



MODOC COUNTY BEHAVIORAL HEALTH

Mental Health Services Act (MHSA) MHSA FY 22/23 Annual Update And PEI Evaluation Report FY 20/21

POSTED FOR PUBLIC COMMENT September 1st 2022 through September 30th 2022

To review online, please go to:

https://behavioralhealth.co.modoc.ca.us/programs_services/mental_health_services_act.php

The MHSA FY 22/23 Annual Update and FY 20/21 PEI Evaluation Report is available for Public review and comment from 1st September 2022 through 30th September 2022. The documents are available online or in hardcopy upon request at the address and phone numbers listed below. Translation in Spanish is available upon request. We welcome feedback via phone, in person, or in writing.

Public Hearing Information

Thursday October 6th 2022 at 3.30pm

Modoc County Health Services

Large Conference Room

441 North Main Street, Alturas, CA 96101

Comments or Questions

Please contact:

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MHSA 22/23 Annual Update Feedback

Modoc County Behavioral Health

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Thank You!

County: Modoc

30-day Public Comment Period: 09/01/22 – 09/30/22

Date: 09/01/22

Date of Public Hearing: 10/06/2022

COUNTY DEMOGRAPHICS AND DESCRIPTION

Modoc County is a sparsely populated, frontier county in the northeastern corner of California, bordering Oregon to the north and Nevada to the east. According to the 2022 World Population Review, the “estimated population is 8,964 with a growth rate of .46% in the past year. The 2010 Population was 9,694 and has seen a growth of -7.53% since this time.”¹ This negative growth rate trend appears to be slowing down, with information from the US Census based on the April 2020 census to July 1, 2021, which shows a population decrease of -.4% in the County and an overall California population decrease of 0.8%². As of the 2020 census, the population was 8,700 making it California's third-least populous county.³

The County has been designated by legislation as a “Frontier County,” which means that service delivery is hampered by the extremely low density of residents (2.0 persons/square mile in 2020). Though density is sparse, Modoc County boasts scenic beauty and abundant natural resources. There are small towns, ranches, farmlands, lava beds, wildlife refuges, caverns, lakes, reservoirs, and forests within the borders of Modoc County. Modoc County ranks as the twelfth largest Californian county geographically, boasting 3,918 square miles of land.⁴ When adding 286 square miles of water, the total square mileage rests at 4,203.⁵

Modoc County has only one incorporated city, Alturas, the County seat, with a population of just over 2,500 people.⁶ Major metropolitan areas are outside the county, or outside the state, 98-180 miles away. There are a number of small, rural communities located in the county. East of the Warner Mountains are Cedarville, Eagleville, Lake City, and Fort Bidwell; in the northern part of the county are Davis Creek, Willow Ranch, and New Pine Creek; to the west and northwest are Day, Canby, Newell/Tulelake, Tionesta, Lookout and Adin; and in the south, is Likely. The population of these unincorporated communities ranges from 800 to less than 60.

Historically, the local economy has been based on agriculture and forestry, with some recreation. There has been a major decline in forestry jobs over the last 25 years and some decline in

¹ <http://worldpopulationreview.com/us-counties/ca/modoc-county-population/>

² www.census.gov/quickfacts/table/PST045215/06049_06

³ https://en.wikipedia.org/wiki/Modoc_County,_California

⁴ <https://www.counties.org/pod/square-mileage-county>

⁵ https://en.wikipedia.org/wiki/Modoc_County,_California

⁶ <http://www.city-data.com/city/Alturas-California.html>

agriculture. Like other Northern California counties, individuals aged 30-39 in particular have migrated out of the area, pulled by academic and employment opportunities elsewhere. The unemployment rate in Modoc County in May 2022 was 3.5%⁷ compared to the unemployment rate for California of 4.3%.⁸ Modoc's unemployment rate has been consistently higher than the state's rate since 1990, however since 2020 this trend has seen a reversal.

Modoc County has one of the lowest median incomes of households in the state at \$51,250 in 2020, compared to \$78,672 in California the same year. The county has a high percentage of population living under the poverty level (17.9%, standing above the statewide average of 11.5%) with a density of 2.5 people per mile.⁹ A little over sixty-eight percent of students are receiving free or reduced cost lunches.¹⁰ The County Health Rankings & Roadmaps for 2022 identifies 28% of children living in poverty in Modoc County as compared to 15% in California.¹¹

Approximately 5% of the county population is under 5 years of age; 14% are ages 6-18; and 53% are ages 19-64. More than 27% of the county population is 65 years of age or older; that percentage is nearly double the statewide older adult population of 14%. Females represent 50% of the population. Eighty-eight percent of Modoc County residents identify themselves as White; nearly 15% are Hispanic. American Indians comprise approximately 3.5% of residents, but are a significant voice in this community. Very small numbers of Chinese, Asian/Pacific Islanders and African Americans also live in Modoc.¹²

It is estimated that about 13% of the population of Modoc County speaks a language other than English at home. Spanish is the only designated threshold language in Modoc County, though many of the American Indians speak Pitt or other tribal languages at home. There are an estimated 824 veterans, which represent 11.6% of the population.¹³ An estimated 85% of persons in Modoc County aged 25 years or older have graduated from high school or have some college education (California rate is 83%), whereas those of the same age group with a bachelor's degree or graduate studies are an estimated 18% (California rate 35%).¹⁴ Though a higher percentage of individuals finish high school or attend college than the California average, those who earn a college, graduate, or professional degree are significantly less than the state average. This leaves Modoc County with a dearth of individuals possessing professional-level job training and skills.

In 2018, 3,166 people were employed in Modoc County. The largest industries were Agriculture, Forestry, Fishing & Hunting (640 people), Health Care & Social Assistance (460 people), and Public Administration (283 people), and the highest paying industries are Finance & Insurance (\$73,214), Manufacturing (\$55,000), and Transportation & Warehousing, & Utilities (\$44,464)¹⁵.

