

Sierra County MHA Draft Three-Year Program and Expenditure Plan 2017-2020



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PLAN OVERVIEW

The purpose of this three year plan is to provide a program and expenditure plan relevant to FY 2017/18 through 2019/2020. The annual Community Planning Process (CPP) identifies what is working within communities as well as gaps services and supports.

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.

WELCOME TO SIERRA COUNTY

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

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



Estimated Population per Community Zip Code* within Sierra County:

Alleghany/Forest City	89	Loyalton	1,627
Calpine/Sattley	326	Sierra City	258
Downieville	352	Sierraville	215
Goodyears Bar	46		

* 2010 US Census Bureau-FactFinder, Community Facts

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

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

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

STAKEHOLDER PROCESS

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.

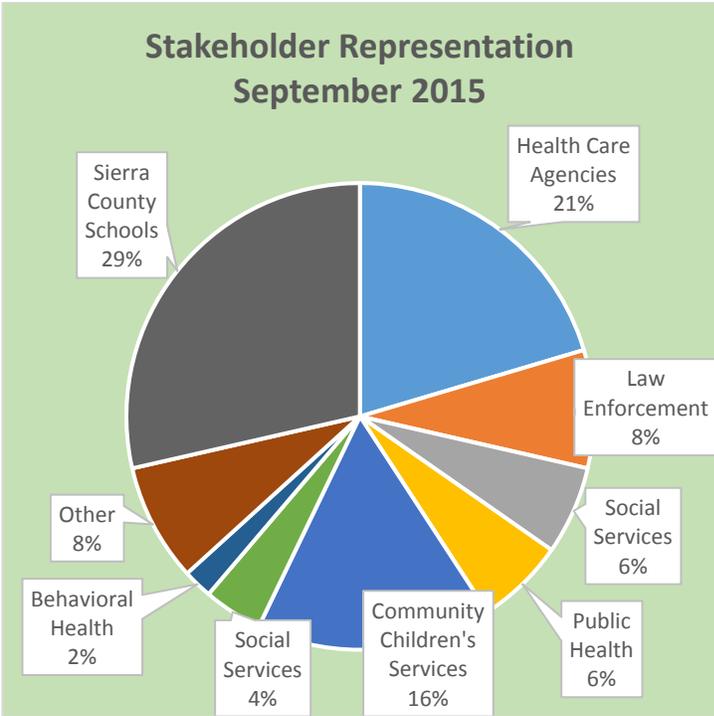
The following stakeholder meetings were conducted:

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

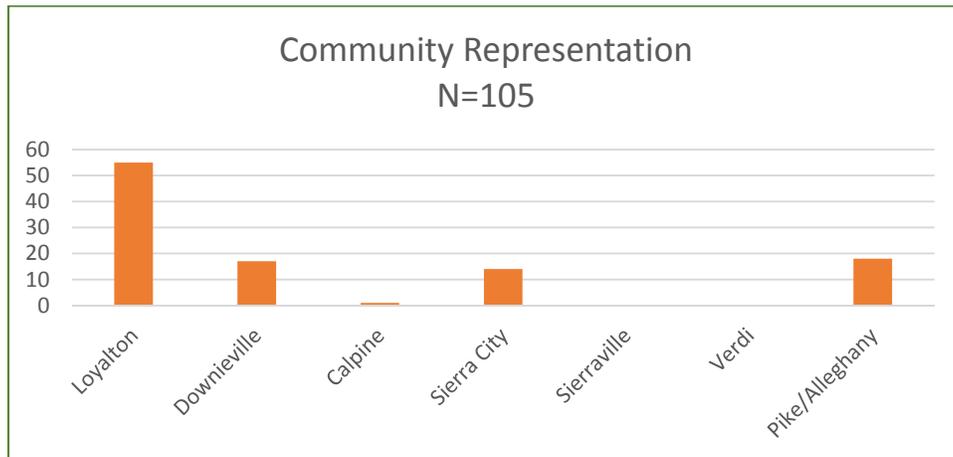
Survey results were then discussed during stakeholder meetings. The stakeholder meetings included an August 8, 2015 Task Force Committee meeting; an August 28, 2015 First 5 Sierra meeting, a September 1, 2015 Local Child Care Council meeting; a September 17, 2015 Student Attendance Review Board meeting;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

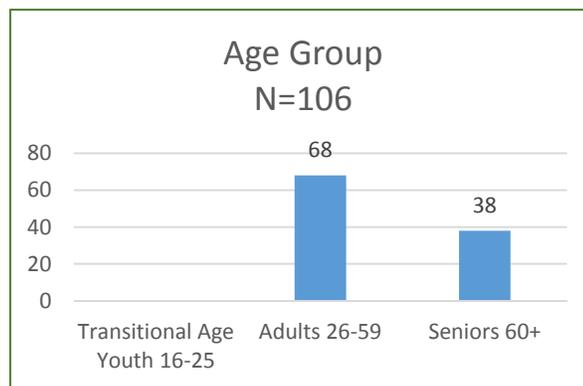
Two Community Planning meetings were scheduled and held. One was held in Downieville on April 19, 2017 and the other was held on April 25, 2017 in Loyalton. The meetings were advertised in local papers and fliers were distributed within communities. Community members did not attend either meeting.

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) ● Loyalton 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.

Public Hearing 2017

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.

