treatment to which the person was referred:

- Zero individuals were referred to Behavioral Health to receive therapy and/or medication management.

Number of individuals who followed through on the referral and engaged in treatment:

- Not applicable due to no referrals

Average duration of untreated mental illness:

- Not applicable due to no referrals

Average interval between the referral and participation in treatment:

- Not applicable due to no referrals

PEI Reporting Requirements for Timely Access to Services for Underserved Populations

Specific underserved populations for whom the county intended to increase timely access to services:

- All families in Sierra County are underserved due to no mental health services besides Sierra County Behavioral Health are available to residents.

Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset:

- 1 individuals have been referred to one of the programs listed above.

Average Interval between referral and participation in services:

- Average 48 business days
- Median number of 48 business days
- Mode of number of business days is 48

Number of referrals of members of underserved populations to agencies/organizations providing services to enhance living or social situations providing anxiety and situational relief:

- 0 Individuals who have formally documented referrals

Description of ways the Nurturing Parenting Program encouraged access to services and follow-through on referrals:

- Nurturing Parenting Instructors encourage access and linkage to services by utilizing Motivational Interviewing techniques during active listening and supportive conversation to identify needs, strengths, and skills of parents.

Planned Activities and Modifications FY 18/19

As indicated in the MHSA 2017-2020 Three-Year Program & Expenditure Plan SCBH will continue to partner and collaborate with High Sierra Family Resource Center. The Parenting Program will continue to be offered through both Prevention and Early Intervention.

Utilizing the Parenting Program under Prevention has proven to be difficult during FY 17/18. The community based practices indicate that providing group activities is not successful within Sierra County due to many different factors, one of which is the small population and total lack of anonymity. Through the Community Planning Process in FY 17/18 it is evident that a Summit needs to take place to create a strategic plan addressing how to engage underserved and unserved community members and individuals living in Sierra County. SCBH will be hosting the Summit with the hopes of inviting and engaging key community leaders representing underserved and unserved community members to learn what strategies will work in successfully providing services.

Student/Parent Navigator

Status FY 15/16 and 16/17

The Student/Parent Navigator program was in the planning stages during FY 15/16.

Fiscal Year 16/17 was the first year that the Student/Parent Navigator program was implemented. The position was filled and the program piloted as a practicum opportunity for a student.

Program Description

The Student/Parent Navigation program was implemented as a new program encompassing both Prevention and Early Intervention components targeting school age youth and their families. The negative outcomes the program hoped to reduce were prolonged suffering, school failure, suicide, and removal of children from their homes. The strategies used to provide the program were layered as both universal and indicative throughout the schools in Sierra County.

The Student/Parent Navigation program provides 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.

The following goals and objectives fall under this program:

- Increase access and linkage to appropriate services and supports
- Increase communication between the schools and parents

Outcome reduction is as follows:

- Decrease in school absences and failures
- Decrease in disruptive/harmful behavior

Populations Served in FY 15/16 and FY 16/18

During FY 15/16 the Student/Parent Navigator Program was not implemented.

The Student/Parent Navigator Program started to be implemented during school being in session in FY 16/17. The population served was either underserved or unserved families of school aged children. The total number of referrals to the Student Parent Navigator program was 12 during FY 16/17. Only students were included in the demographic information below.

PEI Required Reporting of Populations Served Under Prevention	FY 15/16	FY 16/17
Age Groups Served		
0-15	N/A	Served
16-25	N/A	
26-59	NA	
60+	N/A	
Ethnicity		
European	NA	Served
Race		
White	NA	Served
Primary Language		Percent Served
English	NA	100%
Gender-Assigned Sex at Birth		
Male	N/A	
Female	N/A	
Missing Information	N/A	Served
Gender		
Male	N/A	Served
Female	N/A	Served
Veteran Status		
Veteran	N/A	Not Served
Non-Veteran	N/A	Served
Disability		
Communication	N/A	Served
No Disability	N/A	Served

The average cost per person served during FY 16/17 was \$1,659.

Key Activities FY 15/16 and 16/17

There were no Key Activities taking place during FY 15/16.

As the program was being implemented during FY 16/17 the Student/Parent Navigator attended Student Attendance Review Board meetings. There was collaboration and education that took place in the schools. Contact was made with parents to build relationships.

Key Success and/or Outcomes FY 15/16 and 16/17

During FY 15/16 there was no activity taking place, therefore there are no successes or outcomes to report.

The Student/Parent Navigator program was first implemented during FY 16/17. The program received 12 referrals which included 15 students as a result of family members. It also needs to be noted that there were parents who were actively involved with the Student/Parent Navigator they are included in the PEI data collected. Twelve (12) referrals during the first year of program implementation was a success and indicated the necessity of this program. By the end of the school year, administrative staff were actively engaging with the Student/Parent Navigator as well as parents.

The Student Attendance Review Board members as stakeholders completed a satisfaction survey. There was overall satisfaction of the program achieving intended goals with a rating scale of 4.67 landing between somewhat agree (4) and strongly agree (5). The following responses were received regarding the first year of program implementation:

<p>What would you change in the Student/Parent Navigator Program?</p>	<ul style="list-style-type: none"> • Even more intervention with parents and students • Maybe more formal interaction with each school staff/admin at regular intervals to keep communication consistent and flowing. • General Monthly written reports to the board regarding contact attempts/results thereof and progress or road blocks.
<p>What did you like about the Student/Parent Navigator program?</p>	<ul style="list-style-type: none"> • I liked the intervention the program gave between the school and the law enforcement branch of the process • Another tool to address situations with our youth that is supportive to all children in Sierra County • The idea of a personal liaison between the school administration and the student.
<p>What would you like to see more of within the Student /Parent Navigator program?</p>	<ul style="list-style-type: none"> • Continued interaction with the Student/Parent Navigator and the SARB process • With the advent of our early student release time Wednesday, we have the opportunity to employ a robust and highly supportive Multi-Tiered System of Support (MTSS) program with one day per month focused on student assistance issues. The SPN position could interface directly with the respective school staffs to be even more proactive in support systems • More accountability to the board, seems there is a good working relationship with the principals – unsure
<p>Identify potential problems encountered this year to be addressed next year.</p>	<ul style="list-style-type: none"> • No major issues—good to see the position get off the ground and gain realistic traction with our County • The final results report uses a category of Miscellaneous; this is too vague for a SARB. Question: How did parents respond? What percentage were less intimidated because of the SPN.

There is additional data in the Power Point that was prepared by the Student Parent Navigator in regards to referrals made and types of referrals, see Addendum C. More information is also available under the PEI reporting requirements below.

PEI Reporting Requirements for Access and Linkage to Medically Necessary Care

Number of individuals with serious mental illness referred to treatment and the treatment to which the person was referred:

- 11 or fewer individuals were referred to Behavioral Health to receive therapy and/or medication management.