⁷ <http://www.labormarketinfo.edd.ca.gov/geography/modoc-county.html>

⁸ <https://data.bls.gov/timeseries/LASST0600000000000003>

⁹ <https://www.census.gov/quickfacts/fact/table/modoccountycalifornia,US/PST045221>

¹⁰ <https://www.kidsdata.org/topic/518/free-school-mealseligible/table#fmt=675&loc=2,127,347,1763,331,348,336,171,321,345,357,332,324,369,358,362,360,337,327,364,356,217,353,328,354,323,352,320,339,334,365,343,330,367,344,355,366,368,265,349,361,4,273,59,370,326,333,322,341,338,350,342,329,325,359,351,363,340,335&tf=84>

¹¹ www.countyhealthrankings.org/app/california/2022/rankings/modoc/county/outcomes/overall/snapshot

¹² <https://www.census.gov/quickfacts/fact/table/modoccountycalifornia,ca/PST045218>

¹³ <https://data.census.gov/cedsci/table?q=Veterans%20in%20Modoc%20County&tid=ACST5Y2020.S2101>

¹⁴ <https://www.census.gov/quickfacts/fact/table/modoccountycalifornia,ca/PST045218>

¹⁵ <https://datausa.io/profile/geo/modoc-county-ca/>

While those who live in Modoc County enjoy all the advantages of rural living, they also face the challenges of a once-thriving, but now depressed rural economy, a geography that isolates them, and harsh winter weather often lasting into May, which causes further isolation. The sheer size and topography make it difficult for individuals and families to access needed support systems. The lengthy distances are further compounded by the fact that public transportation in the county is nearly nonexistent. Unemployment has caused many working age adults and families to leave the county while a higher-than-average number of older adults presents special challenges. Isolation, boredom and lack of access to gainful employment often contribute to individuals having too much downtime and little incentive for achieving significant life goals.

ANNUAL UPDATE AND PEI EVALUATION REPORT OVERVIEW

Modoc County provides mental health services through the Modoc County Health Services department. Services and service strategies are fully integrated for complete whole-person care, providing a full spectrum of continuum of services and wrap-around care for all ages.

Prevention and Early Intervention (PEI) services, labeled collectively as “Combined/Integrated Program” are integrated under the umbrella of Mental Health Services Act (MHSA) under watch of the Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC created PEI regulations to ensure all counties are meeting PEI requirements within their services. The California Code of Regulations (CCR), Title 9, Sections 3560.010, requires specific data to be collected by counties and reported annually.

According to the Amendments to PEI Regulations Sections 3560.010, 3726, and 3735, counties “with a population under 100,000...may report the demographic information required...for the County’s entire PEI component instead of by each Program or Strategy.”

The population of Modoc County is less than 100,000, so to ensure participant privacy, the demographic information collected and reported for Modoc County in FY 22/23 is presented to include participants across all PEI services. Participation in completing demographic information is voluntary and participant anonymity has been respected.

Data is reported as per the DHCS De-identification Guidelines (DDG) which state “Table cells should be based on a minimum of 11 individual participants (numerator); these participants are drawn from the larger population of potential program participants. This population number should be a minimum of 20,000 individuals (denominator).¹⁶ Because Modoc County has a population less than 20,000 all demographic information found in Appendices B and C is treated as confidential and redacted in all public materials. It is included in confidential files uploaded to the MHSOAC.

FY 2020-2021 PEI EVALUATION REPORT

In addition to the MHSA FY 22/23 Annual Update, this document includes the FY 20/21 Annual PEI Evaluation Report. Evaluation data is incorporated within the document.

¹⁶ Slide 68 of *Methods for Complying with Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Regulations for Data Collection and Reporting*, Nov. 30, 2017.

COMMUNITY PROGRAM PLANNING (CPP) PROCESS

The Modoc County Behavioral Health (MCBH) Community Program Planning (CPP) process for the development of the MHSA FY 2022-2023 Annual Update and the FY 20/21 PEI Evaluation Report builds upon the initial planning process that started in 2005 for the development of our original Three-Year Plan and our Annual Updates. Over the past several years, this planning process has been comprehensive and has included the input of diverse stakeholders through one-on-one discussions, formal focus groups, stakeholder meetings, and surveys.

Components addressed by the planning process included Community Services and Supports (CSS); Prevention and Early Intervention (PEI) local and statewide; Innovation; Workforce Education and Training (WET); and Capital Facilities/Technological Needs (CFTN). In addition, we provided basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

Each year, Modoc County brings the community together to talk about how things are going and what they can do to better serve the community. In 2020 in lieu of having our normal in-person groups and stakeholder meetings, due to Covid-19, we sent out a survey in both electronic and printed form asking for input from the general community, our partners, stakeholders and colleagues within and in other County government departments.

A formal survey was conducted from October 15-30, 2020, in English and Spanish. MCBH sent the survey directly to community stakeholders, advertised it in the newspaper and via flyers, and offered it to individuals when they received services at MCBH, or visited Sunrays of Hope, the local wellness center. In total, 100 individuals, or a little over one percent of the county population, completed this community planning survey. Because of the strong response rate, Modoc County chose to repeat the survey for the 2021-2022 planning and review process, in addition to holding three in-person meetings on the following dates:

- Wednesday, March 23rd 2022 (at 5:30pm) in Newell, CA with Spanish translation.
- Thursday, March 24th 2022 (at 10:00am) in Alturas, CA
- Thursday, March 24th 2022 (at 5:30pm) in Alturas, CA

Having received 58 survey responses and over 30 participants at in-person events, we feel confident in the robustness of our review and can move forward knowing we are providing the services the people of Modoc require at the best level possible. We also reviewed data on our 35 Full-Service Partnership (FSP) clients to ensure that FSP participants are achieving positive outcomes. Outcome and service utilization data is regularly reviewed by the clinical team to monitor clients' progress over time. This data has helped us understand service utilization and evaluate client progress, and has been instrumental in our planning process to continually improve FSP services.

