
POSTED FOR PUBLIC COMMENT

May 7, 2024 through June 5, 2024



Modoc County Behavioral Health

MENTAL HEALTH SERVICES ACT (MHSA) FY 2024/2025 Annual Update

This proposed MHSA Annual Update is available for a 30-day public review and comment period from May 7, 2024 through June 5, 2024.

- ★ We welcome your feedback by phone or in writing during the comment period. ★
★ Comments may also be made during the Public Hearing. ★

Public Hearing Information

Thursday, June 6, 2024
3:30 pm

Modoc County Behavioral Health
Conference Room
441 North Main Street
Alturas, CA 96101

Feedback or Questions?

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

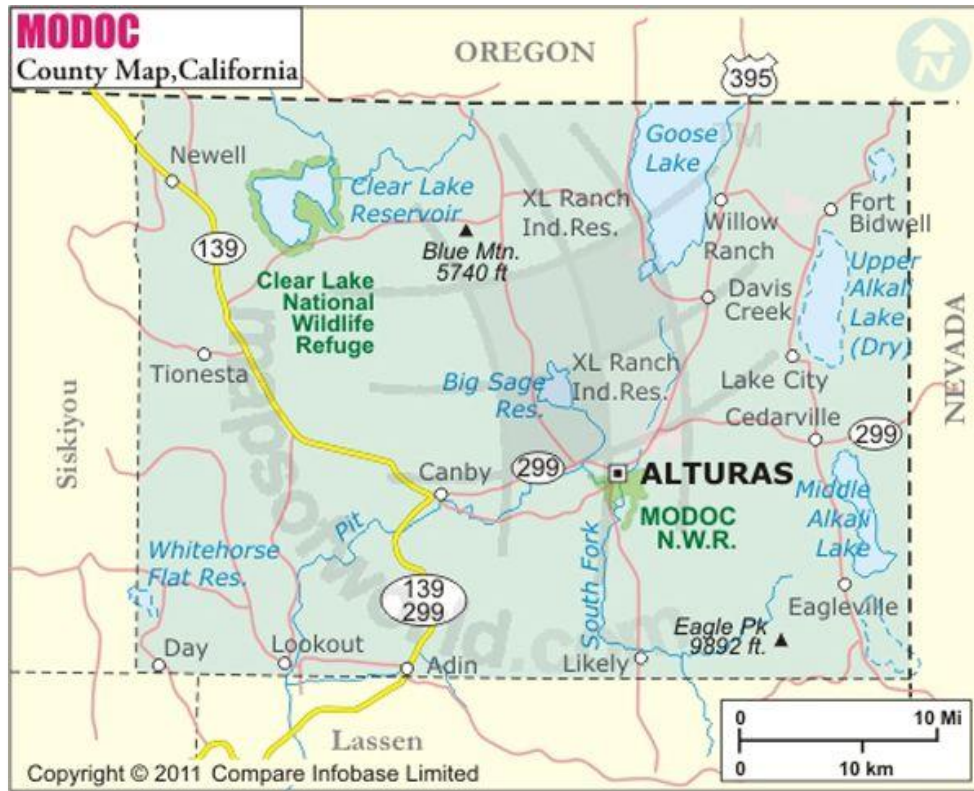
Thank you!

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MODOC COUNTY BEHAVIORAL HEALTH MHTSA Annual Update Fiscal Year 2024/2025

A. COUNTY DESCRIPTION AND DEMOGRAPHICS



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 0.46% 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 -0.4% in the County and an overall California population decrease of 0.8%². As of the 2020 census, the population was 8,700, making Modoc California's third-least populous county.³

The County has been designated by California 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. Within the borders of Modoc County, there are small towns; ranches;

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

² <https://www.census.gov/quickfacts/fact/table/modoccountycalifornia,CA/PST045222>

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

farmlands; lava beds; wildlife refuges; caverns; lakes and reservoirs; and forests. Modoc County ranks as the 12th largest Californian county geographically, boasting 3,918 square miles of land.⁴

Modoc County has only one incorporated city, Alturas, the County seat, with a population of just over 2,500.⁵ 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. In 2018, 3,166 people were employed in Modoc County. The largest industries were Agriculture, Forestry, Fishing and Hunting; Health Care and Social Assistance; and Public Administration. The highest paying industries were Finance and Insurance; Manufacturing; and Transportation, Warehousing, and Utilities.⁶ There has been a major decline in forestry jobs over the last 25 years and some decline in 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 3.4%⁷ compared to the statewide rate of 4.3%.⁸