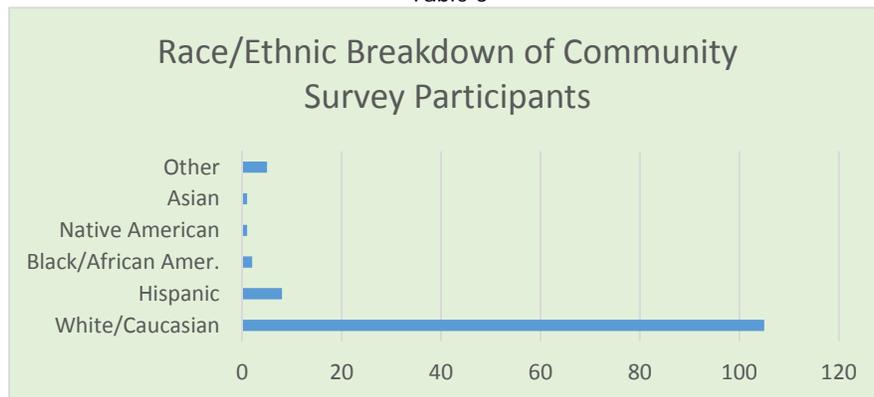
Table 1

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 MSHA 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 & SUPPORTS (CSS)

		ESTIMATED ANNUAL COST
I	Front Porch Program	\$ 6,500
II	Community Academies	\$ 30,000
III	Ways to Wellness	\$ 5,000
IV	Sierra County Wellness Center	\$ 25,000
V	Plumas Sierra Crisis Line	\$ 6,000
VI	Integrated Primary Care & Mental Health	*
VII	Crisis Stabilization Unit	*
VIII	Insight Respite Center	*
IX	General Services	\$300,000
X	Full Service Partnership	\$591,600
XI	No Place Like Home	\$ 75,000†
XII	Prudent Reserve	\$ 50,000†
XIII	Reversion Funds Plan	\$258,980†
IVX	Rural Border County Interagency Agreement(s)	*

* Cost to be absorbed through General Services or Full Service Partnership funds.

† Identified amounts are associated with these program/component balances to spend as identified in their descriptions.

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

PROGRAM DESCRIPTION

The Community Planning Process surveys conducted during the summer included the geographically isolated communities of Pike/Allegany. Of the surveys collected 74% answered open ended questions addressing improving services. The resounding theme of the answers centered on more education about services offered as well as offering services in these isolated communities.

The Front Porch program involves peer support staff providing activities in geographically isolated communities while educating about available services, wellness and recovery. Activities and supportive conversation provide an organic opportunity to educate and learn about appropriate service needs along with providing them in a community defined culturally proficient manner to create equity. Identified needs in services will be shared with other agencies in the hopes of providing unique services to bridge the acknowledged gaps in services.

Sierra County Behavioral Health hopes to collaborate with Public Health in an effort to look at integrating services and presenting with an added whole health approach.

GOALS & OBJECTIVES

- To increase community knowledge of services and service access in isolated communities as identified during the Community Planning Process

OUTCOMES

- Identify underserved and unserved individuals
- Link to appropriate services

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

PROGRAM DESCRIPTION

Community Academy activities strive to educate and build trust with other community based-organizations to help reduce barriers associated with receiving behavioral health services. As such, a universal service strategy is used reaching community populations, to address Outreach and Engagement objectives. Cultural Proficiency will continue to be addressed through the Community Academies.

Historically, Community Academies have been successful in Sierra County as a venue to provide one day workshops featuring appropriate and knowledgeable speakers addressing relevant behavioral health topics. Community Academy topics can be determined through the Community Planning Process. A follow-up ‘Bridges out of Poverty’ workshop will be offered as a result of stakeholder interest in continuing to learn about strategies to improve relationships between different cultures and communities, along with reducing barriers to participating in behavioral health services.

Approximately 4 Community Academy Activities will be offered.

GOALS & OBJECTIVES

- To educate community members and other community-based agencies/organizations about available services and supports
- To improve relations between providers, overlapping influences, and different cultures and communities
- To 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

OUTCOMES

- Increased knowledge and understating of Behavioral Health Services
- Increased partner capacity between providers, communities and overlapping influences
- Increased knowledge and understanding of Mental Illness

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input type="checkbox"/>	Transitional Age Youth (16-25)		
	<input type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

PROGRAM DESCRIPTION

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

This program is implemented to provide an environment where community members can learn creative wellness tools through positive activities aiding in reducing depression and loneliness and promote building relationships, supports and positive social activities through arts and crafts. WRAP’s ideas are introduced and participation in completing an action plan is encouraged.

GOALS & OBJECTIVES

- Increase community member participation in creating WRAP© plans and understanding wellness and recovery
- Identify unserved and underserved community members within the older adult population

OUTCOMES

- Refer community members of the older adult population to services
- Community members of the older adult population will have completed WRAP© and have tools to promote wellness and recovery in their lives

STATUS		New	<input type="checkbox"/>	Continuing
EMPHASIS	X	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	X	Children (0-15)		
	X	Transitional Age Youth (16-25)		
	X	Adult		
	X	Older Adult		

PROGRAM DESCRIPTION

Sierra County Wellness Center, located in Loyalton, 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 Specialist staff is made up of peers with lived, personal experience. Peer Support Specialists are available to provide support, education, advocacy and hope to individuals during their unique wellness and recovery path. The Veterans’ Peer Support Specialist is also housed at this site. Peer support staff provide services via the phone, home visits, and on site.