The FY 20/21 PEI Evaluation Report integrates stakeholder input, survey results, and service utilization data to analyze community issues and determine the most effective way to further meet the needs of our unserved/underserved populations. In addition, the FY 20/21 PEI Evaluation

Report planning, development, and evaluation activities were discussed with the following to obtain input and strategies for improving our service delivery system: Behavioral Health Advisory Board; Community Corrections Partnership; Cultural Competence Committee; Modoc Medical Center, Quality Improvement Committee; Katie A Team; Behavioral Health staff; Substance Use staff and AB109 service recipients.

All stakeholder groups and boards are in full support of this MHSA FY 2022-2023 Annual Update and FY 20/21 PEI Evaluation Report and the strategies to maintain and enhance services.

STAKEHOLDER INVOLVEMENT AND INPUT

Participants: A variety of stakeholders were involved in the CPP process. Consumers and family members were involved in many formats, including through Sunrays of Hope, the consumer-operated, nonprofit Wellness Center. Consumers and/or family members also serve as members of the Behavioral Health Advisory Board, the Quality Improvement Committee and the Cultural Competence Committee. The following agencies/organizations were represented in our CPP process through involvement in committees and/or participating in the county-wide survey: Modoc County Public Health, Social Services, Probation, Modoc Superior Court (Judges, Chief Clerk and Collaborative Treatment Courts Coordinator), District Attorney's Office, Modoc County Department of Social Services, Modoc County Sheriff's Office, Alturas City Police, California Highway Patrol, Planning and Service Area 2 Area Agency on Aging, Modoc County Office of Education, Modoc Medical Center, TEACH, Inc. (non-profit), Modoc Crisis Center, Modoc Victim Witness program, Mountain Valley Health Clinic, Strong Family Health Center, CalWORKs Welfare to Work Program, and RISE (Resources for Indian Student Education).

Populations represented in the CPP process include Behavioral Health (mental health and substance use services) consumers, family members and staff (management, administrative, quality improvement and clinical), Native Americans, Hispanics, youth, transitional age youth, adults, older adults, veterans, and individuals whose primary language is English and/or Spanish.

Overall, the surveys validated the input gained from prior individual and stakeholder discussions in collaborative meetings. Outreach for individual and stakeholder participation included encouraging veterans and persons who are LGBTQ+ to participate.

Findings: As expected in a geographically-isolated frontier county, the perceived level of need was high overall, especially in those outlying areas of Modoc County, which may not have dedicated service organizations in the immediate area. While many people indicated that they thought the county was already doing a good job of outreach and advertisement, others offered suggestions for improvement. Community members recommended publicizing the services available via social media, flyers, radio and in the newspaper. They also recommended sending information home with students, sharing information with community partners and law enforcement, and talking about the programs at schools and hospitals. One respondent recommended a community outreach fair; feedback at in-person events highlighted the effectiveness of outreach activities designed to engage the community outside of traditional behavioral health settings.

Community members felt mental health stigma impacted people's willingness to seek services, especially amongst Hispanic/Latinx population with a strong cultural tradition of handling challenges within the County. They felt educational activities helped to combat stigma, as did wellness activities and non-traditional services. Some community members expressed concerns about interactions with law enforcement and Child Protective Services that may impact people's perceptions of mental health services in the County.

When respondents to the formal survey were asked to rank the perceived importance of the services offered by MCBH; Digital Mental Health Literacy earned the lowest score. This ranking confirmed previous discussions with stakeholders in which they expressed the need to evaluate Modoc's involvement with Help@Hand.

Appendix B includes stakeholder demographics for FY 20/21. As stated above, because this information is identifiable, Appendix B was not posted for public viewing.

LOCAL REVIEW PROCESS AND PUBLIC HEARING

This proposed MHSA FY 2022-2023 Annual Update and FY 20-21 PEI Evaluation Report is posted for a 30-day public review and comment period from Sept. 1st 2022 – Sept. 30th 2022. An electronic copy is available on line at

https://behavioralhealth.co.modoc.ca.us/programs_services/mental_health_services_act.php

Hard copies of the document are available at the Behavioral Health Clinic and in the lobbies of all frequently accessed public areas, including the Court House, County Administration, and the local library. In addition, hard copies of the MHSA Annual Update FY 2022-2023 are being distributed to all members of the Behavioral Health Board, consumers (on request) staff (on request) and sunrises of Hope Wellness Centre. The FY 2022-2023 Annual Update and FY 20-21 PEI Evaluation Report is also being sent electronically to the Community Partnership Group/ Partner Agencies and other stakeholders.

A public hearing was conducted on Thursday October 6th 2022 at 3:30pm at Modoc County Health Services, 441 North Main Street, Alturas, CA. in the large conference room.

No substantive input was received during the review period.

The plan was approved and accepted by Modoc County Behavioral Health Advisory Board on October 6th 2022 and by Modoc County Board of Supervisors on October 11th 2022.

COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

The Modoc County Behavioral Health (MCBH) CSS embraces a “whatever it takes” service approach in helping individuals achieve their goals. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to address each individual’s unique needs and support health and wellness. These services emphasize wellness, recovery and resilience and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual.

Target Populations

Our target populations include:

1. Children (ages 0-15) at risk of placement out of home (hospitals, juvenile justice system, foster care), and their families, especially children in Native American and Hispanic communities;
2. Transition Age Youth (ages 16-25) at risk of placement out of home (hospitals, criminal/juvenile justice systems), especially Native American and Hispanic youth;
3. Adults (ages 26-59) with serious mental illness and at risk of hospitalization, involvement in the criminal justice system, and/or homelessness; and
4. Older Adults (ages 60+) at risk of losing their independence and being institutionalized due to mental health problems, and especially those with co-occurring mental health and substance use disorders.