Number of individuals who followed through on the referral and engaged in treatment:

- 11 or fewer individuals completed assessments
- 11 or fewer engaged in treatment
- 11 or fewer remains successfully engaged in treatment

Average duration of untreated mental illness:

- The majority of duration of untreated mental illness is unknown.
- Of the individuals or family members reporting the average duration varies between 3 and 10 years. It is important to note that many individuals have received services in the past and have chosen to discontinue services as they have not been fully engaged in the concept of recognizing they need assistance with their mental illness.

Average interval between the referral and participation in treatment:

- Average 8 business days
- Median number of 8 business days
- Mode of number of business days is 8

PEI Reporting Requirements for Timely Access to Services for Underserved Populations

Specific underserved populations for whom the county intended to increase timely access to services:

- All residents of Sierra County are underserved as there are no other mental health services located in Sierra County

Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset:

- 11 or fewer Individuals have been referred to one of the programs listed above.

Average Interval between referral and participation in services:

- Average 8 business days
- Median number of 8 business days
- Mode of number of business days is 8

Number of referrals of members of underserved populations to agencies/organizations providing services to enhance living or social situations providing anxiety and situational relief:

- 11 or fewer Individuals who have formally documented referrals

Description of ways the Student Parent Navigator encouraged access to services and follow-through on referrals:

- The Student/Parent Navigator encourages access and linkage to services by utilizing Motivational Interviewing techniques during active listening and supportive conversation to identify needs, strengths, and skills of students and/or family members.

Barriers and Challenges FY 15/16 and FY 16/17

There were no barriers and challenges during FY 15/16.

In FY 16/17 the Student/Parent Navigator Program was a new program being implemented. It was only implemented during the 10 month school year. Much time was spent educating the school and the Student Attendance Review Board about the program. Trust needed to be built to effectively receive referrals to this program.

Implementation of utilizing Electronic Health Records to gather the required Prevention and Early Intervention demographic data has just been implemented during FY 17/18. Duration of Untreated Mental Illness has been difficult to assess and report in a consistent manner. The Behavioral Health Coordinator created forms to collect the needed information. These forms continue to be updated to more easily collect the needed data.

It needs to be noted that collecting much of the required demographic data, referral data, and duration of untreated illness is challenging at its best. Sierra County is a Frontier County with a population of 3,000 residents. The vast majority of residents have conservative beliefs and will not participate in programs if asked questions such as those

associated with sexual orientation and gender identification. The Student/Parent Navigator Program's primary target population is children. These questions are inappropriate to ask small children. In communities as small as those within Sierra County these questions lead to profiling and identification of individuals. Most all data and evaluation reporting to the public will be redacted due to the need for Data De-Identification as presented through the California Department of Health Care Services.

As a frontier county, Sierra County Behavioral Health is globally challenged with state, federal and EQRO regulations as a result of limitations in staff and financial capacity. The amount of funding Sierra County receives to provide services and supports is not sufficient to maintain staff whose job descriptions are solely related to evaluation and reporting requirements. The ratio of administrative vs. program costs would be skewed and deemed unacceptable. Resources to leverage funding to internally create or outsource programs and positions is virtually non-existent. For example, Sierra County has one appropriate 501-C3 organization to contract with. This organization does not have the capability of taking on more programs at this time. In addition, the political will of county residents and local government curb the hiring of additional employees to provide IT, evaluation and more program staff.

Partners in FY 15/16 and FY 16/17

No partnering or collaboration with other agencies/organizations took place in FY 15/16.

During FY 16/17 the Sierra/Plumas Joint School District was the intended partner. Ancillary agencies/organizations were partnered with as needs were identified and services linked.

Planned Activities FY 18/19

As indicated in the 2017-2020 MHSA Three-Year Program & Expenditure Plan the Student/Parent Navigator program will continue to be offered.

Mental Health First Aid

Status FY 15/16 and FY 16/17

During FY 15/16 Mental Health First Aid was offered through Outreach and Engagement under the Community Services and Supports Component.

In FY 16/17 Mental Health First Aid was funded through the Prevention and Early Intervention Component of SCBH's MHSA Plan. Mental Health First Aid training will continue to be offered through this component.

Program Description

Mental Health First Aid teaches the evidence based ALGEE Action Plan. The training helps one to identify, understand, and respond to signs of mental illnesses and substance use disorders. The course helps agency/organization personnel and community members to identify risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone both in crisis and non-crisis situations, and where to turn to for help.

The goals and objectives of this program were to increase the number of potential responders and to increase the number of settings providing opportunities to identify early signs of mental illness.

Populations Served FY 15/16 and FY 16/17

For information regarding FY 15/16 see Mental Health First Aid training under Community Services and Supports.

During FY 16/17 22 individuals attended Mental Health First Aid training. Between the collaboration of Emergency Preparedness and MHSA the total cost to provide Mental Health First Aid was \$6539. The cost of training 22 individuals was \$297 per individual.

The Mental Health First Aid program cost to the MHSA Prevention component was \$4739. Bringing the MHSA cost per person to \$215.

Key Activities FY 15/16 and FY 16/17

Mental Health First Aid was offered in FY 15/16 under outreach and engagement in the Community Services and Supports component.

During FY 16/17 one Mental Health First Aid training was held.

Key Successes and/or Outcomes FY 15/16 and FY 16/17

The two goals and objectives for offering Mental Health First Aid trainings were met by increasing the number of settings providing opportunities to identify early signs of mental illness and increasing the number of potential responders.

As of the end of FY 16/17, eighty-four (84) individuals living or interacting with community members, including children and youth, living in Sierra County have attended the Mental Health First Aid trainings Sierra County Behavioral Health in collaboration with Emergency Preparedness has offered.

Number	Potential Responders Within the Following Agencies/Organizations
*	Behavioral Health
*	Eastern Plumas Health Care
*	Family Resource Center
*	Public Health
*	Sierra County Health & Human Services

The outcome of reducing stigma toward mental illness was also met as seen above in the practical application portion of the training evaluation. Many of the individuals who have attended the trainings have told other community members about the training and how useful it was to them in both a professional setting as well as a personal setting.

Reduction in mental illness stigma

Mental Health First Aid (MHFA) aims to teach members of the public how to respond in a mental health emergency of offer support to someone who appears to be in emotional distress. The basis behind Mental Health First Aid is to recognize that mental health problems are more common than many of us think. Mental Health First Aid helps in reducing the stigma and discrimination associated with mental health by addressing how derogatory labeling is disrespectful and creates a formidable barrier to recovery. For example, while you don't hear someone referred to as "a cancer," or "a broken leg," oftentimes we do hear people referred to as "manic depressives" or "schizophrenics." Myths associated with mental health are dispelled during this training while introducing the concept of Recovery.