Downieville does not currently have a Wellness Center, however a Peer Support Specialist is available at the satellite Health and Human Services building located in Downieville. The same services can be provided at this site through collaboration with the Sierra County Wellness Center. It is Sierra County Behavioral Health’s goal to find an appropriate setting to house and facilitate a Wellness Center in Downieville.

In general, the Wellness Center provides opportunities to find ways to increase the persons served ability to live life at its fullest. Services focus on:

- Wellness & Recovery Action Plans (WRAP©)
- Supportive Conversation
- Independent Living Skills
- Veterans Peer Support
- Connection with Workforce Alliance
- Art and Meaningful Activities
- Social Activities
- Living with challenges of mental illness
- Collaboration with other entities to provide identified individualized services not offered through the Wellness Center

As peer services have increase along with Wellness Center encounters rising the creation of another permanent part-time peer specialist position has been identified. The Mental Health Advisory Board has approved this additional position. There will now be two permanent part-time peer specialist positions and one extra-help position to provide peer support services.

GOALS & OBJECTIVES

- Utilization of WRAP© into everyday operation of Wellness Centers
- Provide ongoing daily group and individual opportunities for persons served to develop an understanding of wellness and recovery, and identify ways to implement these concepts in their lives
- Provide peer to peer support
- Continue to provide training and support for consumer support group facilitators
- To develop viable structures to obtain active input from persons served through the Behavioral Health Advisory Board

OUTCOMES

- Increase wellness and recovery activities
- Increase wellness center usage
- Increase partner capacity between providers, communities and overlapping influences
- Connecting persons served to appropriate services

CSS – SECTION V PLUMAS SIERRA CRISIS LINE

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

PROGRAM DESCRIPTION

Sierra County Behavioral Health provides a local crisis and resource line through collaboration with Plumas Crisis Intervention and Resource Center (PCIRC). Calls range from crisis intervention, supportive conversation, and identifying available resources for callers.

GOALS & OBJECTIVES

- To provide a local warm line as well as a crisis line

OUTCOMES

- Reduce crisis calls to emergency services
- Increased partner capacity between providers, communities and overlapping influences

STATUS	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

PROGRAM DESCRIPTION

Some people who seek services at Sierra County Behavioral Health (SCBH) have conditions that do not qualify for county-based behavioral health services, or are resistant to be seen in a mental health services agency due to the stigma that they feel accompanies mental health care. Conversely, sometimes SCBH consumers have a difficult time navigating the medical system for a variety of reasons, which include feelings of being uncomfortable in medical waiting rooms and sometimes medical providers’ inexperience treating mental illness.

SCBH is collaborating Eastern Plumas Health Care to provide a seamless bi-lateral referral system. Utilizing Peer Support Staff and the Wellness Center as the pivot point between the two providers will be key to the success of the referral system.

GOALS & OBJECTIVES

- To participate in countywide collaborative healthcare through continuum of care efforts
- Increasing health related peer run groups

OUTCOMES

- Refer persons served to primary care providers
- Connect persons served to primary care providers

CSS – SECTION VII CRISIS STABILIZATION UNIT

STATUS	<input type="checkbox"/>	New	<input type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

PROGRAM DESCRIPTION

Sierra County Behavioral Health has contracted with Nevada County Behavioral Health so that Sierra County community members have access to a Crisis Stabilization Unit.

Nevada County Behavioral Health has contracted with Sierra Mental Wellness Group to provide Crisis Stabilization services at the CSU. The four (4) bed CSU is located in Grass Valley, California, 70 feet from the entrance of the Emergency Department of Sierra Nevada Memorial Hospital (SNMH). The CSU is part of a crisis continuum of care for residents of Sierra County. Individuals receive crisis services, including psychotherapy, medication services, and psychiatry for up to 23 hours per client event.

GOALS & OBJECTIVES

- Provide crisis stabilization

OUTCOMES

- Reduction of hospitalizations
- Reduction of utilization of local emergency services

CSS – SECTION VIII INSIGHT RESPITE CENTER (IRC)

STATUS	<input type="checkbox"/>	New	<input type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

PROGRAM DESCRIPTION

Sierra County Behavioral Health has contracted with Nevada County Behavioral Health to provide peer respite to eligible community members. The IRC provides a relaxed and welcoming home-like environment for individuals with mental health challenges who are going through an escalation of mental health symptoms, in order to prevent crisis intervention or hospitalization. Participants focus on their personal strengths and strive to gain emotional stability, balance, and resilience within their lives as they work with peer counselors and their fellow peers in the program toward their recovery. The IRC honors all aspects of the whole self of all persons involved. The leadership of people with lived experience is essential to the success of the IRC. Primarily peer counselors and others staff the IRC with lived experience. This wellness-, resiliency-, and recovery-oriented setting is less restrictive than a Crisis Stabilization Unit (CSU) or a psychiatric inpatient facility. The IRC facilitates communication and coordination across all components of the crisis continuum of care, including the Crisis Response Team at the local Emergency Department, CSU, and other service agencies involving a client’s support network.

GOALS & OBJECTIVES

- Provide peer support services in a 24-7 wrap-around environment

OUTCOMES

- Reduction in symptom distress
- Completed Wellness Recovery Action Plans
- Enhanced recovery experience

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

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.

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

Sierra County Behavioral Health will continue to utilize and maintain electronic health records. Electronic health records allow for the billing of Medi-Cal, along with analyzing data to drive programs. As such, software to support electronic health records or data mining may be purchased.