Integrated Full Service Partnership (FSP) Program

Full Service Partnerships. Serving children, transition age youth, adults, and older adults; including housing, food, clothing, etc. as needed. Services include, but are not limited to, one-on-one intensive case management, housing support, transportation, advocacy, and assistance navigating other health care and social service systems, child care, and socialization opportunities. Additionally, MCBH supports clients’ short-term acute inpatient stays in times of crisis. MCBH also operates a transitional housing program to stabilize a person’s living situation and provides services on-site. In FY 21/22, we served 35 partners as compared to 48 in FY 20/21.

General System Development

Expansion of Case Management/ Supportive Services:

Integrated Clinical Service Teams. Treatment teams are employed on an as-needed basis for individuals and families with mental health issues. Services include comprehensive assessments; individualized wellness and recovery action planning; case management services; individual and group mental health services; crisis services; linkages to needed services; and housing support.

Wellness Center. Sunrays of Hope Inc. is a fully peer to peer run organization providing peer support, transportation, socialization, soft working skills, education and trainings to many within the community of Modoc County. Transportation is provided to and from the center, on days of

operation and for events/trainings. Sunrays of Hope Inc and its staff/volunteers are committed to providing holistic and person-centered services to those within the community, so that they may gain whole health and wellness of their choosing. Sunrays of Hope Inc, continues to provide these services and due to Covid-19 has incorporated peer outreach, which was seen as a way to continue to provide Peer support throughout the pandemic.

Crisis Intervention/Stabilization. In terms of Crisis Intervention and Stabilization, MCBH staff are available 24/7 including responding to crisis calls from Law Enforcement and Hospital Emergency Department for 5150 assessments.

Peer Program/Wrap Program. MCBH employs a Peer Specialist who will participate with Sunrays of Hope Inc in the peer certification process. In collaboration with Painted Brain (Approved CalMHSA Vendor) and a Peer run organization and other peer organizations, Sunrays of Hope Inc will be partaking in Medi-Cal Peer Support Specialist Training in the month of September 2022. We have 12 slots and there are currently 11 peers/consumers registered to take the first State Peer recognized training. Through a grant from the Dept. of Health Care Access and Information (HACI) Peer Personnel Training and Placement Grant.

Continuum of Care Treatment. Continuum of care treatment plans are designed to address the mental health and substance use disorder needs of children and youth, adults, and/or offenders. The Children and Youth Continuum of Care is designed in close collaboration with the educational system stakeholders. The Incarcerated Persons to community Member Program (formerly Criminal Justice Continuum of Care) to transition people from jail to community, is designed for offenders who have been arrested, charged with or convicted of a criminal offense and have a history of mental health or substance use disorders, with an emphasis on providing services to clients who are homeless and clients in the outlying area of the county post-release. The plan activates from the time of arrest through adjudication and release. The treatment team, comprised of all direct service providers, meets semi-monthly to review cases and look at all available service options to ensure that a client-focused/client-centered holistic approach is used. This strategy is a collaborative system of care designed and delivered by the Community Corrections Partnership (CCP)

Community Activities and Support at Wellness Center. At the Wellness Center, Sunrays of Hope Inc provides community support, rehabilitation, loss and grief support, skill building, life skills - social and emotional support.

School-Based Behavioral Health Treatment for all Adolescent and School Personnel.

During the fiscal year 2020-2021, MCBH began offering additional school-based services in all three school districts of Modoc County (Modoc Joint Unified Schools District, Surprise Valley School District and Tulelake School District). Before this program was started, Modoc County Behavioral Health provided some school-based services for youth who met medical necessity for MediCal EPSDT but there was an expressed need for expanded services for other students who do not fit these criteria. The program developed as an expansion to the PBIS tiered system that had already been in place and is a strong collaborative program Modoc County Office of Education, Modoc County School Districts and Modoc County Behavioral Health. These expanded services are at no cost to families and the services were available to ALL youth in the schools who were referred through the PBIS tier system and to school personnel who needed additional mental health support. To conduct the ongoing support of the program

and service delivery, Modoc County Behavioral Health embedded clinical staff into the school system. Since the start of the program in February 2022, 48 children were referred to the program. 20 adolescents and 2 staff members received treatment services.

Outreach and Engagement. MCBH employs 0.5 FTE Health Program Manager and 1 Health Education Specialist to implement the community planning process and develop outreach services and events. MCBH offers several CSS programs, services, and activities that are encompassed in its Community Outreach & Engagement program, including the Promotora Program in the Northern part of the county. This program is being expanded into all of Modoc. Outreach van to engage with communities in outlying areas. These programs are designed to engage Modoc County's unserved and under-served individuals and communities, from both an ethnic/racial perspective and a geographic perspective. Through these programs, MCBH is also able to build trust in its communities and ensure that individuals who need more intensive services from the Department feel comfortable seeking them.

COMBINED / INTEGRATED PREVENTION & EARLY INTERVENTION (PEI) PROGRAM COMPONENT

MCBH has the goal of reducing isolation and building community supports, both of which have been identified as needs in the Community Program Planning Process.

Childhood Trauma & Early Intervention.

Nurse Home Visiting Program. The NHVP is a collaborative project between Behavioral Health and Public Health that utilizes Public Health Nurses to provide home visiting services to pregnant women and families with children from birth through age 18. The NHVP strives to improve overall wellness for pregnant women and families within Modoc County. Goals are to improve birth outcomes, support breastfeeding, promote early childhood development, raise awareness of adverse childhood experiences (ACEs), encourage positive parent-child interactions and support social-emotional development. In addition, the program assists families in accessing medical, dental, vision and behavioral health services and provides education, resources and referrals for individuals and families struggling with nutrition, substance use, homelessness, domestic violence/intimate partner violence, poverty and much more.