Modoc County has one of the lowest median household incomes in the state at \$51,250 in 2020, compared to \$78,672 statewide the same year. The county has a high percentage of population living under the poverty level (17.9%, well above the statewide average of 11.5%) with a density of 2.5 people per mile.⁹ A little over 68% of students are receiving free or reduced lunches.¹⁰ In 2022, there were 28% of children living in poverty in Modoc County, compared to 15% statewide.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. 88% of Modoc County residents identify themselves as White; nearly 15% are Hispanic. American Indians comprise approximately 3.5% of county residents, but are a

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

⁵ <http://www.city-data.com/city/Alturas-California.html>

⁶ <https://datausa.io/profile/geo/modoc-county-ca/>

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

⁸ <https://fred.stlouisfed.org/series/CAURN>

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

significant voice in this community. Very small numbers of Asian/Pacific Islanders and African Americans also live in Modoc County.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 (statewide rate is 83%); those of the same age group with a bachelor's degree or graduate studies are an estimated 18% (California rate 35%).¹⁴

While those who live in Modoc County enjoy all of 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 that often lasts into May, causing further isolation. The sheer size and topography of the county 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 at-risk individuals having too much downtime and little incentive to thrive.

B. OVERVIEW OF THE MENTAL HEALTH SERVICES ACT

In November 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA), which created a system of mental health care funded by a tax on Californians with incomes over 1 million dollars. MHSA addresses a broad continuum of prevention, early intervention, and service needs; and the necessary infrastructure, technology, and training elements that effectively support this system. Implemented in Modoc County beginning in FY 2004-2005, MHSA continues to provide increased funding, staffing, and other resources to support county mental health programs and monitor progress toward performance outcomes for children, transition age youth, adults, older adults, and their families.

MHSA target populations include:

- Children (ages 0-15) at risk of placement out of home (hospitals, juvenile justice system, foster care), and their families
- Transition Age Youth (ages 16-25) at risk of placement out of home (hospitals, criminal/juvenile justice systems)
- Adults (ages 26-59) with serious mental illness and at risk of hospitalization, involvement in the criminal justice system, and/or homelessness
- Older Adults (ages 60+) at risk of losing their independence and being institutionalized due to mental health problems

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

¹³ <https://data.census.gov/cedsci/table?q=Veterans%20in%20Modoc%20County&tid=ACSST5Y2020.S2101>

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

Modoc County Behavioral Health (MCBH) is required to develop and submit three-year program and expenditure plans, and annual updates, that address the activities, services, and projects that will be implemented within the framework of MHSA. The plans and updates include planning budgets that outline the anticipated expenditures. The plans/updates also allow MCBH the opportunity to report on the successes and challenges of the programs and projects that were implemented; applicable data; related performance outcomes; and any anticipated changes in the coming year(s). Stakeholder and community involvement is essential in the planning and development of the MHSA system.

C. MHSA COMMUNITY PROGRAM PLANNING

1. Community Program Planning Activities

The MCBH Community Program Planning (CPP) process for the development of the MHSA FY 2024/25 Annual Update builds upon the planning process that was utilized for the development of the most recent MHSA Three-Year Plan, as well as past plans and annual updates. Over the past several years, these planning processes have been comprehensive and, since 2005, have included the input of diverse stakeholders through one-on-one discussions, formal focus groups, stakeholder meetings, and surveys. It is estimated that hundreds of stakeholders have participated in the planning process since 2005.

Components addressed by the CPP 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, MCBH provides basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

In 2023-2024, MCBH emphasized the work done by community partners, in addition to the county's behavioral health services. Representatives from Training, Employment and Community Help, Inc (TEACH), *Promotores* of Northern California, Sunrays of Hope, First 5 Modoc, and the Transition-Aged Youth Center (TAY Center) each presented at one or more community meetings. The community meetings included robust in-person conversations; and community members who were unable to attend an in-person meeting were able to provide feedback via a survey.

Modoc County gathered community feedback via three in-person community meetings and a survey. Surveys and in-person meeting dates were shared with community stakeholders directly, advertised in the newspaper and via flyers, and offered to individuals when they received services. The surveys were available in March 2024 in both English and Spanish, in paper and digital formats. The County contracted the Behavioral Health Data Project to compile survey data and facilitate three in-person meetings on the following dates:

- Tuesday, March 5 at 12:00 pm in Alturas, CA;
- Tuesday, March 5 at 6:00 pm in Alturas, CA; and
- Wednesday, May 6 at 6:00 pm in Newell, CA.

In-person meetings were open to all community members and specifically scheduled and advertised to reach individuals in Modoc County with lived experience of behavioral health challenges and housing insecurity, older adults, and monolingual Spanish speakers. In-person meeting attendees also completed a brief demographic survey.