GOALS & OBJECTIVES

- Operate programs to provide mental health services to individuals and when appropriate the individuals’ families who are eligible through Welfare and Institutions Code Section 5600.3 (a), (b) or (c).

OUTCOMES

- Increased mental health treatment services and supports, including alternative and culturally specific treatments.

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

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.

A 60% permanent part-time case management position, located in Downieville, will be created to increase capacity of providing case management services to both FSP and non-FSP community members receiving services.

GOALS & OBJECTIVES

- Provide culturally competent services and supports
- Implement Individualized Services and Supports Plan

OUTCOMES

- Increased attainment of identified goals in the Individual Services and Supports Plan

STATUS	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

PROGRAM DESCRIPTION

The No Place Like Home (NPLH) Program was established by Part 3.0 of Division 5 of the Welfare and Institutions Code (commencing with Section 5849.1) enacted in 2016. The NPLH Program provides various means of financing to counties investing in permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or are at risk-of chronic homelessness within the county. Before NPLH funds are available for Sierra County, the county is applying for the NPLH Technical Assistance grant. Sierra County Behavioral Health will be using the technical assistance funds to conduct activities which support feasibility, planning and design of permanent supportive housing.

GOALS & OBJECTIVES

- To create a homeless plan for Sierra County
- To coordinate with local homelessness systems, including Coordinating Entry Systems
- To coordinate and partner with other county and community providers to increase understanding of the intersections and overlapping needs of these providers’ shared homeless persons.

OUTCOMES

- Identify housing needs
- Reduce homelessness for persons who meet criteria

CSS – SECTION XII PRUDENT RESERVE

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General	<input checked="" type="checkbox"/>	Full Service Partnership (FSP)
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

PROGRAM 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.

GOALS & OBJECTIVES

- Increase the prudent reserve fund balance

OUTCOME

- Maintain fiscal capacity to provide Specialty Mental Health Services through CSS component
- Fund audit exceptions

CSS – SECTION XIII REVERSION FUNDS PLAN

STATUS	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partner (FSP)
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

PROGRAM DESCRIPTION

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.

GOALS & OBJECTIVES

- Should the need arise, utilize unspent CSS funds to contribute to Capital Facilities Funds in the building project of expanding the Wellness Center (located at 207 Front Street, Loyalton) and building a Behavioral Health Building to expand and enhance current services (located at 704 Mill Street, Loyalton).
- Develop a plan to expend these funds by July 1, 2020

OUTCOME

- Expend indicated funds as identified in a plan by July 1, 2020
- Funds will have contributed to the building projects associated with 207 Front Street and 704 Mill Street to expand and enhance services

CSS – SECTION IVX RURAL BORDER COUNTY INTERAGENCY AGREEMENT(S)

STATUS	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	General (Non-FSP)	<input checked="" type="checkbox"/>	Full Service Partner (FSP)
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

PROGRAM DESCRIPTION

Due to the rural nature of Sierra County and bordering counties, geographic isolation is a constant challenge and/or barrier in receiving services. For example, Behavioral Health Services are located in Loyalton where the Plumas County line is approximately three miles away. An individual and/or family living in Plumas County (outside of the Sierra County line at a distance of approximately 3 to 5 miles out) shops, receives mail, attends school, church and social functions in Loyalton. These bordering county residents consider themselves and are considered as part of the community of Loyalton. Satellite Plumas County Behavioral Health services are approximately 30 miles away from the individual/families’ home. There are no transportation services available for the geographically isolated residents who identify their community as Loyalton.

Providing successful continuum of care services that are not fragmented is essential to reaching one’s recovery goals. Bordering county families with children who attend school in Sierra County specifically encounter fragmentation of services. Creating an Interagency Agreement with bordering counties would allow the unserved/underserved community member/family to receive seamless, cultural specific continuum of care services in the community they identify with.

GOALS & OBJECTIVES

- Research, create and implement a Rural Border County Interagency Agreement meeting the needs of individuals/families living in a border county situation
- Create and implement a Rural Border County Interagency Agreement allowing border counties to benefit from serving individuals/families living in a border county situation

OUTCOME

- Maintain and increase border county residents ability to access services

PREVENTION & EARLY INTERVENTION (PEI)

ESTIMATED ANNUAL COST

I	Music Together	\$ 4,000
II	Nurturing Parenting	\$ 60,000
III	Early Intervention Treatment	\$100,000
IV	Veterans' Peer Support Specialist	\$ 22,000
V	Student/Parent Navigation	\$ 7,784
VI	Behavior Intervention Specialist	\$ 50,000
VII	Mental Health First Aid Training	\$ 4,000
VIII	safeTALK© Training	\$ 4,000
IX	Applied Suicide Intervention Skills Training	\$ 7,000
X	Sierra County Wellness Center	\$ 50,000
XI	Reversion Funds Plan	\$771,611

PEI – SECTION I **MUSIC TOGETHER**

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Early Intervention
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

COMPONENT	<input type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma
	<input type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input checked="" type="checkbox"/>	Access and Linkage to Medically Necessary Care

NEGATIVE OUTCOME REDUCTION	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	School Failure
	<input type="checkbox"/>	Incarcerations	<input type="checkbox"/>	Suicide
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>	Unemployment
	<input checked="" type="checkbox"/>	Removal of Children from their homes		

STRATEGY	<input checked="" type="checkbox"/>	Universal	<input type="checkbox"/>	Selective	<input type="checkbox"/>	Indicative
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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.