Positive Behavioral Intervention Services (PBIS), is a school climate change intervention first implemented by the Modoc County Office of Education in FY 17/18 and continues to be an effective program within our schools. Grounded in the behavioral and prevention sciences, it emphasizes a three-tiered support system framework. Tier 1, the primary prevention level gives support in positive behavioral interventions and supports for all students. Tier 2 is targeted group support for some students who struggle at some level. Tier 3 is individual support for a few students (usually 1%-5% of all students) and is provided by MCBH specialists and those best trained to support the students.

Strengthening Families (formerly Nurturing Families). Training, Employment and Community Help, Inc. (TEACH), is now using Strengthening Families which is an evidence-based program for children ages 7-17 and their parents learning skills concurrently to provide early intervention through convening and conducting two (2) Strengthening Families Program Sessions annually to include the following: Twelve (12) weekly sessions, marketing, referrals, evaluations, attendance records and AAPI-2 Pre and Post scores. In FY 21/22 Strengthening Families served 21 unduplicated clients. 24 in-person sessions were held for the FY 21/22. Covid-19 has continued to be a challenge for group sessions so many clients were served through Zoom, phone calls and one-on-one instruction with individuals.

Early Psychosis & Mood Disorder Detection & Intervention:

Outreach for Increasing Recognition of Early Signs of Mental Illness. MCBH “Reach Out” is integrated and infused throughout our system of care and our PEI services. The three primary strategies are to increase recognition of early signs of mental illness, provide timely access and effective linkage and reduce stigma and discrimination.

Wellness Center PEI Program. Stigma and Discrimination Reduction is delivered in collaboration with CalMHSA through Take Action for Mental Health and Know the Signs of Suicide Prevention.

Statewide PEI Initiative with CalMHSA. To promote emotional health and reduce the likelihood of mental illness, substance use and suicide among all Californians in diverse communities, schools, health care and workplace, the following efforts will be endeavored:

- ❖ Continued implementation of the Take Action for Mental Health social marketing and public education campaign activities to expand and develop emotional wellbeing activities for Californians.
- ❖ Implement the annual Directing Change Program which educates young people about critical health topics like suicide prevention and mental health and wellbeing through the medium of film and art.
- ❖ Increase outreach and dissemination of programs and resources, including mental health engagement materials.

Penetration and Holzer Prevalence Rates

FY	Penetration Rates	Holzer Prevalence Rates
19/20	13.8%	92.2%
20/21	13.0%	85.4%

Penetration and Holzer Prevalence Rates declined in 20/21 and this trend appears likely to continue into FY21/22. This correlates to the SARs Cov-2 pandemic.

Youth Outreach & Engagement Strategies:

Capturing Kid’s Hearts (CKH) Capturing Kids Hearts is a relationship building approach to discipline, that creates self-managing groups. The area of interest in this endeavor is mental health promotion for students. It centers on school climate change by building positive relationships with peers, teachers, staff and family. Specific culturally competent strategies are developed by each school, each teacher and each home, tailored to meet the needs of the students. Students at risk are referred to MCBH services for ongoing mental health support.

School-Wide Interventions and Trainings have been provided in coordination with the Modoc County Office of Education (MCOE). All teachers and staff have been trained this year in Trauma Informed Care, and Youth Mental Health First Aid, and Crisis Prevention Intervention. Crisis teams are situated at each site who are trained in ASIST Suicide Prevention Program. In response to Trauma Informed Care, Social Emotional Learning (SEL) was implemented at a Tier 1 level with site teams at every school site. Training has been provided and curriculum is being built around SEL. As a support for teachers and staff, MCOE has provided LivingWorks Start online evidence-based suicide prevention training.

40 Developmental Assets, an evidence-based program, coordinates training, outreach, and education on the Search Institute's 40 Developmental Assets, in order to support our community-wide effort to build child, youth, family, school, and community assets – assets that provide the building blocks of healthy development that help young people grow up healthy, caring, and responsible. The Modoc County Prevention Collaborative is the lead multi-agency body for planning and implementing activities designed to build and support child, youth and community assets. During the COVID-19 pandemic, in-school prevention instruction supported 40 Developmental Assets by using the Project Alert curriculum in Life Skills classes in elementary, middle and high schools. Monthly 'Family Nights' are resuming post Covid once more to support 40 Developmental Assets.

Project Alert (formerly Life Skills Training (LST)) is designed to promote a number of identified internal assets. MCBH presents the evidence-based LST curriculum in three school districts; Modoc, Surprise Valley, and Tulelake (5th and 7th grades), alternating years 4th, through 9th grades. Internal assets targeted by LST include positive values (*caring/helping others and responsibility*). Social competencies remain the same in Project Alert as they were previously in LSP (*planning/decision making, interpersonal competence – empathy, sensitivity and friendship skills, resistance skills – resisting negative peer pressure and dangerous situations, and peaceful conflict resolution*), and positive identity (*self-esteem and personal power – young person feels s/he has some control over "things that happen to me."*)

Culturally Competent & Linguistically Appropriate PEI:

Promotora Program. The Promotores are trusted members in their community who offer support and help empower others in their community through education and by connecting them to local resources. Promotores are strong advocates for the health and well-being of individuals, families and communities, especially those that are the most vulnerable and underserved. They share their knowledge and actively work towards creating health equity in their communities. Health equity is where everyone works individually and as a group to ensure that each person has a fair, just opportunity for health and wealth, as well as equitable access to basic resources. A widening socioeconomic gap, racism, and discrimination contribute to inequitable distribution of healthcare and mental and physical health disparities among Latinos and other people of color and those in poverty. But it doesn't have to be this way. The Promotores of Northern California was founded in August 2018 in collaboration with Modoc County Health Services and other local entities (Modoc County Early Head Start and Tulelake Newell Family Resource Center) along with numerous

volunteers and is predominantly based in the Newell /Tulelake areas, with hopes of expanding to Alturas and its surrounding areas.