With 14 survey responses and over 59 participants at in-person events, MCBH is confident in the robustness of its review and can move forward knowing it is providing the services that the people of Modoc County require, at the best level possible. MCBH also reviewed data on its Full-Service Partnership (FSP) clients to ensure that FSP participants are achieving positive outcomes. Information from Sunrays of Hope, Inc. was reviewed to ensure participant satisfaction with MHSA services delivered through this key provider. Outcome and service utilization data is regularly reviewed by the clinical team to monitor clients' progress over time. This data has helped MCBH to understand service utilization and evaluate client progress, and has been instrumental in the planning process to continually improve FSP services.

The MHSA Annual Update 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, ongoing MHSA planning, development, and evaluation activities were discussed with other local entities, such as the Behavioral Health Advisory Board, to obtain input and strategies for improving the service delivery system.

All stakeholder groups and boards are in full support of this MHSA FY 2024/25 Annual Update and the strategies to maintain and enhance services.

A full summary of this year's CPP is included in Appendix A.

D. CAPACITY TO IMPLEMENT SELECTED MHSA PROGRAMS

MCBH is required to provide an assessment of its capacity to implement the proposed MHSA programs and services.

- 1. Requirement:** Demonstrate the strengths and limitations of the County and service providers that impact their ability to meet the needs of the MH community, including the Latino and Native American communities and other diverse populations. Include an assessment of bilingual proficiency in threshold languages.
 - a. Strengths of the MCBH System:** MCBH has strong innovative programs that are responsive to client and community needs. The community is supportive of MCBH services and activities, and there is excellent collaboration between county agencies and community organizations.
 - b. Limitations of the MCBH System:** MCBH continues to struggle with workforce shortages, especially recruitment of clinical staff. There are limited resources within Modoc County, including ADA-compliant spaces to gather and deliver services in the community. Harsh weather conditions and geographically-

isolated communities result in difficulty providing BH services in this rural and remote county.

- c. **Bilingual Proficiency of MCBH Staff:** There are two (2) threshold languages in Modoc County: English and Spanish. Per a recent staff survey, MCBH had a total of 21 staff members, with one (1) staff member (4.8%) who were bilingual. (*Data source: MCBH Staff Survey, 2024*).
2. **Requirement:** Provide percentage of diverse cultural, racial/ethnic, and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.
- a. **Comparison of Modoc County Population; MCBH clients; and MCBH staff on age, race/ethnicity, language, and gender.** Figure 1 shows census data from 2020 with a county population of 8,700. Current data on the number of mental health clients and BH staff are also shown. When examining the data for Race/Ethnicity, the proportion of persons who are Hispanic in the general population (13%) and the client population (14.1%) is comparable. Data shows that 4.8% of MCBH staff are Hispanic. For gender, there are 49.6% females in the population; 58.4% female clients; and 85.7% female staff.

Figure 1
Modoc County Population, Mental Health Clients, and MCBH Staff, by Demographics
FY 2022/23

	Modoc County Population 2020 Census		MCBH Mental Health Clients		MCBH Staff	
Race/Ethnicity Distribution						
Black	66	1.0%	5	1.0%	-	-
Native American/ Alaskan Native	387	4.9%	38	7.7%	1	4.8%
Asian/ Pacific Islander	74	1.2%	11	2.2%	-	-
White	6,446	79.0%	354	71.5%	17	81.0%
Hispanic	1,259	13.0%	70	14.1%	1	4.8%
Other/ Unknown	468	1.0%	17	3.4%	2	9.5%
Total	8,700	100.0%	495	100.0%	21	100.0%
Language Distribution						
English	-	-	489	98.8%	21	100.0%
Spanish	-	-	2	0.4%	-	-
Other/ Unknown	-	-	4	0.8%	-	-
Total	-	-	495	100.0%	21	100.0%
Gender Distribution						
Male	4,347	50.4%	206	41.6%	2	9.5%
Female	4,353	49.6%	289	58.4%	18	85.7%
Decline to answer	-	-	-	-	1	4.8%
Total	8,700	100.0%	495	100.0%	21	100.0%

3. **Requirement:** Identify possible barriers to implementing the proposed MHSA programs/services and methods of addressing these barriers.
 - a. **Barriers to Implementation:** MCBH continues to struggle with workforce shortages, especially recruitment of clinical staff. Weather and road conditions impact travel and transportation across the county, creating challenging conditions for delivering services in remote communities.
 - b. **Mitigation Efforts:** MCBH has been working to mitigate staffing shortages through participation in a regional Workforce Education and Training (WET) project to address the shortage of licensed mental health practitioners. In addition, MCBH is training existing staff to expand their job duties to meet the needs. Recruitment focuses on hiring individuals to fill the positions that have the highest impact to expand service delivery and MHSA activities, and to provide needed support to the system of care. MCBH is also exploring telehealth and other technological solutions to both staffing and geographic isolation issues.