GOALS & OBJECTIVES

- Changes in attitudes, knowledge and/or behavior related to seeking mental health services
- Changes in attitudes, knowledge and behaviors towards stigma related to mental illness

OUTCOME REDUCTION

- Stigma reduction
- Increased access & linkage to Behavioral Health Services

PEI – SECTION II NURTURING PARENTING

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Early Intervention
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

COMPONENT	<input type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma
	<input checked="" type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input checked="" type="checkbox"/>	Access and Linkage to Medically Necessary Care

NEGATIVE OUTCOME REDUCTION	<input type="checkbox"/>	Homelessness	<input checked="" type="checkbox"/>	School Failure
	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>	Suicide
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>	Unemployment
	<input checked="" type="checkbox"/>	Removal of Children from their homes		

STRATEGY	<input checked="" type="checkbox"/>	Universal	<input checked="" type="checkbox"/>	Selective	<input checked="" type="checkbox"/>	Indicative
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PROGRAM DESCRIPTION

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

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

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

GOALS & OBJECTIVES

- Improve family relationships
- Improve social functioning

OUTCOME
REDUCTION

- Reduce risk-factors associated with emotional disturbance and/or mental illness
- Reduce recidivism of child abuse and neglect

PEI – SECTION III EARLY INTERVENTION TREATMENT

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Early Intervention
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input type="checkbox"/>	Adult		
	<input type="checkbox"/>	Older Adult		

COMPONENT	<input type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input type="checkbox"/>	Reduction in Mental Illness Stigma
	<input type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input checked="" type="checkbox"/>	Access and Linkage to Medically Necessary Care

NEGATIVE OUTCOME REDUCTION	<input type="checkbox"/>	Homelessness	<input checked="" type="checkbox"/>	School Failure
	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>	Suicide
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>	Unemployment
	<input checked="" type="checkbox"/>	Removal of Children from their homes		

STRATEGY Universal Selective Indicative

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.

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

PEI – SECTION IV VETERAN’S PEER SUPPORT

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Early Intervention
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

COMPONENT	<input type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma
	<input checked="" type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input checked="" type="checkbox"/>	Access and Linkage to Medically Necessary Care

NEGATIVE OUTCOME	<input checked="" type="checkbox"/>	Homelessness	<input checked="" type="checkbox"/>	School Failure
REDUCTION	<input checked="" type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>	Suicide
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input checked="" type="checkbox"/>	Unemployment
	<input checked="" type="checkbox"/>	Removal of Children from their homes		

STRATEGY	<input type="checkbox"/>	Universal	<input checked="" type="checkbox"/>	Selective	<input type="checkbox"/>	Indicative
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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.

GOALS & OBJECTIVES

- 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

OUTCOME REDUCTION

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

PEI – SECTION V STUDENT/PARENT NAVIGATION

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Early Intervention
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input type="checkbox"/>	Adult		
	<input type="checkbox"/>	Older Adult		

COMPONENT	<input type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma
	<input checked="" type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input checked="" type="checkbox"/>	Access and Linkage to Medically Necessary Care

NEGATIVE OUTCOME REDUCTION	<input type="checkbox"/>	Homelessness	<input checked="" type="checkbox"/>	School Failure
	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>	Suicide
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>	Unemployment
	<input checked="" type="checkbox"/>	Removal of Children from their homes		

STRATEGY	<input checked="" type="checkbox"/>	Universal	<input type="checkbox"/>	Selective	<input checked="" type="checkbox"/>	Indicative
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PROGRAM DESCRIPTION

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.

GOALS & OBJECTIVES

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

OUTCOME REDUCTION

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

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Early Intervention
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

COMPONENT	<input checked="" type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma
	<input checked="" type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input type="checkbox"/>	Access and Linkage to Medically Necessary Care

NEGATIVE OUTCOME REDUCTION	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	School Failure
	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>	Suicide
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>	Unemployment
	<input type="checkbox"/>	Removal of Children from their homes		

STRATEGY	<input checked="" type="checkbox"/>	Universal	<input type="checkbox"/>	Selective	<input type="checkbox"/>	Indicative
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PROGRAM DESCRIPTION

Mental Health First Aid teaches the evidence based ALGEE Action Plan. The training helps you 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.

GOALS & OBJECTIVES

- To increase the number of potential responders
- To increase the number of settings providing opportunities to identify early signs of mental illness

OUTCOME

- Reduction in mental illness stigma

STATUS	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	Prevention	<input type="checkbox"/>	Early Intervention
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

COMPONENT	<input checked="" type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma
	<input checked="" type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input type="checkbox"/>	Access and Linkage to Medically Necessary Care

NEGATIVE OUTCOME REDUCTION	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	School Failure
	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>	Suicide
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>	Unemployment
	<input type="checkbox"/>	Removal of Children from their homes		

STRATEGY	<input checked="" type="checkbox"/>	Universal	<input type="checkbox"/>	Selective	<input type="checkbox"/>	Indicative
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PROGRAM DESCRIPTION

safeTALK is a LivingWorks’ program that provides awareness and skills that help to save lives. The program is part of national, regional and organizational suicide prevention strategies around the world. Whether directly or indirectly, most people with thoughts of suicide invite help to stay safe. safeTalk is a training that prepares participants to recognize these invitations and connect a person with thoughts of suicide to intervention resources.