To evaluate the outcome of reduction in mental illness stigma, Sierra County Behavioral Health utilized the Mental Health First Aid evaluation. This evaluation addressed the overall course, presenter and practical application as a result of attending the training. The following results speak for themselves as to the impact Mental Health First Aid had on stigma reduction and discrimination associated with mental illness. A rating scale of 1-5 was used, with 1 equaling strongly disagree and 5 equaling strongly agree. See Addendum D for further evaluation results.

June 2017	Average Rating per Element
Overall Course Evaluation	4.72
Presenter Evaluation	4.63
Practical Application	4.37

In addition to the rating scale survey above, open ended questions were answered with comments supporting the effectiveness of Mental Health First Aid and the instructor. Some of the more poignant comments were:

- "Enjoyed it, eye opening."
- "Explaining in detail each illness."
- "I learned a lot."
- "Better communication with individuals with mental disorders."

Barriers and Challenges FY 15/16 and FY 16/17

SCBH is lacking potential responders from two major agencies in Sierra County. Mental Health First Aid offers training targeted to law enforcement as well as those who work with specifically with youth. The Sierra County Sheriff's Department and Sierra Plumas Joint Unified School district have not been able to commit to these specialized trainings due to the length of the training while no POST credits or continuing education credits for teachers are offered. These are legitimate barriers and challenges the Sierra County Sheriff's Office and Sierra Plumas Joint Unified School District face.

Partners in FY 15/16 and 16/17

SCBH will continue to partner with Emergency Preparedness to provide Mental Health First Aid trainings.

Planned Activities and Modifications FY 18/19

As indicated in the 2017-2020 MHS A Three-Year Program & Expenditure Plan SCBH and Emergency Preparedness will be continuing to look for solutions to provide MHFA training to law enforcement and school staff. Each entity has its own challenges and barriers in being able to attend an 8 hour training. Continuing Education Credits or POST credits associated with Mental Health First Aid are needed to encourage attendance.

Music Together

Status FY 15/16 and FY 16/17

Music Together was facilitated in FY 15/16 and FY 16/17.

Program Description

Music Together provides a universal service strategy targeted to children and families to reduce stigma, improve timely access to services for underserved populations. 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 pre-school setting every other week during the school year. 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.

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.

Populations Served FY 15/16 and FY 16/17

Pre-School aged children, parents and grandparents were served during both fiscal years. From a stakeholder perspective the relationship with the school can be viewed as a population served.

In FY 15/16 twenty-four preschoolers were served with a total of 7 Parents/Other Family Members or Providers served. The MHSA estimated average cost per person served was \$110.

During FY 16/17 thirty-three preschoolers were served with a total of 5 Parents/Other Family Members or Proved served. The MHSA estimated average cost per person was \$41.

Key Activities FY 15/16 and FY 16/17

Music Together sessions were provided to community members with 0-5 year olds during FY 15/16 and FY 16/17.

Key Successes and/or Outcomes FY 15/16 and FY 16/17

Relationships and trust were furthered with the MFT and Clinical Director of Sierra County Behavioral Health. Anecdotally the program is providing stigma reduction and continues to build trust.

Access and linkage to medically necessary care:

Number of individuals with serious mental illness referred to treatment and the treatment to which the person was referred:

- Zero individuals were referred to Behavioral Health to receive therapy and/or medication management.

Number of individuals who followed through on the referral and engaged in treatment:

- Not applicable due to no referrals

Average duration of untreated mental illness:

- Not applicable due to no referrals

Average interval between the referral and participation in treatment:

- Not applicable due to no referrals

Timely Access to Services for Underserved Populations:

Specific underserved populations for whom the county intended to increase timely access to services

- All families in Sierra County are underserved due to no mental health services besides Sierra County Behavioral Health are available to residents.

Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset:

- Zero individuals have been referred to one of the programs listed above.

Average Interval between referral and participation in services:

- Not applicable due to no referrals.

Number of referrals of members of underserved populations to agencies/organizations providing services to enhance living or social situations providing anxiety and situational relief:

- 0 Individuals who have formally documented referrals

Description of ways Music Together staff encourages access to services and follow-through on referrals:

- As behaviors are noted, Music Together staff communicates with the pre-school staff to talk with parents and make referrals. This was just implemented in FY 17/18.

Barriers and Challenges FY 15/16 and FY 16/17

Engaging parents to participate in Music Together is challenging.

Partners in FY 15/16 and 16/17

Sierra Kids and First 5 continued to be partners during FY 15/16 and FY 16/17.

Planned Activities and Modifications in FY 18/19

As indicated in the 2017-2020 MHSA Three-Year Program & Expenditure Plan SCBH will continue to offer Music Together during FY 18/19 with some strong evaluation taking place to determine if the outcomes of the program are being met.

Sierra County Wellness Center - Prevention

Status FY 15/16 and 16/17

The Sierra County Wellness Center was not utilizing Prevention and Early Intervention Funds during FY 15/16.

Fiscal Year 16/17 was the first year of the Wellness Center being funded through Prevention.

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. In FY 16/17 the MHSA Plan reflected utilizing Prevention funds to provide prevention services to underserved populations to enhance living or social situations to provide anxiety and situation relief.

Populations Served FY 15/16 and 16/17

The Wellness Center was not providing prevention services under the Prevention category in FY 15/16.

Not all of the required Prevention and Early Intervention demographic data was collected during this fiscal year. The table below shows the demographic data that was collected.

Sierra County Wellness Center - Prevention	FY 15/16	FY 16/17
Unique Community Members Served*	N/A	72
Gender		
Female	N/A	Served
Male	N/A	Served
Unknown	N/A	Served
Age Group		
Children (0-15)	N/A	Served
Transitional Aged Youth (16-25)	N/A	Served
Adults (26-59)	N/A	Served
Older Adults (60+)	N/A	Served
Veteran Status		
Yes		Served
No		Served
Primary Language	Percentage	
English		98.62%
Spanish		1.38%
Total Number of Encounters Recorded		Information not Available

*Does not include Veteran's Peer Support, General Service Delivery, or FSP services.

The estimated average cost per person served was \$1,195. A vehicle was purchased during FY 16/17 with a capital cost of \$12,098. The cost of the car was not included in the average per person cost calculation.

Key Activities

An extra-help Peer Support Specialist was hired on during FY 16/17. This allowed for the wellness center to provide more consistent drop-in hours.

Key Success FY 15/16 and FY 16/17

During FY 15/16 the Wellness Center continued to experience increased usage by community members.

The identification of utilizing prevention funds in FY 16/17 to increase the scope of services and supports to community members was considered successful. Also being able to hire more Peer Support Specialists was huge. One was hired to identify and provide services in Downieville while another was hired to be housed out of the Loyalton Wellness Center.