E. LOCAL REVIEW PROCESS

1. 30-Day Posting Period and Circulation Methods

This proposed MHSA Annual Update has been posted for a 30-day public review and comment period from May 7, 2024 through June 5, 2024. An electronic copy has been posted on the County website. This proposed document was distributed to all members of the County Board of Supervisors; local Behavioral Health Board members; community partnership groups; public agencies; clients (upon request); MCBH staff (upon request); and general stakeholders (upon request). Hard copies were available at the MCBH clinic; Sunrays of Hope Wellness Center; and in the lobbies of frequently-accessed public areas, including the courthouse, county administration, and the local library.

Modoc County MHSA website:

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

Comments and feedback about the posted MHSA Annual Update are welcome, and should be directed to:

Stacy Sphar, DNP, Director of Health Services
MHSA Annual Update
Modoc County Behavioral Health
441 N. Main Street, Alturas, CA 96101
Phone: 530-233-6312
stacysphar@co.modoc.ca.us

All feedback received about the MHSA Annual Update will be summarized and added to the final document.

2. Public Hearing Information

The Public Hearing for the posted MHSA Annual Update will be held on June 6, 2024. The meeting will be held in person.

- **DATE:** Thursday, June 6, 2024
- **TIME:** 3:30 pm
- **LOCATION:** MCBH Conference Room, 441 North Main Street, Alturas, CA 96101

Feedback on the MHSA Annual Update may be made during the public hearing.

All feedback received about the MHSA Annual Update will be summarized and added to the final document.

3. Public Feedback on Proposed Document

Feedback on the posted MHSA Annual Update will be summarized and added to the final document.

4. Substantive Recommendations and Changes

Substantive recommendations and changes to the MHSA Annual Update will be reviewed and incorporated into the final document, as appropriate. If no substantive recommendations and changes are received, MCBH will note in this section accordingly.

5. County Supervisor Approval and State Submission

The MHSA Annual Update will be submitted to the County Board of Supervisors (BOS) after the public hearing. After BOS approval, the final approved document will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

F. COMMUNITY SERVICES AND SUPPORTS (CSS)

Through Community Services and Supports (CSS) funding, MCBH 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 to support their 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.

The CSS component is divided into two (2) programs: 1) Integrated CSS Full-Service Partnership (FSP) Program; and 2) Integrated CSS Non-FSP Program.

1. Report on Integrated CSS FSP Program (FY 2022/23 and Current)

The Integrated CSS Full-Service Partnership (FSP) program is designed to provide expanded mental health services and supports to individuals with serious mental illness (SMI) and children with severe emotional disturbance (SED), and to assist these clients in achieving their recovery goals.

Components of the FSP program include, but are not limited to, 24/7 coverage with designated FSP staff; educational and/or employment services; assistance with local transportation to meet basic needs; linkage to home and community services; and flexible funding to support a client with “whatever it takes” for a limited time, when consistent with the treatment plan and recovery goals.

In addition to diagnostic criteria, MHSA regulations specify individuals selected for participation in FSP services must meet additional risk criteria based on age group (children and youth, transitional-aged youth, adults, and older adults) and determination of unserved or underserved status. These criteria include determination of the risk of out-of-home placement, involuntary hospitalization, or institutionalization; homelessness or at risk of becoming homeless; involvement in the criminal justice system; and frequent use of crisis or emergency room services as the primary resource for mental health treatment.

MCBH serves children, transition age youth, adults, and older adults. 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; childcare; and socialization and community connection opportunities. Flexible funding is used to help with housing stipends, food, clothing, etc., as needed to support the FSP client in meeting their treatment goals. In addition, MCBH may support FSP clients’ short-term acute inpatient costs in times of crisis. MCBH also operates a transitional housing program to stabilize a person’s living situation and provides MHSA services onsite.

MCBH is exploring options for developing several housing resources and supportive services for high-need clients, in collaboration with state grant agencies, other county agencies, and local community organizations. Services may include onsite case management for FSP residents,

including those with co-occurring diagnoses. CSS funding may be used to supplement state grant funding and cover staffing costs; and Capital Facilities funding may be used to remodel the site(s). MCBH will develop these projects in the next fiscal years, when appropriate locations have been identified and secured, and as staffing and funding allow.

❖ Integrated CSS FSP Program Data (FY 2022/23)

The FSP program served 43 people in FY 2022/23 (see Figure 2). Of the people served, 27 (62.8%) were adults ages 26-59 and 16 (37.2%) were other ages.