GOALS & OBJECTIVES

- To increase the number of Sierra County Behavioral Health staff, agency/organization staff and community members as safeTALK helpers

OUTCOME

- Connect people with thoughts of suicide to appropriate intervention/services

STATUS	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Continuing
EMPHASIS	<input type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Early Intervention
AGE GROUP	<input type="checkbox"/>	Children (0-15)		
	<input type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

COMPONENT	<input checked="" type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma
	<input checked="" type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input type="checkbox"/>	Access and Linkage to Medically Necessary Care

NEGATIVE OUTCOME REDUCTION	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	School Failure
	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>	Suicide
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input type="checkbox"/>	Unemployment
	<input type="checkbox"/>	Removal of Children from their homes		

STRATEGY	<input checked="" type="checkbox"/>	Universal	<input type="checkbox"/>	Selective	<input type="checkbox"/>	Indicative
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PROGRAM DESCRIPTION

ASIST provides a unique, life-assisting intervention model to help caregivers support persons at risk. It also helps caregivers support contribute to the development of suicide-safer resources in their communities. Research shows that ASIST-trained caregivers help at-risk people feel less suicidal and more hopeful.

ASIST participants will be better able to:

- Identify people who have thoughts of suicide
- Understand how beliefs and attitudes can affect suicide interventions
- Listen to the story of a person with thoughts of suicide and recognize turning points that connect that person to life
- Conduct a safety assessment, develop a safe plan, and confirm the safety actions to be done

GOALS & OBJECTIVES

- To increase the number of potential responders
- To increase the number of settings providing opportunities to identify early signs of mental illness

OUTCOME

- Increase the number of providers trained in ASIST

PEI – SECTION X **SIERRA COUNTY WELLNESS CENTER**

STATUS	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Continuing
EMPHASIS	<input checked="" type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Early Intervention
AGE GROUP	<input checked="" type="checkbox"/>	Children (0-15)		
	<input checked="" type="checkbox"/>	Transitional Age Youth (16-25)		
	<input checked="" type="checkbox"/>	Adult		
	<input checked="" type="checkbox"/>	Older Adult		

COMPONENT	<input checked="" type="checkbox"/>	Outreach for Increasing Recognition Early Signs of Mental Illness
	<input checked="" type="checkbox"/>	Reduction in Mental Illness Stigma
	<input checked="" type="checkbox"/>	Reduction in Discrimination Against Mentally Ill
	<input checked="" type="checkbox"/>	Access and Linkage to Medically Necessary Care

NEGATIVE OUTCOME REDUCTION	<input checked="" type="checkbox"/>	Homelessness	<input checked="" type="checkbox"/>	School Failure
	<input type="checkbox"/>	Incarcerations	<input checked="" type="checkbox"/>	Suicide
	<input checked="" type="checkbox"/>	Prolonged Suffering	<input checked="" type="checkbox"/>	Unemployment
	<input checked="" type="checkbox"/>	Removal of Children from their homes		

STRATEGY	<input checked="" type="checkbox"/>	Universal	<input type="checkbox"/>	Selective	<input checked="" type="checkbox"/>	Indicative
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PROGRAM DESCRIPTION

Sierra County Wellness Center, located in Loyalton, 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 Specialist staff is made up of peers with lived, personal experience. Peer Support Specialists are available to provide support, education, advocacy and hope to individuals during their unique wellness and recovery path. The Veterans’ Peer Support Specialist is also housed at this site. Peer support staff provide services via the hone, home visits, and on site.

Downieville does not currently have a Wellness Center, however a Peer Support Specialist is available at the satellite Behavioral Health, Health and Social Services building located in Downieville. The same services can be provided at this site through collaboration with the Sierra County Wellness Center. It is Sierra County Behavioral Health’s goal to find an appropriate setting to house and facilitate a Wellness Center in Downieville.

In general, the Wellness Center provides opportunities to find ways to increase the persons served ability to live life at its fullest. Services focus on:

- Wellness & Recovery Action Plans (WRAP©)
- Supportive Conversation
- Independent Living Skills
- Veterans Peer Support
- Connection with Workforce Alliance
- Art and Meaningful Activities
- Social Activities

- Living with challenges of mental illness
- Collaboration with other entities to provide identified individualized services not offered through the Wellness Center

As peer services have increase, along with Wellness Center encounters rising, the creation of another permanent part-time peer specialist position has been identified. The Mental Health Advisory Board has approved this additional position. There will now be two permanent part-time peer specialist positions and one extra-help position to provide peer support services.

GOALS & OBJECTIVES

- Utilization of WRAP© into everyday operation of Wellness Centers
- Provide ongoing daily group and individual opportunities for persons served to develop an understanding of wellness and recovery, and identify ways to implement these concepts in their lives
- Provide peer to peer support
- Continue to provide training and support for consumer support group facilitators
- To develop viable structures to obtain active input from persons served through the Behavioral Health Advisory Board

OUTCOME REDUCTION

- Increase wellness and recovery activities
- Increase wellness center usage
- Increase partner capacity between providers, communities and overlapping influences
- Connecting persons served to appropriate services

STATUS	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuing
EMPHASIS	<input type="checkbox"/> Prevention	<input checked="" type="checkbox"/> Early Intervention
AGE GROUP	<input type="checkbox"/> Children (0-15)	
	<input type="checkbox"/> Transitional Age Youth (16-25)	
	<input type="checkbox"/> Adult	
	<input type="checkbox"/> Older Adult	

