



COUNTY OF ALPINE
Behavioral Health Services
Alissa R. Nourse, Director

February 11, 2016

Mental Health Services Oversight and Accountability Commission
1325 J Street Suite 1700
Sacramento, CA 95814
MHSOAC@mhsoc.ca.gov

Dear Commissioners:

I am writing on behalf of California's smallest county to address the newly passed Prevention and Early Intervention regulations and their potentially negative impact. I am unable to attend the meeting in Sacramento on February 23 & 24 but wanted to provide input from Alpine County Behavioral Health Department's (ACBHS) perspective. Alpine County has been working hard to build a comprehensive behavioral health care system for its 1,200 residents. Over the last 2 years that I have been Director, Alpine County Behavioral Health Services has taken a strengths-based perspective in regards to how the smallest county in the state can provide excellent services to beneficiaries while maintaining compliance with the myriad regulations that govern our operations. I believe that our innovative strategies to meet regulations and always keep the clients' needs at the forefront while successfully engaging our community can provide effective models for other counties.

Alpine County's engagement, connection and integration with the community has been dramatically changed for the better due to the Mental Health Services Act. This funding has allowed ACBHS to successfully engage the Native American community, older adults, children, transition age youth and our outlying communities through prevention and early intervention programs. Many of these programs are driven by the idea that inviting people to connect with our staff and programs will break down barriers to access and provide linkages to behavioral health treatment. They are designed to be non-threatening and responsive to the community's input and cultural norms.

Alpine County's budget for PEI is approximately \$220,000 annually. Unilaterally applying the same requirements across counties for a fraction of the funding is unfair and demonstrates a lack of perspective or thoughtfulness in regards to small counties. ACBHS has a staff of 13 including 2.5 staff working exclusively under the MHS Act programs and 3 clinicians. To manage the PEI regulations would require that we hire additional staff, creating on-going financial obligations for the county as a whole. Our internal capacity to determine tools for evaluation and implement them is limited. Our local PEI contracted providers have no capacity to comply with the regulations. Some of the strongest programs are all volunteer or seasonal and would reject the funding when required to comply with the PEI regulations. These programs are our real potential responders and we need them to be a viable system of care.

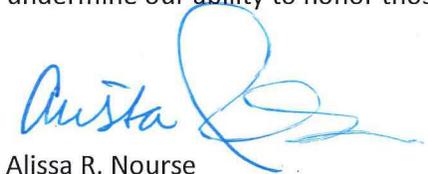
As a small and rural county, we are interested in achieving a data driven system of care. The demographics and evaluation requirements will create barriers to access and linkage and therefore not

capture the data that is sought. The size of our county and in turn the size of our clinical client population (currently 45 including Medi-Cal and non-Medi-Cal clients) often limits the data reporting that can be delivered due to what becomes immediately identifiable information. For example, Native, female, age 15 would be nearly identifiable information in Alpine County. Additionally, when a community member in Kirkwood comes to a yoga class sponsored by ACBHS under our MHSA PEI programs and is asked to identify their disabilities, ancestral origins and sexual orientation, it is highly likely that they will not return, nor will they seek further treatment services from our system.

The demographic categories must also be changed to reflect cultural competence in regards to Native Americans and their identification under "Non-Hispanic or Non-Latino." They should not be resigned to mark "Other." I don't believe that I would know how to answer this categorical question for myself and I am uncomfortable asking the people we serve.

Requiring small counties whose leadership and stakeholders determine that they are unable to meet a requirement in the regulations to go to the Board of Supervisors for approval assumes that the Supervisors have or desire intimate knowledge of the department's day to day operations, MHSA principles and programs and specifically PEI regulations. It is also condescending in its approach and application to small counties.

Alpine County is committed to providing MHSA services that are a collaboration with our community, are driven by our clients and their families, focus on wellness, recovery and resilience, are integrated for the well-being of our clients and value cultural humility. It is my belief that the current PEI regulations undermine our ability to honor those values and commitments.



Alissa R. Nourse

Director, Alpine County Behavioral Health Services