Note: The age categories of 0 – 15, 16 – 25, and 60+ have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 2
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Age
FY 2022/23

	# Clients	% Clients
26 - 59 years	27	62.8%
Other	16	37.2%
Total	43	100.0%

Of the 43 people enrolled in the FSP program in FY 2022/23 (see Figure 3), 18 were male (41.9%) and 25 were female (58.1%).

Figure 3
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Gender
FY 2022/23

	# Clients	% Clients
Male	18	41.9%
Female	25	58.1%
Total	43	100.0%

Of the 43 people enrolled in the FSP program in FY 2022/23 (see Figure 4), 28 were White (65.1%) and 15 were other race/ethnicities (34.9%).

Note: The Race/Ethnicity categories of Hispanic, Black, Asian/Pacific Islander, and Native American/ Alaskan Native have been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 4
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Race/Ethnicity
FY 2022/23

	# Clients	% Clients
White	28	65.1%
Other/Unknown	15	34.9%
Total	43	100.0%

Of the 43 people enrolled in the FSP program in FY 2022/23 (see Figure 5), 41 (95.3%) were English speakers.

Figure 5
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Preferred Language
FY 2022/23

	# Clients	% Clients
English	41	95.3%
Other/Unknown	2	4.7%
Total	43	100.0%

FSP clients are some of the highest need clients served by MCBH. Clients receive a full array of services, as shown in Figure 6 below. The 43 clients that received FSP services in FY 2022/23 received 694.4 hours of services, which calculates as an average of 16.1 hours per person. Of the 43 clients, 18 received assessment; 20 received case management; 21 received individual therapy; 21 received rehab. individual; 5 received collateral; 17 received plan development; and 8 attended groups. 21 of the 43 FSP clients received crisis intervention, which shows that 48.8% needed this intensive service. This data also shows that 51.2% of the FSP clients did not receive crisis services in the fiscal year, which demonstrates the positive outcomes from outpatient services for these high-risk clients to help them manage their wellness and recovery.

Figure 6
CSS Full-Service Partnership Services
Total Mental Health FSP Hours, Clients, by Hours per Client, by Service Type
FY 2022/23