Since 2018 the Promotores have:

- Hosted community trainings through Visión y Compromiso
- Led a book club series
- Hosted an annual health fair to bring awareness to community resources.
- Hosted dance therapy sessions to promote physical and mental well-being & health
- Facilitated Women's Support Groups

The ongoing goals of the Promotores are to:

- Create and improve equity in their communities.
- Increase community involvement and participation
- Bring training to promote professional development
- Create spaces for emotional support
- Involve the community for a common good.
- Increase participation by Latinx men in the program and thereby increase awareness of the behavioral health issues faced by the community.

On May 25, 2022, The Promotores of Northern California provided a training at Health Services on "Mental Health within the Latinx Communities". This 5-star training was hosted by the Cultural Competence Committee through Modoc County Behavioral Health and on October 6th - 8th 2022 the Promotores have been invited to present a session entitled "Thinking outside the box: Working with rural communities" at the 20th Annual Visión y Compromiso Conference in Los Angeles.

Trauma-Focused Cognitive Behavioral Therapy (Early Intervention program)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is used to help address the biopsychosocial needs of children with Post-Traumatic Stress Disorder (PTSD) or other problems related to traumatic life experience, and their parents or primary caregivers. Children and parents are provided knowledge and skills related to processing the trauma, managing distressing thoughts, feelings, and behaviors, and enhancing safety, parenting skills, and family communication. Education has been provided to the schools and law enforcement to raise awareness and identify clients to access and link with this MCBH service.

Initially three of our clinicians were trained in TF-CBT. Since then, three more clinicians have been trained in TF-CBT. This additional training is in anticipation of increased referrals for this treatment modality resulting from educating schools and law enforcement to greater awareness of this need.

Strategies Targeting Mental Health Needs of Older Adults (This is a proposal for the next 3 year cycle).

This next activity funded through the Prevention category is a portion of the operations at the Alturas and Surprise Valley Senior. Located in Alturas, CA and remote Cedarville, CA. The Senior Center is the fixture of the community. This program is operated by Teach and typically includes meals for seniors, a welcoming area to spend time during the day and structured activities ranging from games to informative learning sessions. The Senior Center lead staff person will be trained in Healthy IDEAS, a depression screening tool for seniors and will be trained on how to refer individuals to MCBH for services. Through this partnership with the Alturas and SV Senior Center, MCBH has the goal of reducing isolation and building community supports, both of which have been identified as needs in the Community Planning Process.

Partners and Collaborators

- | | | |
|---|---|--|
| Alturas Elementary School | • Alturas Police Department | • Boy Scouts |
| • Cal Works | • California Highway Patrol | • CASA Program |
| • Child Abuse Prevention Council | • Child Welfare Services | • Community members |
| • County Welfare Services | • Dependency Drug Treatment Court | • Drug Court Steering Committee |
| • Family Wellness Court | • First 5 MODOC • Healthy Beginnings | • Independent Living Skills Program |
| • Native Americans | • Modoc 4-H Youth Development Program | • Modoc County Behavioral Health (AOD and MH) |
| • Modoc County Office of Education | • Modoc County Joint Unified School District | • Modoc County Public Health |
| • Modoc County Public Health CHDP Program | • Modoc County Public Health Tobacco Education Program | • Modoc County Sherriff's Office/Jail |
| • Modoc County Social Services | • Modoc County Teen Health Coalition | • Modoc Early Head Start |
| • Modoc High School | • Modoc Middle School | • Modoc Superior Court |
| • Pit River Indian Health | • Prevention Collaborative | • Probation |
| • Senior Peer Counseling Program | • Strong Family Health Center (Modoc Indian Health Project) | • Superior Court Judges |
| • Surprise Valley Hospital | • Surprise Valley Elementary School | • Surprise Valley High School |
| • Surprise Valley Joint Unified School District | • TEACH, Inc. | • Tulelake Basin Joint Unified School District |

PEI Evaluation Requirement for Populations Under 100,000: PEI Evaluation Reporting Table

PEI Evaluation Reporting Requirements for Required Programs & Strategies FY 20/21

PEI Reporting Requirements for Required Programs and Strategies <i>(Based on Methods for Complying with Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Regulations for Data Collection and Reporting. Nov. 30 2017 slides 15,17)</i>	
FY21/22	
<i>Outreach for Increasing Recognition of Early Signs of Mental Illness</i>	
Number of Potential Responders	Forty Three various groups comprised of multiple individuals; matched to partners/collaborators list.
Settings in which the potential responders were engaged:	See Partners and Collaborators listed above and Potential Responder table in Appendix A; schools, churches, hospitals, jail, justice system, non-profit organizations, government agencies, migrant centers, tribal clinics, senior centers, drop-in peer centers
<i>Access and Linkage to Treatment</i>	
Number of individuals with serious mental illness referred to treatment:	462 (152 Children and 310 Adults)
Kind of treatment to which individual was referred:	Counseling, Trauma Focused Cognitive Behavioral Therapy, Parenting Education, Medically Assisted Treatment
Average duration of untreated mental illness:	N/A
Average interval between the referral and participation in treatment:	In FY 21/22 ninety-nine percent of clients waited ≤ 10 business days from initial request to first offered appointment (average wait time was 2.7 days); ninety-one percent of clients kept their first appointment in ≤ 10 business days (average 4.2 days.
<i>Timely Access to Services for Underserved Populations</i>	
Specific underserved populations for whom the county intended to increase timely access to services:	Children, TAY, Adults, Older Adults, Families, American Indian, Hispanic/LatinX, LGBTQ+
Number of referrals of members of underserved populations to a Prevention	462