The PEI Reporting Requirements below fall under Key Success in FY 16/17.

Access and Linkage to Medically Necessary Care:

Number of individuals with serious mental illness referred to treatment and the treatment to which the person was referred:

- 11 or fewer individuals were referred to Behavioral Health to receive therapy and/or medication management.

Number of individuals who followed through on the referral and engaged in treatment:

- 11 or fewer individuals completed assessments
- 11 or fewer engaged in treatment
- 11 or fewer remains successfully engaged in treatment

Average duration of untreated mental illness:

- The majority of duration of untreated mental illness is unknown.
- Of the individuals or family members reporting the average duration varies between 3 and 10 years. It is important to note that many individuals have received services in the past and have chosen to discontinue services as they have not been fully engaged in the concept of recognizing they need assistance with their mental illness.

Average interval between the referral and participation in treatment:

- Average 4 business days
- Median number of 4 business days
- Mode of number of business days is both 1 and 5
- Range of 9 business days

Timely Access to Services for Underserved Populations:

Specific underserved populations for whom the county intended to increase timely access to services:

- All residents of Sierra County are underserved as there are no other mental health services located in Sierra County.

Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset:

- 11 or fewer Individuals have been referred to one of the programs listed above.

Average Interval between referral and participation in services:

- Average 4 business days
- Median number of 4 business days
- Mode of number of business days is both 1 and 5
- Range of 9 business days

Number of referrals of members of underserved populations to agencies/organizations providing services to enhance living or social situations providing anxiety and situational relief:

- 11 or fewer Individuals who have formally documented referrals
- A minimum of 20 whose referrals are embedded within service interaction notes

Description of ways the Wellness Center encouraged access to services and follow-through on referrals:

- Peer Support Specialists, housed at the Sierra County Wellness Center, encourage access and linkage to services by utilizing Motivational Interviewing techniques during active listening and supportive conversation to identify needs, strengths, and skills of Wellness Center Visitors. Peer Support Specialists also educate about mental health and addiction issues as a means to support visitors in recognizing their unique challenges. During every encounter, visitors of the Wellness Center are encouraged to capitalize on their strengths through Peer Support Specialists modelling successful recovery behaviors while assisting visitors obtain their goals.

Barriers or Challenges in FY 15/16 and FY 16/17

During FY 15/16 Peer Support staffing shortages occurred. The Wellness Center was not able to provide consistent hours for community members to access services. The MHSA Coordinator provided some peer support when necessary.

Challenges in FY 16/17 occurred when several homeless individuals or individuals at risk of becoming homeless came in to the Wellness Center seeking assistance with finding shelter or housing. We needed to refer people to agencies/organizations outside of the County as there are no shelters or transitional housing in Sierra County. Some individuals were unwilling to leave the county and found themselves in very frustrating situations as did Wellness Center staff.

Providing the PEI Reporting Requirements during FY 16/17 was challenging as explained below via the PEI reporting requirement.

The Sierra County Wellness Center has increased persons seeking the services housed at the Wellness Center from 14 unique individuals during FY 14/15 to 104 unique individuals during FY 16/17. This represents a 642% increase of individuals served through the Sierra County Wellness Center. Increasing the capacity of Peer Support Specialists has been the most important task during FY 16/17. The Capacity increased from one 80% Permanent Part-Time Peer Support Specialist to include an 18 hour per week extra-help Peer Support Specialist and the Behavioral Health Coordinator supervising these employees and filling in as Peer Support when necessary. The Peer Support Specialists implemented a sign-in sheet and data collection program which includes length of time of visits, identification of individuals served and where the service funding falls under Veteran's Peer Support, Prevention, Full Service Partnership, or General Service Delivery.

Implementation of utilizing Electronic Health Records to gather the required Prevention and Early Intervention demographic data has just been implemented during FY 17/18. Duration of Untreated Mental Illness has been difficult to assess and report in a consistent manner. The Wellness Center has created forms to collect the needed information. These forms continue to be updated to more easily collect the needed data.

It needs to be noted that collecting much of the demographic data, referral data, and duration of untreated illness is challenging at its best. Sierra County is a Frontier County with a population of 3,000 residents. The vast majority of residents have conservative beliefs and will not participate in programs if asked questions such as those associated with sexual orientation and gender identification. In communities as small as those within Sierra County these questions lead to profiling and identification of individuals. Most all data and evaluation reporting to the public will be redacted due to the need for Data De-Identification as presented through the California Department of Health Care Services.

As a frontier county, Sierra County Behavioral Health is globally challenged with state, federal and EQRO regulations as a result of limitations in staff and financial capacity. The amount of funding Sierra County receives to provide services and supports is not sufficient to maintain staff whose job descriptions are solely related to evaluation and reporting requirements. The ratio of administrative vs. program costs would be skewed and deemed unacceptable. Resources to leverage funding to internally create or outsource programs and positions is virtually non-existent. For example, Sierra County has one appropriate 501-C3 organization to contract with. This organization does not have the capability of taking on more programs at this time. In addition, the political will of county residents and local government curb the hiring of additional employees to provide IT, evaluation and more program staff.

Planned Activities and Modifications FY 18/19

As indicated in the 2017-2020 MHSA Three-Year Program & Expenditure Plan the Wellness Center will continue to be offered under Prevention.

Upon reviewing data gathered through the last two years of providing services under the Prevention and Early Intervention component it has become evident that we need to be offering and providing more services to youth and families of youth of ages 0-25 through the Wellness Center. We will begin exploring options to make this happen. As stated above, there are challenges to exclusively providing services to target populations in Sierra County. At this point in time programs need to be embedded within existing programs and/or utilizing existing facilities.

Early Intervention Treatment

Status FY 15/16 and FY16/17

During FY 15/16 Early Intervention Treatment was not indicated within the plan as a program under Prevention and Early Intervention.

The MHSA Annual Update utilized Early Intervention Treatment to provide services to youth during FY 16/17.

Program Description

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 underserved or unserved community members to receive early intervention treatment services. Youth and Transitional Aged Youth are the underserved or unserved community members who have been served.

Goals & Objectives

Provide Relapse prevention

Provide services to address and promote recovery along with related functional capabilities

Outcome Reduction

Suicide

Incarcerations

School failure or dropout

Unemployment

Prolonged suffering

Homelessness

Removal of children from their homes

Populations Served FY 15/16 and 16/17

SCBH was not utilizing the Early Intervention Component to provide Early Intervention Treatment to Youth and Transitional Aged Youth in FY 15/16.

Fiscal Year 16/17 was the first year of providing Early Intervention Treatment to Youth and Transitional Aged Youth.