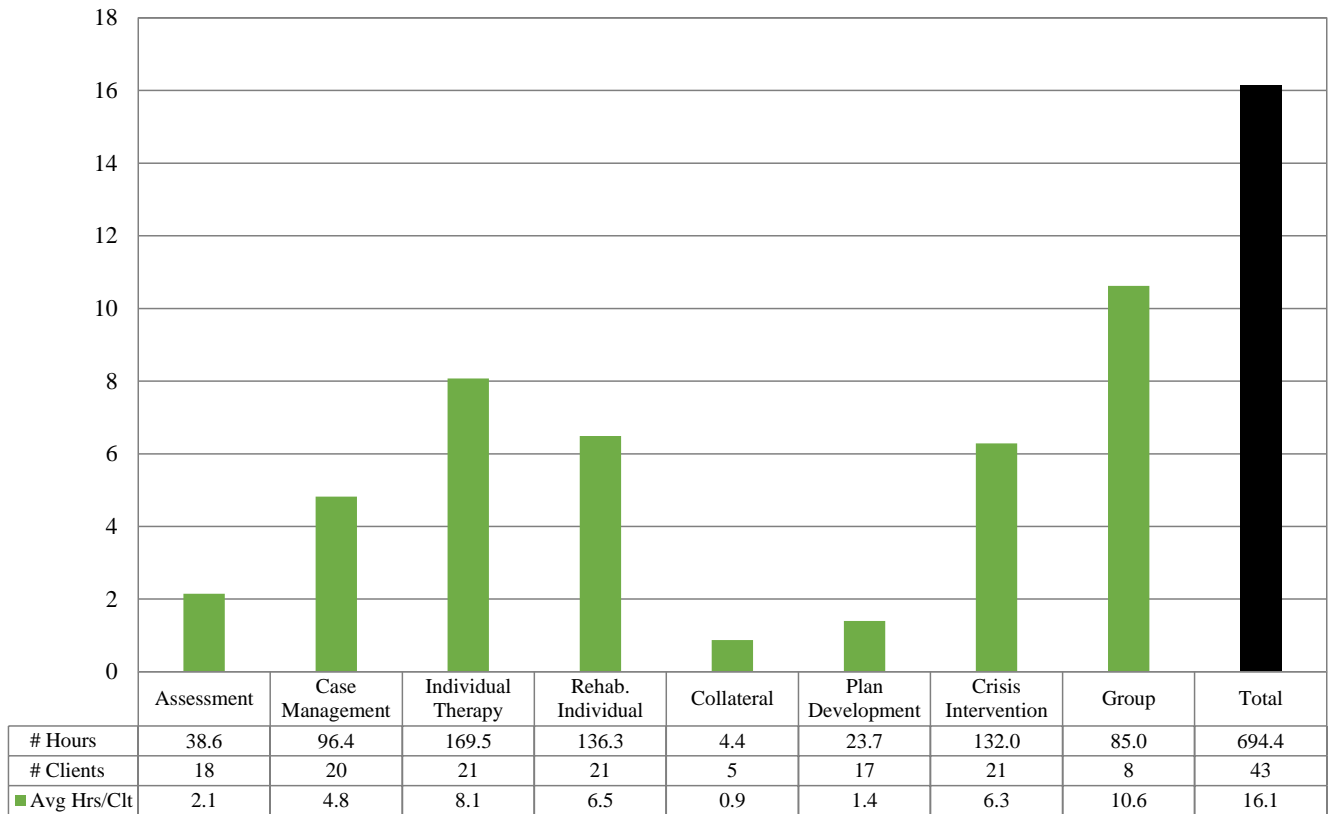


Figure 7 shows the total number and percentage of clients who receive psychiatric inpatient services and those who were not admitted in FY 2022/23. This data shows that 81.4% of all FSP clients were not hospitalized in the fiscal year, an excellent outcome!

Figure 7
CSS Full-Service Partnership Services
Number and Percent of FSP Clients Who Remained Out of Inpatient
FY 2022/23

	# Clients	% Clients
No Inpatient Admissions	35	81.4%
Inpatient Admission(s)	8	18.6%
Total	43	100.0%

Figure 8 shows the total number and percent of clients who received crisis services and those who did not receive crisis services in FY 2022/23. This data shows that 51.2% of all clients did not receive a crisis service in the fiscal year.

Figure 8
CSS Full-Service Partnership Services
Number and Percent of FSP Clients Who Remained Out of Crisis
FY 2022/23

	# Clients	% Clients
No Crisis Services	22	51.2%
Crisis Service(s)	21	48.8%
Total	43	100.0%

Figure 9 shows the estimated MHSA cost per FSP client in FY 2022/23. Estimated FSP expenditures were \$153,897; 43 FSP clients were served; and the estimated cost per client was \$3,579.*

Figure 9
CSS Full-Service Partnership Services
*Total MHSA FSP Expenditures, Clients, and Cost per Client**
FY 2022/23

Total FY 22/23 FSP Expenditures*	\$ 153,897
Total FY 22/23 FSP Clients	43
FY 22/23 Cost per FSP Client*	\$ 3,579

**Expenditures and costs are estimates, pending the final Modoc County FY 22/23 MHSA Revenue and Expenditure Report; includes only MHSA dollars and does not include other funding sources.*

2. Report on Integrated CSS Non-FSP Program (FY 2022/23 and Current)

Integrated CSS Non-FSP funding enables MCBH to provide the following types of services and activities:

- Outreach and engagement activities
- General system development activities
- Wellness / Drop-In Centers, activities, and events
- Service planning and coordination
- Integrated clinical service teams
- Case management services
- Peer support
- School-based services for adolescents and school personnel

Outreach activities are designed to reach, identify, and engage unserved and underserved individuals and communities in the mental health system, and to reduce identified disparities. MCBH employs 0.5 FTE Health Program Manager and 1.0 FTE Health Education Specialist to conduct outreach services and events. MCBH offers several CSS programs, services, and activities that are encompassed in its community outreach activities, including utilizing a *Promotora* in the northern part of the county. The *Promotora* activities are being expanded across Modoc County. MCBH utilizes an outreach van to engage with communities in outlying areas. These activities are designed to engage Modoc County unserved and underserved individuals and communities, from both an ethnic/racial perspective and a geographic perspective. Through these activities, MCBH is also able to build trust in the communities and ensure that individuals who need more intensive services feel comfortable seeking them. Outreach activities are provided by a combination of MHSA and clinical staff. These services have included outreach to vulnerable individuals; family support; linkage to social and health care services; transportation assistance; and referrals to clinical assessment and treatment.

Wellness Center activities are offered through Sunrays of Hope, Inc. The center is a fully peer-to-peer run organization providing peer support, transportation, socialization, soft working skills, and education and training 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 and 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. During the pandemic, Sunrays of Hope, Inc. expanded services to include peer outreach, as a way to provide continued support to the community. Sunrays of Hope, Inc. continues to provide Modoc County residents with excellent community support; rehabilitation; loss and grief support; skill building; life skills; and social and emotional support.

Mental health treatment is coordinated and conducted through MCBH clinical teams. Integrated Clinical Service 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; individual and group mental health services; crisis services; linkages to needed services; and housing support.