Program, an Early Intervention Program, and/or treatment beyond early onset:	
Number of individuals who followed through on the referral:	462
Average interval between referral and participation in services:	In FY 21/22 ninety-nine percent of clients waited ≤ 10 business days from initial request to first offered appointment (average wait time was 2.7 days); ninety-one percent of clients kept their first appointment in ≤ 10 business days (average 4.2 days.
Description of ways the County encouraged access to services and follow-through on referrals:	Advertised call-in numbers; Increased awareness through Each Mind Matters; Encouraged engagement through social media, Advertisements in local newspaper, Collaborated with community and judicial groups to identify and mitigate barriers to service access; Continued to provide < 15 minute response tie to crisis calls, Home visits, Provide Tele-medicine, Worked closely with schools for comprehensive follow through on referrals.
<i>Strategies that are Non-Stigmatizing and Non-Discriminatory</i>	
Required, but no data requirements	Materials printed in Spanish and English, Interpreters, Peer participation, Sunrays of Hope's services, Travelling to out-lying areas to provide services, CalMHSA stigma reduction programs and materials
<i>Number of Clients and Average Dollars of Service Received by Clients</i>	
CSS Clients	427 Clients.\$4463 (Dollar amount based on 20-21 EQRO Audit Report).
FSP Clients	48 Clients \$7,379 (Dollar amount based on 20-21 Cost Report.).

INNOVATION

INN Project #1: Innovations and Improvement through Data (IITD)

This project was approved on April 27th 2017 and was scheduled for termination on May 1st 2022. The project is now complete.

INN Project #2: Help @Hand (H@H) Collaboration Project

The MHSOAC approved this project on April 26, 2018 and it was scheduled for termination April 30, 2023.

Description and Outcomes

Modoc County Behavioral Health and its collaborative county and city partners were building a suite of technology-based mental health services and solutions to collect passive data to identify early signs and signals of mental health symptoms and then provide access and linkage to intervention. Technology-based services were to be accessible to clients and public users through devices like computers and smartphones. The project was to identify those in need of mental health care services through active online engagement, automated screening and assessment. Services were focused on prevention, early intervention, and family and social support intended to decrease the need for psychiatric hospital and emergency care service.

This project was implemented in multiple counties and cities across California, to strive to bring interactive technology tools into the public mental health system through a highly innovative “suite” of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed. Counties pooled their resources through the Joint Powers Authority, CalMHSA, to jointly manage and direct the use of selected technology products.

MCBH fully collaborated with the other counties, vendors and CalMHSA in the development of this Innovation project.

Challenges and Mitigation Efforts

In October, 2020 MCBH notified CalMHSA that after discussing the state of the project with stakeholders, Modoc County would be exiting their contract with CalMHSA for this Innovation Project as of April 7, 2021. The project became too process heavy for a small county, thus leaving MCBH without the needed flexibility and agility inherent in Innovation projects. In addition, the apps being explored were not of interest to the stakeholders. Even so, MCBH realized value added in peer development as well as plans to provide Appy Hours (digital health literacy) through Sunrays of Hope. Also realized is a catalog of digital health applications, produced as a gift from the peers in Kern County, that beneficiaries and the general community may use to support mental health.

This project was closed out effective 07/01/22

INN Project #3: Integrated Health for Individuals with Severe Mental Illness (SMI)

The purpose of this project is to implement and evaluate an integrated approach to healthcare for Modoc County residents receiving specialty mental health services (SMS) who are prescribed antipsychotics. This approach will include mental health care combined with physical health care. The project will introduce a metabolic screening protocol for clients with SMI who are prescribed antipsychotics, identify high risk patients, and provide appropriate interventions with the goal of preventing or reducing negative health impacts. Nutrition, exercise, and tobacco cessation support are planned to be provided to help individuals with risk factors such as high blood pressure, diabetes, and obesity. Additionally, participants will be screened periodically, using the nine-question Public Health Questionnaire (PHQ 9) Depression Identification Tool and a tool that combines a 4-item Positive Symptom Rating Scale and Brief Negative Symptom Assessment (PSS-4/BNSS), by Behavioral Health nurses and licensed or waived mental health clinicians, to measure mental health status, along with metabolic monitoring and on-site primary provider care.

This project received approval May 25th 2022 with \$480k in funding for 5 years

WORKFORCE EDUCATION AND TRAINING

The MCBH Workforce Education and Training (WET) program provides training components, career pathways, and financial incentive programs to staff, volunteers, clients, and family members.

CalMHSA SRP Project. Beginning in Fiscal Year 2021/2022, the Superior Regional Partnership/SRP (comprised of 16 Northern California counties, including Modoc) entered into a limited agreement with the California Mental Health Services Authority (CalMHSA) to develop and manage a regional WET project that addresses the shortage of licensed mental health practitioners in the public mental health system. The CalMHSA SRP project will encompass five potential categories of financial and professional development incentives that encourage licensed individuals to apply to hard-to-fill positions, and that provide ongoing education to support staff retention and professional growth.

The five categories include:

- ❖ Pipeline Development;
- ❖ Loan Repayment;
- ❖ Undergraduate College and University Scholarship;
- ❖ Clinical Master and Doctoral Graduate Education Stipends;
- ❖ and Retention Activities.

Each participating county is able to select its local priorities within the five potential categories

Clinical Training and Certifications. The purpose of training and educating behavioral health professionals is to ensure both individual understanding and a team approach with shared knowledge, skills and attitudes towards the prevention (and management) of behavioral health conditions.

CAPITAL FACILITIES/TECHNOLOGICAL NEEDS

CFTN Project Descriptions and Achievements

Capital Facilities (CF) project – Behavioral Health Building Purchase: Modoc County Health Services purchased its office building and are continuing to make modifications to the interior and exterior to expand program areas and office space to meet the needs of staff and community members. This project was fully approved on May 8th 2-18.