PEI Required Reporting of Populations Served Early Intervention Treatment	FY 15/16	FY 16/17
Age Groups Served		
0-15	N/A	Served
16-25	N/A	Served
26-59	N/A	Not Served
60+	N/A	Not Served
Ethnicity		
European	N/A	Served
Mexican/Mexican-American/Chicano	N/A	Served
Japanese	N/A	Served
More Than One Ethnicity	N/A	Served
Unknown	N/A	Served
Race		

White	N/A	Served
Asian	N/A	Served
Other	N/A	Served
More Than One Race	N/A	Served
Unknown	N/A	Served
Primary Language	Percent Served	
English	NA	100%
Sexual Orientation		
Missing Information	N/A	Served
Gender-Assigned Sex at Birth		
Male	N/A	Served
Female	N/A	Served
Current Gender Identity		
Decline to Answer	N/A	Served
Veteran Status		
Veteran	N/A	Not Served
Non-Veteran	N/A	Served
Disability		
Communication	N/A	Not Served
Physical Health	N/A	Not Served
No Disability	N/A	Not Served
Missing Information	N/A	Served

The estimated average cost per person served was \$778.

Key Activities FY 15/16 and 16/17

No key activities took place in FY 15/16.

Therapy, medication management, and case management were provided as services to Youth and Transitional Aged Youth in FY 16/17 through Early Intervention Treatment.

Key Success FY 15/16 and 16/17

The trust that has been built in providing this service through the local pre-school has been invaluable.

PEI Reporting Requirements for Access and Linkage to Medically Necessary Care

Number of individuals with serious mental illness referred to treatment and the treatment to which the person was referred:

- Zero individuals were referred to Behavioral Health to receive therapy and/or medication management.

Number of individuals who followed through on the referral and engaged in treatment:

- Not applicable due to no referrals

Average duration of untreated mental illness:

- Not applicable due to no referrals

Average interval between the referral and participation in treatment:

- Not applicable due to no referrals

PEI Reporting Requirements for Timely Access to Services for Underserved Populations

Specific underserved populations for whom the county intended to increase timely access to services:

- All children and Transitional Age youth in Sierra County are underserved due to the fact that no mental health services besides Sierra County Behavioral Health are available to residents.

Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset:

- 22 individuals have or are currently accessing Behavioral Health Services.

Average interval between referral and participation in services:

- This information is missing at this time

Number of referrals of members of underserved populations to agencies/organizations providing services to enhance living or social situations providing anxiety and situational relief:

- Zero individuals who have formally documented referrals

Barriers or Challenges FY 15/16 and FY 16/17

MHSA Prevention and Early Intervention Funds were not identified through the plan to be used as Early Intervention treatment of youth during FY 15/16.

There were no identified barriers or challenges in providing Early Intervention Treatment to youth during FY 16/17.

Partners FY 15/16 and FY 16/17

Sierra County Behavioral Health identified youth receiving services as Early Intervention Treatment. There was no need to partner with other agencies to provide this service.

Planned Activities FY 18/19

Sierra County Behavioral Health will continue to provide 18 months of Early Intervention Treatment through medication management, therapy and case management to youth.

Other Planned PEI Activities and Modifications FY 18/19

As indicated in the 2017-2020 MHSA Three-Year Program & Expenditure Plan the following activities/programs will be implemented:

- Behavior Intervention Specialist,
- safeTalk© Training, and
- Applied Suicide Intervention Skills Training.

Workforce Education and Training

Description

The Workforce Education and Training component is intended to dedicate funding to remedy the shortage of qualified individuals to provide services designed 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 15/16 the psychologist provided supervision to the MFT Intern. Guidance was also provided to the case manager as well as Peer Support staff when needed.

The cost was \$13,489 to provide the needed supervision and guidance to SCBH employees.

In FY 16/17 an MFT intern was not employed within SCBH. There was no need for supervision to take place.

Agency Workforce Training

During FY 15/16 SCBH employees participated in trainings appropriate to their job duties with a total cost of \$1,493.

During FY 16/17 SCBH employees participated in trainings appropriate to their job duties with a total cost of \$21,446.

Planned Activities and Modifications in FY 18/19

Training which is appropriate to work related expectations and duties will be offered. Training will be available to increase staff knowledge and capacity to service community members accordingly. The following trainings have been identified thus far:

- Wellness Recovery Action Plan (WRAP) Facilitator training
- Peer Core Competency training
- Administrative Staff training(s)
- Motivational Interviewing
- Wellness, Recovery and Resiliency focused training(s)

Any trainings not identified above will be assessed and approved through the WET Coordinator to provide flexibility to focus resources on specific needs as they are identified. Each subsequent year's plan will be developed following evaluation of the training date, outcomes, and available resources.

Job specific training will also be available to increase capacity in providing services under this program category.

The goals and objectives are as follows:

- Provide staff and contractors with specific skills and knowledge to provide services from and wellness and recovery lens;
- Support recovery and resiliency of consumers receiving services;
- Provide staff and contractors with the required trainings under the Mental Health Plan; and
- Provide staff and contractors with trainings specific to their job duties.

Online Workforce Education and Training

Status in FY 15/16 and FY 16/17

SCBH continued to utilize online learning through Relias Learning. All Sierra County Health and Human Services personnel had 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. SCVBH also utilized Relias Learning to provide the ability for employees to grow in cultural competency/proficiency.

Populations Served in FY 15/16 and FY 16/17

Sierra County Health and Human Services staff had direct access to trainings offered through Relias Learning during both fiscal years.

During FY 15/16 the estimated cost per employee to maintain the availability of Relias Learning was \$409 per employee.

The cost of maintaining and providing Relias Learning was \$477 per employee.

Key Activities in FY 15/16 and FY 16/17

Relias Learning was available to all Health and Human Services employees as well as community members during both fiscal years.

Key Successes in FY 15/16 and 16/17

During FY 15/16 there were 50.75 training hours logged through Relias Learning. This was a 67.76% increase in training hours from FY 14/15. Seven employees accessed Relias Learning and completed 41 courses.

There was a 175% increase in training hours from FY 15/16 in FY 16/17. Nine employees accessed Relias Learning with 111 courses completed. The goal of increasing employee utilization by 25% in the MHS 16/17 annual update was met.

Barriers or Challenges in FY 15/16 and 16/17

Proper promotion of Relias Learning proved to be difficult as the MHS Coordinator was responsible for the promotion, maintenance and evaluation of online learning. The MHS Coordinator had other MHS components and programs to plan and implement. Many times online learning was put on the back burner as other components and programs required the MHS Coordinator's attention.

Planned Activities and Modifications in FY 18/19

As indicated in the 2017-2020 MHS Three-Year Program & Expenditure Plan 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 Mental Health Plan required trainings (such as cultural competency).