Service planning and coordination is an integral part of CSS services. Case management services allow MCBH staff to assist clients, and their families as appropriate, in accessing necessary medical, educational, social, employment or education, and housing, through both county and community resources. 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 is activated 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).

MCBH employs a Peer Specialist who participates with Sunrays of Hope, Inc. in the peer certification process. In collaboration with Painted Brain (an approved CalMHSAs vendor) and other peer organizations, Sunrays of Hope, Inc. participated in the Medi-Cal Peer Support Specialist Training in September 2022. To date, 6 peers have attended the training and 2 are now certified. This training was funded through a grant from the California Department of Health Care Access and Information (HACI).

MCBH offers 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. This school-based service developed as an expansion to the Prevention program “PBIS” that was already in place; and it is a strong collaboration between MCBH, Modoc County Office of Education, and the Modoc County school districts. These expanded services are delivered at no cost to students and their families. Services are available to ALL youth in the schools who are referred through the PBIS tier system, and to school personnel who need additional mental health support. To conduct the ongoing support of the program and service delivery, MCBH embedded clinical staff into the school system. Since the start of the program in February 2022, 85 adolescents and 2 staff members received treatment services.

In FY 2023/24, MCBH started to implement a new Crisis Services & Stabilization Program (CSP). The CSP responds to persons in crisis, either in the Emergency Department, or in the community, to help de-escalate the crisis, and develop a safety plan to help resolve the crisis, whenever possible, to reduce the need for hospitalization. Crisis services also follow-up with individuals who have had a crisis to support them to obtain ongoing support, when appropriate. Families are also included in the services to identify a support system and link the individual to needed services. CSP provides comprehensive whole person health services to the underserved community. This program responds in the local hospital and provides crisis services and stabilization to members of the Modoc community who are having a mental health or SUD crisis. Program staff are comprised of local emergency room staff and MCBH staff. This team provides advocacy; evaluations; referrals; early access to medication support; and hospitalization and

transportation of identified clients. CSP services and supports are 24 hours a day, 7 days a week, with an emphasis on crisis response. This program serves adults (18+) of all races and ethnicities. Its priority population includes clients with a primary diagnosis of a mental health disorders, including depression, anxiety, schizophrenia, and bipolar disorder. This program is a portal through which patients can initiate treatment within Modoc County. Key objectives include reduction in mental health symptoms; decreasing suicides; decreasing non-suicidal self-injury; decreasing hospitalizations; and increasing linkage to mental health care.

In FY 2023/24, MCBH opened a TAY Center in Alturas, CA. The TAY Center offers youth-centered services and age-appropriate events to engage and support Modoc County youth, ages 16-25. This environment provides a safe and comfortable place for TAY to relax, hang out with friends, and connect with mentors from the community. Daily snacks are provided.

- Structured activities include groups related to cooking; health and wellness; girls' peer group; healthy relationships; art; and self-development offered in collaboration with community partners.
- Resources for youth are also provided, such as a lending library; linkages to resources for college inquires and applications; linkages to health-related services; linkages to mental health and substance use education and support; and linkages to housing resources.
- Available social and interactive activities include games such as a Nintendo Switch, Disney Plus, board games, and card games. Outdoor activities are offered during warmer months.
- A computer, printer, phone, and internet services are available for youth to use.
- Amenities such as a shower, washer/dryer, free hygiene products, free clothing, as well as free food and bottled water, are under development.
- Youth are encouraged to utilize Volunteer/Intern opportunities as Youth Advisory Board Members.
- Transportation to/from the TAY Center with 24-hour notice by behavioral health transporters is available.

MCBH is supporting TEACH to expand MHSA services and activities at the TEACH Resource Wellness Center, to better engage unserved and underserved individuals. At the Resource Wellness Center, TEACH provides mutual support groups; Housing Navigation and Case Management Services; HMIS and Coordinated entry for housing; Emergency Housing vouchers; and information and access to other programs/agencies. Additional supports include private showers; hygiene products; food and water; and laundry supplies for homelessness. This Center functions as a warming/cooling center when needed. The Center also provides space for mobile crisis services and weekly AA/NA meetings.

MCBH expanded the existing activities under the CSS Community-Based Mental Health for Youth. This program is a community-based program that provides specialty mental health services (SMHS) to the community and to students in elementary, junior high and high schools throughout the county. MHSA Community-Based Mental Health for Youth is aimed toward providing timely access to mental health services for individuals identified as seriously emotionally disturbed with a focus on the underserved populations within the community. This activity provides specialty mental health services for children and their families outside of traditional mental health settings. Services are delivered in a variety of places, including but not limited to, schools, the home, health centers and community centers. The program goals focus on providing quality, specialty mental health services to children; helping children achieve success in school and in the community; strengthening and empowering family relationships by fostering hope, wellness, and resiliency; linkage to resources, support, and crisis response support when needed; and advocacy and collaboration with families and school staff for team meetings.