COMPONENT	<input type="checkbox"/> Outreach for Increasing Recognition Early Signs of Mental Illness
	<input type="checkbox"/> Reduction in Mental Illness Stigma
	<input type="checkbox"/> Reduction in Discrimination Against Mentally Ill
	<input type="checkbox"/> Access and Linkage to Medically Necessary Care

NEGATIVE OUTCOME REDUCTION	<input type="checkbox"/> Homelessness	<input type="checkbox"/> School Failure
	<input type="checkbox"/> Incarcerations	<input type="checkbox"/> Suicide
	<input type="checkbox"/> Prolonged Suffering	<input type="checkbox"/> Unemployment
	<input type="checkbox"/> Removal of Children from their homes	

STRATEGY	<input type="checkbox"/> Universal	<input type="checkbox"/> Selective	<input type="checkbox"/> Indicative
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PROGRAM DESCRIPTION

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.

GOALS & OBJECTIVES

- Should the need arise, utilize unspent PEI funds to contribute to Capital Facilities Funds in the building project of expanding the Wellness Center (located at 207 Front Street, Loyalton).
- Develop a plan to expend these funds by July 1, 2020 utilizing the community planning process

OUTCOME

- *Expend indicated funds as identified in a plan by July 1, 2020*
- *Increase capacity to provide prevention services as indicated through the community planning process*

WORKFORCE EDUCATION & TRAINING (WET)

ESTIMATED ANNUAL COST

I	Electronic Learning Management System	\$ 10,000
II	Agency Workforce Training	\$ 30,000

DESCRIPTION

E- Learning is a resource that allows BH to develop, deliver and manage educational opportunities and distance learning for employees, contractors and stakeholders. Utilizing e-learning builds program capacity and is a cost effective resource. Sierra County Behavioral Health provides e-learning through Relias Learning.

GOALS & OBJECTIVES

- Increase knowledge about mental illness
- Apply best practices while assisting community members in their recovery goals
- Provide the ability for employees to grow in cultural competency/proficiency.

OUTCOMES

- Increase completed training hours

DESCRIPTION

Due to the high turnover of administrative staff, as well as the addition of staff, 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.

GOALS & OBJECTIVES

- Provide staff and contractors with specific skills and knowledge to provide services from a wellness and recovery lens
- Support recovery and resiliency of consumers receiving services

CAPITAL FACILITIES AND TECHNOLOGIES

ESTIMATED COST

I	207 Front Street:	
	Addition to Wellness Center	\$175,000
II	704 Mill Street:	
	Behavioral Health Building Construction	\$425,000

DESCRIPTION

Behavioral Health currently owns the property occupied by the Sierra County Wellness Center. The Sierra County Wellness Center is located at 207 Front Street in Loyalton. Services offered through the Wellness Center have increased as well as the number of monthly encounters. Peer Support staff numbers have increased as well to provide the capacity to provide services and meet Wellness Center visitors' needs. The Veterans' Peer Support Specialist is also housed at the Wellness Center.

The addition of office space to the back to the existing building will create a greater space to provide services. The Sierra County Mental Health Advisory Board and the County Finance Committee approved the addition to the Wellness Center.

GOALS & OBJECTIVES

- Increase the square footage of the Wellness Center Building
- Provide services in a more efficient manner within the Wellness Center

DESCRIPTION

Sierra County currently owns the land where the proposed new Behavioral Health Building will be constructed. The Sierra County Board of Supervisors and the finance committee were pleased that current resources were being utilized to build on.

The new Behavioral Health Building will provide an opportunity to increase tele-psychiatry services, children’s services and a day crisis facility.

GOALS & OBJECTIVES

- Behavioral Health building completed before Capital Facilities funds sunset in 2018.

INNOVATIONS

ESTIMATED FUND AVAILABILITY

I	INNOVATIONS PLAN	\$ 70,000
II	REVERSION FUNDS PLAN	\$360,264

DESCRIPTION

Innovation funds are distributed to counties pursuant to Welfare and Institutions Code Section 5892, subdivision (a). Innovative projects are projects, which the county designs, and implements for a defined time period and evaluates to develop new best practices in mental health services and supports.

Sierra County does not have an innovative project(s) at this time.

GOALS & OBJECTIVES

- Work with the Mental Health Oversight and Accountability Committee to create a viable innovative project in Sierra County

DESCRIPTION

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.

Sierra County does not have an innovative project(s) at this time.

GOALS & OBJECTIVES

- Work with the Mental Health Oversight and Accountability Committee to create a viable innovative project in Sierra County

Three-Year Estimated Expenditures

FY 2017/20 Mental Health Services Act Program & Expenditure Plan							
Community Services and Supports (CSS) Funding							
County:	Sierra					Date:	11/8/17
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	
FSP Programs							
1.	FSP Services	0	1,774,800				
2.		0					
3.		0					
4.		0					
5.		0					
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
Non-FSP Programs							
1.	COMMUNITY ACADEMIES	0	90,000				
2.	WAYS TO WELLNESS	0	15,000				
3.	GENERAL SERVICE DELIVERY	0	900,000				
4.	WELLNESS CENTER	0	75,000				
5.	FRONT PORCH PROGRAM	0	19,500				
6.	PLUMAS SIERRA CRISIS LINE	0	18,000				
7.		0					
8.		0					
9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
CSS Administration			587,700				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		0	3,480,000	0	0	0	0
FSP Programs as Percent of Total		51.0%					