Peer Support staff will continue to 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, volunteers 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.

Fund Transfer into Workforce, Education and Training (WET)

State MHSR Regulations allow fund transfers from the CSS component into the WET component to maintain the capacity to fund the services and supports offered through the WET component. During FY 16/17 the Mental Health Advisory Board voted to transfer funds from the Community Services and Supports component into the WET component. The board agreed to an amount not to exceed 20% of the 5 year average of revenue received through MHSR funds from the State Controller's office to the county. The transfer amount was \$227,631.

Capital Facilities and Technologies

Capital Facilities Development

Status FY 15/16 and FY 16/17

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 in FY 15/16 and 16/17

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 18/19

The Department of Health Care Services has indicated Capital Facilities funds will also be a part of the reversion funds once counties have submitted their 16/17 Revenue and Expenditure Reports. SCBH will then have three years to expend the funds. It has been approved by the Behavioral Health Advisory Board and the Sierra County Board of Supervisors to utilize the Capital Facility funds for two projects. The first project is an addition of office space to the existing Wellness Center allowing for the increased usage, as well as, creating an appropriate space to serve youth out of the Wellness Center. The second project is to build a Behavioral Health Building on property already owned by Sierra County. This building will allow for the expansion of services and to provide new services such as a day crisis room. See Capital Facilities under the Reversion Fund Plans section of this document for more information.

Technologies Development

During FY 16/17 tele-psych equipment was purchased at a cost of \$5,965. This enabled Sierra County Behavioral Health to offer tele-psychiatry as well as provide added remote services between the satellite office in located in Downieville and Behavioral Health located in Loyalton.

Prudent Reserve

Status FY 15/16 and 16/17

Implemented with progress made to achieve its objectives.

Description

Pursuant to WIC Section 5847(a)(7), each County is required to establish and maintain a prudent reserve fund. Sierra County Behavioral Health maintains a prudent reserve fund at the local level to ensure services do not have to be significantly reduced in years in which Prop. 63 revenues are below the average previous years.

Audit exceptions identified through the triennial review of Placer/Sierra County Mental Health Plan's implementation of Medi-Cal Specialty Mental Health Services may also be funded by the prudent reserve should audit exception expenditures significantly reduce services.

	Activity	Amount	Fund Balance
FY 15/16	Transfer from CSS	\$196,954	\$734,225
FY 16/17	Interest Earned	\$7,227	\$741.452

Planned Activities FY 18/19

As indicated in the MHSA 2017-2019 Program & Expenditure Plan the goal and objective of the Prudent Reserve Fund is to continue to increase the fund balance as indicated in WIC Section 5847(a)(7). The indicated outcomes are to maintain fiscal capacity to provide Specialty Mental Health Services through the CSS component and to fund audit exceptions.

Transfer into the Prudent Reserve account during FY 18/19 will be dependent on the appealed unspent fund balance in Community Services and Supports.

Reversion Funds Plan

Pursuant to Welfare and Institutions Code (WIC) Section 5892.1, Assembly Bill 114 (Chapter 38, Statutes of 2017) states that all unspent Mental Health Services Funds subject to reversion as of July 1, 2017 are deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally made available. SCBH is required to submit a reversion funds plan. Reversion Funds were addressed in the 2017-2020 MHSA Three Year Expenditure Plan. Further use of funds is indicated below.

Sierra County Behavioral Health is in the process of appealing the Department of Health Care Services reversion fund amount. This makes any type of budgeting and program planning that relates to specific fund balances very difficult. SCBH will be planning on using funds with estimated expenses and project fund caps in an attempt to meet the Department of Health Care Services regulations. Limited program planning is taking place at this time. There is no correct fund balance to report at this time. Estimated program/project expenses will be reported at this time with an addendum to this annual update when the appeal process is completed and there is an actual determination as to the fund balance.

Community Services and Supports Component

Mental Health Plan Information and Technology Expenditure

Sierra County Behavioral Health is moving forward to bill Medi-Cal for Specialty Mental Health services through partnering with Placer County Behavioral Health. Currently two options are on the table. The first being SCBH will continue to utilize the current Electronic Health Records program (Cerner) whereby a 'drop box' would be utilized to transfer Medi-Cal billing information to Placer County's Electronic Health Record Program (Avitar). The 'drop box' would alleviate double entry, reduce the chance of errors and provide the needed Medi-Cal billing data to Placer County. Placer County would then be able to bill Medi-Cal on SCBH's behalf. Funds to create a 'drop box' that will be HIPPA compliant and meet the IT needs for Cerner and Avitar to communicate will not exceed \$40,000. The second option is for Sierra County to purchase Avitar 'seats' from Placer County. Sierra County Behavioral Health would then utilize Avitar as its electronic health record system. There will be costs associated with Placer County IT personnel providing SCBH 'seats' to Avitar.

Behavioral Health Building

As stated in the 2017-2020 MHSA Three Year Program and Expenditure Plan CSS reversion funds will be utilized to help fund the building of a Behavioral Health Building that will allow for the expansion of Specialty Mental Health services offered to community members. The balance of the CSS reversion funds will be utilized for building purposes. This project has been approved through previous community planning processes and the Behavioral Health Advisory Board.

Prevention and Early Intervention Component

PEI Reporting Regulations have created a need to contract with professionals who have specialty knowledge and skills regarding MHSA PEI regulations, data collection and fiscal necessities. Contracting with professionals would provide assistance in tracking PEI program fiscal requirements, data collection requirements, evaluation tools and requirements as well as tracking funding between Intervention and Early Intervention. The professionals will be integral in PEI program planning.

Utilize \$100,000 of PEI funds to increase capacity in providing services to youth specifically through the Sierra County Wellness Center. Currently Adults are the largest population served through the Sierra County Wellness Center. Regulations require at least 51% be expended on youth services. It is the desire of SCBH to increase Youth prevention services through Peer Support and the Wellness Center. A space dedicated to serving youth will be included within the Sierra County Wellness Center located in Loyalton as a result of the expansion project.

Behavior Intervention Specialist

Utilize PEI funds to pay for a full time Behavior Intervention Specialist to partner with schools as it is evident more youth and their families are struggling and behavior issues are becoming more intense and disruptive to families and during school. Approximate cost \$150,000.

Innovation

The Innovation Component of Mental Health Services Act requires a very robust community planning process, approval from the Board of Supervisors and ultimate approval from the Mental Health Services Oversight and Accountability Commission. The Innovation Plan will be treated as an independent plan following Department of Health Care services regulations.