FY 2022/2023 Mental Health Services Act Annual Update

Funding Summary

County: Modoc Date: 8/17/22

	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2022/2023 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 4,249,254	\$ 866,367	\$ 251,497			\$ 392,497
2. Estimated New FY 2022/2023 Funding	\$ 1,516,495	\$ 387,506	\$ 102,482			
3. Transfer in FY 2022/2023 ^{a/}	\$ (345,392)			\$ 50,000	\$ 295,392	
4. Access Local Prudent Reserve in FY 2022/2023						
5. Estimated Available Funding for FY 2022/2023	\$ 5,420,357	\$ 1,253,873	\$ 353,979			
B. Estimated FY 2022/2023 MHSA Expenditures^{b/}	\$ 1,062,898	\$ 431,064	\$ 96,000			
C. Estimated FY 2022/2023 Unspent Fund Balance	\$ 4,357,459	\$ 822,809	\$ 257,979			\$ 392,497

D. Estimated Local Prudent Reserve Balance						
1. Estimated Local Prudent Reserve Balance on June 30, 2022		\$ 392,497				
2. Contributions to the Local Prudent Reserve in FY 2022/2023						
3. Distributions from the Local Prudent Reserve in FY 2022/2023						
4. Estimated Local Prudent Reserve Balance on June 30, 2023		\$ 392,497				

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

b/ All MHSA funds are spent via "first in, first out."

**FY 2022/2023 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Modoc Date: 8/17/22

		Fiscal Year 2022/2023					
		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
All MHA funds are managed via "first in, first out."							
FSP Programs							
1.	Integrated FSP Program	\$ 658,997	\$ 658,997				
FSP Programs							
2.	Integrated Non-FSP Program	\$ 297,611	\$ 297,611				
CSS Administration		\$ 106,290	\$ 106,290				
CSS MHA Housing Program Assigned Funds							
Total CSS Program Estimated Expenditures		\$ 1,062,898	\$ 1,062,898				
FSP Programs as Percent of Total		62.0%					

**FY 2022/2023 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Modoc Date: 8/17/22

Fiscal Year 2022/2023						
	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						
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Suicide Prevention (SP); Stigma Reduction (SR); Access (A)</i>						
1. Integrated Prevention through Development Assets (P)	\$ 227,999	\$ 227,999				
2. Trauma-Focused CBT (EI)	\$ 79,980	\$ 79,980				
3. Outreach (O/A)	\$ 32,933	\$ 32,933				
4. CalMHSA-JPA (SR/SP)	\$ 47,047	\$ 47,047				
PEI Administration	\$ 43,106	\$ 43,106				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	\$ 431,064	\$ 431,064				

FY 2022/2023 Mental Health Services Act Annual Update
Innovation (INN) Funding

County: Modoc								Date: 8/17/22
Fiscal Year 2022/2023								
	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 Program								
3. Integrated Health for Individuals with SMI	\$ 96,000	\$ 96,000						
INN Administration								
Total INN Program Estimated Expenditures	\$ 96,000	\$ 96,000						

FY 2022/2023 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Modoc Date: 8/17/22

	Fiscal Year 2022/2023					
	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
All MHSA funds are managed via "first in, first out."						
WET Programs						
None at this time						
WET Administration						
Total WET Program Estimated Expenditures						

**FY 2022/2023 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: Modoc Date: 8/17/22

Fiscal Year 2022/2023					
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
All MHSA funds are managed via "first in, first out."					
CFTN Programs					
<i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i>					
<i>No projects at this time</i>					
CFTN Administration					
Total CFTN Program Estimated Expenditures					



204 S. Court St Alturas, CA, 96101 (530) 233-6201

Modoc County Board of Supervisors
MINUTE ORDER

The following action was taken by the Modoc County Board of Supervisors on October 11, 2022:

2.a. Consideration/Action: Requesting approval and authorization for the Chair of the Board to sign the Mental Health Services Act (MHSA) Fiscal Year 2022-2023 Annual Update and Prevention and Early Intervention (PEI) Evaluation Report Fiscal Year 2020-2021. (Behavioral Health)

Ordered on a motion by Supervisor Rhoads, seconded by Supervisor Cavasso to approve and authorize the Chair of the Board to sign the Mental Health Services Act (MHSA) Fiscal Year 2022-2023 Annual Update and Prevention and Early Intervention (PEI) Evaluation Report Fiscal Year 2020-2021. (Behavioral Health)

Motion Approved:

RESULT: APPROVED BY CONSENT VOTE [UNANIMOUS]

MOVER: Kathie Rhoads, Supervisor District III

SECONDER: Elizabeth Cavasso, Supervisor District IV

AYES: Ned Coe, Supervisor District I, Kathie Rhoads, Supervisor District III, Elizabeth Cavasso, Supervisor District IV, Geri Byrne, Supervisor District V

ABSENT: Shane Starr, Supervisor District II

STATE OF CALIFORNIA

COUNTY OF MODOC

I, Tiffany Martinez, Clerk to the Board of Supervisors in and for the County of Modoc, State of California, do hereby certify that the above and foregoing is a full, true and correct copy of an ORDER as appears on the Minutes of said Board of Supervisors dated October 11, 2022 on file in my office.

WITNESS my hand and the seal of the Board of Supervisors this 12th day of October 2022.




Mickey Cole

Extra Help to Clerk of the Board

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Modoc

Local Mental Health Director	Program Lead
Name: <u>Michael Traverso</u>	Name: <u>Jothannah Douglas</u>
Telephone Number: <u>530-233-6312</u>	Telephone Number: <u>530-233-6312</u>
E-mail: <u>michaeltraverso@co.modoc.ca.us</u>	E-mail: <u>jodouglas@co.modoc.ca.us</u>
County Mental Health Mailing Address: <u>441 N. Main St.</u> <u>Alturas, CA 96101</u>	

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

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 11th October 2022.

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.

Michael Traverso
Local Mental Health Director/Designee (PRINT)

Michael Traverso 11/3/22
Signature Date

County: Modoc

Date: 11/3/22