**FY 2017/20 Mental Health Services Act Program & Expenditure Plan
Prevention and Early Intervention (PEI) Funding**

County: SIERRA Date: 11/9/17

	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
PEI Programs - Prevention						
1. MUSIC TOGETHER		12,000				
2. STUDENT/PARENT NAVIGATION		41,676				
3. PARENTING SUPPORT PROGRAM		36,000				
4. MENTAL HEALTH FIRST AID		12,000				
5. SAFETALK		12,000				
6. ASIST		21,000				
7. VETERANS' PEER SUPPORT		24,000				
8. WELLNESS CENTER		75,000				
9.						
10.						
PEI Programs - Early Intervention						
11. STUDENT/PARENT NAVIGATION		41,676				
12. PARENTING SUPPORT PROGRAM		144,000				
13. BEHAVIOR INTERVENION SPECIALIST		150,000				
14. WELLNESS CENTER		75,000				
15. VETERANS' PEER SUPPORT		42,000				
16. EARLY INTERVENTION TREATMENT		300,000				
17.						
18.	0					
19.	0					
20.	0					
PEI Administration						
PEI Assigned Funds						
	0	0				
Total PEI Program Estimated Expenditures	0	986,352	0	0	0	0

**FY 2017/20 Mental Health Services Act Program & Expenditure Plan
Innovations (INN) Funding**

County: Sierra Date: 11/16/16

	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.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2017/20 Mental Health Services Act Program & Expenditure Plan
Workforce, Education and Training (WET) Funding**

County: Sierra Date: 11/18/17

	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	90,000				
2. ELECTRONIC LEARNING MANAGEMENT SYSTEM		30,000				
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	0				
Total WET Program Estimated Expenditures	0	120,000	0	0	0	0

**FY 2017/20 Mental Health Services Act Program & Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Funding**

County: Sierra Date: 11/16/15

	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		580,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	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	600,000	0	0	0	0

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Sierra County

Three-Year Program and Expenditure Plan
 2017-2020

Local Mental Health Director	Program Lead
Name: Lea Salas, Administrative Director	Name: Laurie Marsh
Telephone Number: 530-993-6791	Telephone Number: 530-993-6745
mail: lsalas@sierracounty.ca.gov	E-mail: lmarsh@sierracounty.ca.gov
Local Mental Health Mailing Address: PO Box 265 Loyalton, CA 96118	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on January 2, 2018

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

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

Lea Salas
 Local Mental Health Director (PRINT)

[Signature] /12/2018
 Signature Date

Three-Year Program and Expenditure Plan and Annual Update County/City Certification Final (07/26/2013)

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Sierra County

- Three-Year Program and Expenditure Plan 2017-2020
- Annual Update
- Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Lea Salas, Administrative Director	Name: Caleb Nelson
Telephone Number: 530-993-6791	Telephone Number: 530-289-3273
E-mail: lsalas@sierracounty.ca.gov	E-mail: cnelson@sierracounty.ca.gov
Local Mental Health Mailing Address: Sierra County Behavioral Health PO Box 265 Loyalton, CA 96118	

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

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

Lea Salas
Local Mental Health Director (PRINT)

Caleb Nelson 1/15/2018
Signature Date

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated November 7, 2017 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Caleb J. Nelson CPA
County Auditor Controller / City Financial Officer (PRINT)

Caleb Nelson 1-15-18
Signature Date

¹Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

RESOLUTION NO. 2018-003

IN THE MATTER OF APPROVAL OF
THE SIERRA COUNTY MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR
PROGRAM AND EXPENDITURE PLAN FISCAL YEARS 2017-2020

WHEREAS, Proposition 63, The Mental Health Services Act, funded by tax on high-income individuals, is designed to expand and transform California's county mental health service systems, and;

WHEREAS, the State of California's Department of Health Care Services assures that county mental health departments expend funds made available through the act towards a state-of-the-art, culturally competent system that promotes recovery/wellness through independence, hope, personal empowerment and resilience for adults and seniors with severe mental illness and for children and transitional age youth with serious emotional disorders and their families and;

WHEREAS, as mandated, the Sierra County Behavioral Health completed and has posted a draft of the Sierra County Mental Health Services Act Fiscal Year 2017-2020 Plan and Budget on the Sierra County website for review and comments and has had available to the public a hard copy for review, and;

WHEREAS, after thirty days on display, Sierra County Behavioral Health had a public hearing during the Sierra County Mental Health Advisory Board's meeting in Loyalton for review and comment for the 2017-2020 Plan and Budget.

NOW THEREFORE BE IT RESOLVED, the Sierra County Board of Supervisors approves the 2017-2020 Mental Health Services Act Plan and Budget approving both past and future plan expenditures within the plan period (2017-2020) and authorized Lea Salas, Administrative Director of Behavioral Health, to submit the plan and budget to the State.

ADOPTED by the Board of Supervisors of the County of Sierra, State of California on the 2nd day of January, 2018, by the following vote:

AYES: Supervisors Adams, Huebner, Roen, Beard, Schlefstein

NOES: None

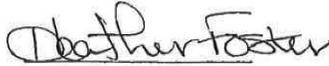
ABSTAIN: None

ABSENT: None


SCOTT SCHLEFSTEIN
Chairman, Board of Supervisors

1/2/18
Date

ATTEST:



HEATHER FOSTER
Clerk of the Board

APPROVED AS TO FORM:



DAVID PRENTICE
County Counsel