Healthy Mind and Body Program

Sierra County hopes to utilize Innovative Reversion Funds in piloting and evaluating a Healthy Mind and Body Program to increase self-efficacy in wellness, recovery and resiliency goals identified by individuals served through Behavioral Health. The program would provide individuals an opportunity to experience and practice mindful body movement activities and receive nutritional education before Behavioral Health appointments. The innovative idea behind the Healthy Mind and Body Program would be to provide a setting and hands on resources for individuals receiving services to experience addressing their recovery goals in a manner that addresses whole person health. Also, many individuals arrive to receive services in a heightened state of stress. Reducing and releasing the mental and physical stress before appointments may allow the individual increased productivity during appointments.

Capital Facilities & Technologies

The Department of Health Care Services included Capital Facility & Technology unspent funds in the Reversion Fund Planning Process SCBH will then have three years to expend the funds. It has been approved by the Behavioral Health Advisory Board and the Sierra County Board of Supervisors to utilize the Capital Facility funds for two projects. The first project is an addition of office space to the existing Wellness Center allowing for the increased usage and to have an appropriate space to serve youth out of the Wellness Center. The second project is to build a Behavioral Health Building on property already owned by Sierra County. This building will allow for the expansion of services and to provide new services such as a day crisis room.

207 Front Street Project

The Wellness Center project is located at 207 Front Street. The estimated cost of construction is \$265,000 of which \$100,000 will be allocated from Prevention and Early Intervention Reversion Funds. Finishing costs which would include purchases such as, but not limited to; computers, desks, activity room furniture, window coverings and paint will not exceed costs of \$30,000.

Upon the receipt of the Architect/Engineer's completed building plans and cost estimate, it became clear that the original estimate of \$265,000 may not cover the building costs of the addition. The Behavioral Health Advisory Board held a special meeting on August 17, 2018 to approve a cost range of \$265,000-\$400,000 to successfully complete the 207 Front Street Project. Included in the cost range is the cost of temporary office space needed during construction. This was done to maintain transparency of the funding intent in completing the Wellness Center Addition.

New Behavioral Health Building

Costs to build a new behavioral health building will need to be determined. Therefore, contracting with an architect/engineer to draw up plans and estimate the cost needs to take place as the first step in determining the viability of funding this new building. Start-up costs should not exceed \$75,000. This placeholder amount is intended to maintain transparency regarding funds and projects. Once a favorable determination is made SCBH will move forward in completing this project.

**FY 18/19 Annual Update to the 2017/2020 Three-Year Program & Expenditure Plan
Community Services and Supports (CSS) Funding**

County: Sierra

Date: 6/30/18

	Fiscal Years 2017-2020					
	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
Note (RF) refers to Reversion Fund and the Reversion Fund Plan						
FSP Programs						
1. FSP Services	0	413,724				
2.	0					
3. SCBH Building (RF)	0	150,000				
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					
Non-FSP Programs						
1. COMMUNITY ACADEMIES	0	30,000				
2. WAYS TO WELLNESS	0	5,000				
3. GENERAL SERVICE DELIVERY	0	300,000				
4. WELLNESS CENTER	0	50,000				
5. FRONT PORCH PROGRAM	0	6,500				
6. PLUMAS SIERRA CRISIS LINE	0	6,000				
7. SCBH Building (RF)	0	147,000				
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
CSS Administration		180,000				
CSS MHSa Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	0	991,224	0	0	0	0
FSP Programs as Percent of Total	51.0%					

**FY 18/19 Annual Update to the 2017/2020 Three-Year Program & Expenditure Plan
Prevention and Early Intervention (PEI) Funding**

County: SIERRA

Date: 6/30/18

	Fiscal Years 2017-2020					
	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
(RF) refers to Reversion Fund and the Reversion Fund						
PEI Programs - Prevention						
1. MUSIC TOGETHER		5,000				
2. STUDENT/PARENT NAVIGATION		25,000				
3. PARENTING SUPPORT PROGRAM		20,000				
4. MENTAL HEALTH FIRST AID		5,000				
5. SAFETALK		4,000				
7. VETERANS' PEER SUPPORT		15,000				
8. WELLNESS CENTER		50,000				
9. YOUTH CAPACITY WELLNESS CENTER (RF)		100,000				
10.						
PEI Programs - Early Intervention						
12. PARENTING SUPPORT PROGRAM		20,000				
13. BEHAVIOR INTERVENION SPECIALIST (RF)		150,000				
14. EARLY INTERVENTION TREATMENT		100,000				
15. ASIST		7,000				
16.	0					
17.	0					
18.	0					
PEI Administration		36,000				
PEI Assigned Funds	0	0				
Total PEI Program Estimated Expenditures	0	537,000	0	0	0	0

**FY 18/19 Annual Update to the 2017/2020 Three-Year Program & Expenditure Plan
Innovations (INN) Funding**

County: Sierra

Date: 6/30/18

	Fiscal Years 2017-2020					
	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 have been	0					
2. identified at this time.	0	0				
3.	0					
4. Working on Reversion Fund Plan	0					
5. estimated funds to expend by 2020	0					
6. are \$400,000	320,000	320,000				
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	79,200	79,200				
Total INN Program Estimated Expenditures	399,200	399,200	0	0	0	0

**FY 18/19 Annual Update to the 2017/2020 Three-Year Program & Expenditure Plan
Workforce, Education and Training (WET) Funding**

County: Sierra

Date: 6/30/18

	Fiscal Years 2017-2020					
	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. WORKFORCE EDUCATION	0	25,000				
2. ELECTRONIC LEARNING MANAGEMENT SYSTEM		13,000				
3.	0	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					
WET Administration	0	5,000				
Total WET Program Estimated Expenditures	0	43,000	0	0	0	0

**FY 18/19 Annual Update to the 2017/2020 Three-Year Program & Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Funding**

County: Sierra

Date: 6/30/18

	Fiscal Years 2017-2020					
	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						
2. Wellness Center 207 Front Street Cost of Bu	0	200,000				
3. SCBH Building	0	350,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0	0				
12.	0	0				
13.	0	0				
14.	0	0				
15.	0	0				
16.	0	0				
17.	0	0				
18.	0	0				
19.	0	0				
20.	0	0				
CFTN Administration		20,000				
Total CFTN Program Estimated Expenditures	0	570,000	0	0	0	0

Appendix __

Rating Scale 1=Strongly Disagree 5=Strongly Agree

Training Dates 8-7-15 3-23-16

Overall Course Evaluation	N=30	N=14
	Rating Scale	Rating Scale
Course goals were clearly communicated	4.9	4.9
Course goals & objectives were achieved	4.8	5
Course content was practical and easy to understand	4.9	4.9
There was adequate opportunity to practice the skills learned	4.9	4.9

Presenter Evaluation		
The instructor's presentation skills were engaging and approachable	4.9	5
The instructor demonstrated knowledge of the material presented	4.9	5
The instructor facilitated activities and discussion in a clear and effective manner	4.9	5

Practical Application		
As a result of the training, I feel more confident that I can:		
Recognize the signs that someone may be dealing with a mental health problem or crisis	4.6	4.6
Reach out to someone who may be dealing with a mental health problem or crisis	4.6	4.5
Ask a person whether s/he is considering killing her/himself	4.7	4.8
Actively and compassionately listen to someone in distress	4.8	4.8
Offer a distressed person basic 'first aid' level information and reassurance about mental health problems	4.6	4.7
Assist a person who may be dealing with a mental health problem or crisis to seek professional help	4.7	4.6
Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer, and personal support	4.6	4.6
Be aware of my own views and feelings about mental health problems and disorders	4.8	4.7
Recognize and correct misconceptions about mental health and mental illness as I encounter them	4.8	4.7

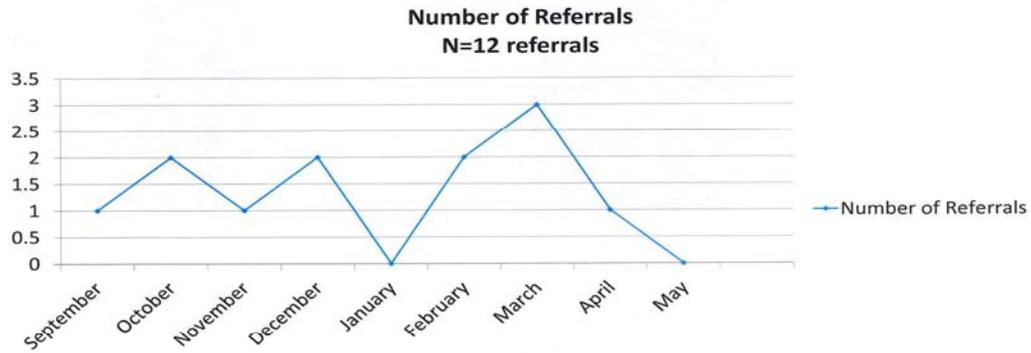
	Rating
Material	
This session helped me build my knowledge and skills	6.87
The ideas, activities, and/or materials are practical and useful for me.	6.5
I have analyzed the eight resources of a client or employee	3.8
I understand language registers, discourse patterns, and story structure.	5.8
I understand the hidden rules among classes.	6.0
I understand how economic realities affect patterns of living.	6.6
I understand how mental models are effective interventions for language and cognitive barriers.	5.8
I can identify practices for improving outcomes with individuals from generational poverty.	5.9
Use of Information	
I will use at least one strategy or idea presented in this workshop.	6.9
I will use this information in my decision making with clients and co-workers.	6.8
I will share this information with someone else.	6.9
Attitude toward the presenter	
The presenter had a professional approach and style and was respectful of the audience.	7
The presenter demonstrated a high level of knowledge and expertise.	7

Student Parent Navigator

Danielle Williamson
2016-2017

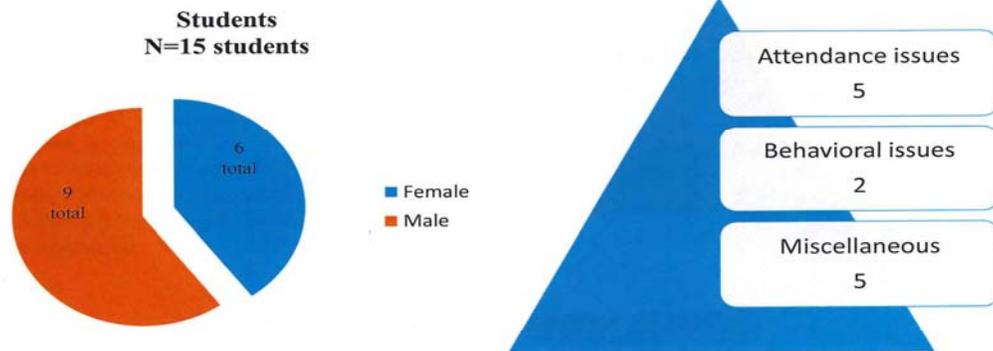


SPN Referrals 2016-2017



Additional Demographics 2016-2017

N=12 referrals



Referrals linked to following services:



- Individual Therapy
- Family Therapy
- Medication Management
- WRAP
- RTI Meetings
- Nurturing Parenting
- Yoga for Trauma recovery
- Mindful Skillbuilding
- Peer Support
- Housing
- Employment/resume building
- Medi-Cal/CalFresh
- Eye Doctor referral

In Conclusion:

On average, the SARB watchlist contained 18 students. With 12 referrals (11 on the watchlist and 1 pre-sarb), the Student Parent Navigator engaged 61% of the students on the watchlist.

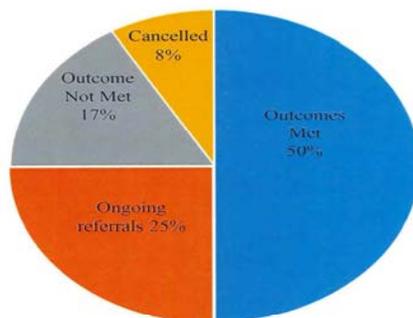
75% of the referrals had successful outcomes or continue to have ongoing engagement.

Outcomes not met (17%) were due to parents inability to respond to outreach efforts

Finally, the 8% cancellation is due to a written referral that was pulled.

Student Parent Navigator hopes that this data shows the successes this 2016-2017 school year, as well as identify any needs to be addressed next year.

Student Parent Navigator Outcome Data
2016-2017
N= 12 referrals



Addendum PEI MHFA

1=Strongly Disagree 5=Strongly Agree

Training Date 28-Jun-17

	N=22
Overall Course Evaluation	Rating Scale
Course goals were clearly communicated	4.7
Course goals & objectives were achieved	4.9
Course content was practical and easy to understand	4.8
There was adequate opportunity to practice the skills learned	4.5

Presenter Evaluation	
The instructor's presentation skills were engaging and approachable	4.6
The instructor demonstrated knowledge of the material presented	4.5
The instructor facilitated activities and discussion in a clear and effective manner	4.8

Practical Application: As a result of the training , I feel more confident that I can:	
Recognize the signs that someone may be dealing with a mental health problem or crisis	4.4
Reach out to someone who may be dealing with a mental health problem or crisis	4.1
Ask a person whether s/he is considering killing her/himself	4.2
Actively and compassionately listen to someone in distress	4.6
Offer a distressed person basic 'first aid' level information and reassurance about mental health problems	4.4
Assist a person who may be dealing with a mental health problem or crisis to seek professional help	4.4
Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer , and personal support	4.5
Be aware of my own views and feelings about mental health problems and disorders	4.4
Recognize and correct misconceptions about mental health and mental illness as I encounter them	4.4