MCBH is exploring options between Modoc Behavioral Health and Modoc County Probation Department to provide short-term mental health treatment services as an alternative to incarceration. Referrals for Pre-Trial Services come directly from Modoc County Probation once the court has released the client pending pre-trial status. The Pre-Trial team consists of a Deputy Probation Officer, Mental Health Clinician and Mental Health Worker. The Pre-Trial Service Program serves adults ages 18 and older of all races and ethnicities that are pending trial for minor crimes who struggle with mental illness and/or co-occurring disorder. The overall goal of the Pre-Trial Service Program is to reduce incarceration time and connect clients to appropriate mental health and/or substance use services in a timely fashion; in hopes of reducing mental health components that may have contributed to the commission of the offense(s). Once the client is no longer on pre-trial status, the Pre-Trial team directly coordinates for the client to receive ongoing long-term outpatient mental health services through appropriate programs. Key objectives include decreasing symptoms of mental illness; recovery from mental illness; self-advocacy and contributing to society; improved linkages to services; abstinence from drugs, alcohol, and criminogenic activities; and decreasing probation violations and incarcerations.

MCBH is exploring options for developing several housing resources and supportive services for clients, in collaboration with state grant agencies, other county agencies, and local community organizations. Services may include onsite case management for residents, including those with co-occurring diagnoses. CSS funding may be used to supplement state grant funding and cover staffing costs; and Capital Facilities funding may be used to remodel the site(s). MCBH will develop these projects in the next fiscal years, when appropriate locations have been identified and secured, and as staffing and funding allow.

❖ Integrated CSS Non-FSP Program Data (FY 2022/23)

The tables below show the number of CSS clients served, by age, race/ethnicity, and gender. Figure 10 shows there were 493 people served in FY 2022/23. Of these, 29.6% were Children ages 0-15; 15.8% were Transition Age Youth (TAY) ages 16-25; 42.6% were Adults ages 26-59; and 12% were Older Adults, ages 60 and older.

Figure 10
CSS Non-FSP
Number of Clients, by Age
FY 2022/23

	# Clients	% Clients
0 - 15 years	146	29.6%
16 - 25 years	78	15.8%
26 - 59 years	210	42.6%
60+ years	59	12.0%
Total	493	100.0%

Figure 11 shows the number of CSS clients served, by Race/Ethnicity. Of the 493 people served in FY 2022/23, there were 353 White clients (71.6%), 70 Hispanics (14.2%), 11 Asian/ Pacific Islanders (2.2%), 37 Native American/ Alaska Native clients (7.5%), and 22 Other/Unknown (4.5%).

Note: The Race/Ethnicity category of Black has been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 11
CSS Non-FSP
Number of Clients, by Race/Ethnicity
FY 2022/23

	# Clients	% Clients
White	353	71.6%
Hispanic	70	14.2%
Asian/ Pacific Islander	11	2.2%
Native American/ Alaskan Native	37	7.5%
Other/ Unknown	22	4.5%
Total	493	100.0%

Figure 12 shows gender for the 493 people served in FY 2022/23. There were more females (N=287) than males (N=206).

Figure 12
CSS Non-FSP
Number of Clients, by Gender
FY 2022/23

	# Clients	% Clients
Male	206	41.8%
Female	287	58.2%
Total	493	100.0%

Figure 13 shows preferred language for the 493 people served in FY 2022/23. Of these clients, 487 reported that English is their preferred language (98.8%), and six (6) reported another preferred language (1.2%).

Note: The Language category of Spanish has been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 13
CSS Non-FSP
Number of Clients, by Preferred Language
FY 2022/23

	# Clients	% Clients
English	487	98.8%
Other/Unknown	6	1.2%
Total	493	100.0%

Figure 14 shows that 493 clients that received mental health services in FY 2022/23 received 6,325.5 hours of services, which calculates into an average of 12.8 hours per person. Of the 493 clients, 342 received an assessment; 101 received case management; 248 received individual therapy; 151 received rehab. individual; 32 received ICC; 1 received IHBS; 83 received collateral; 50 received plan development; 243 received medication services; and 14 attended groups. There were 97 mental health clients that received crisis intervention. This data demonstrates the positive outcomes from providing outpatient services.

Figure 14
CSS Non-FSP
Total Mental Health Hours, Clients, by Hours per Client, by Service Type
FY 2022/23

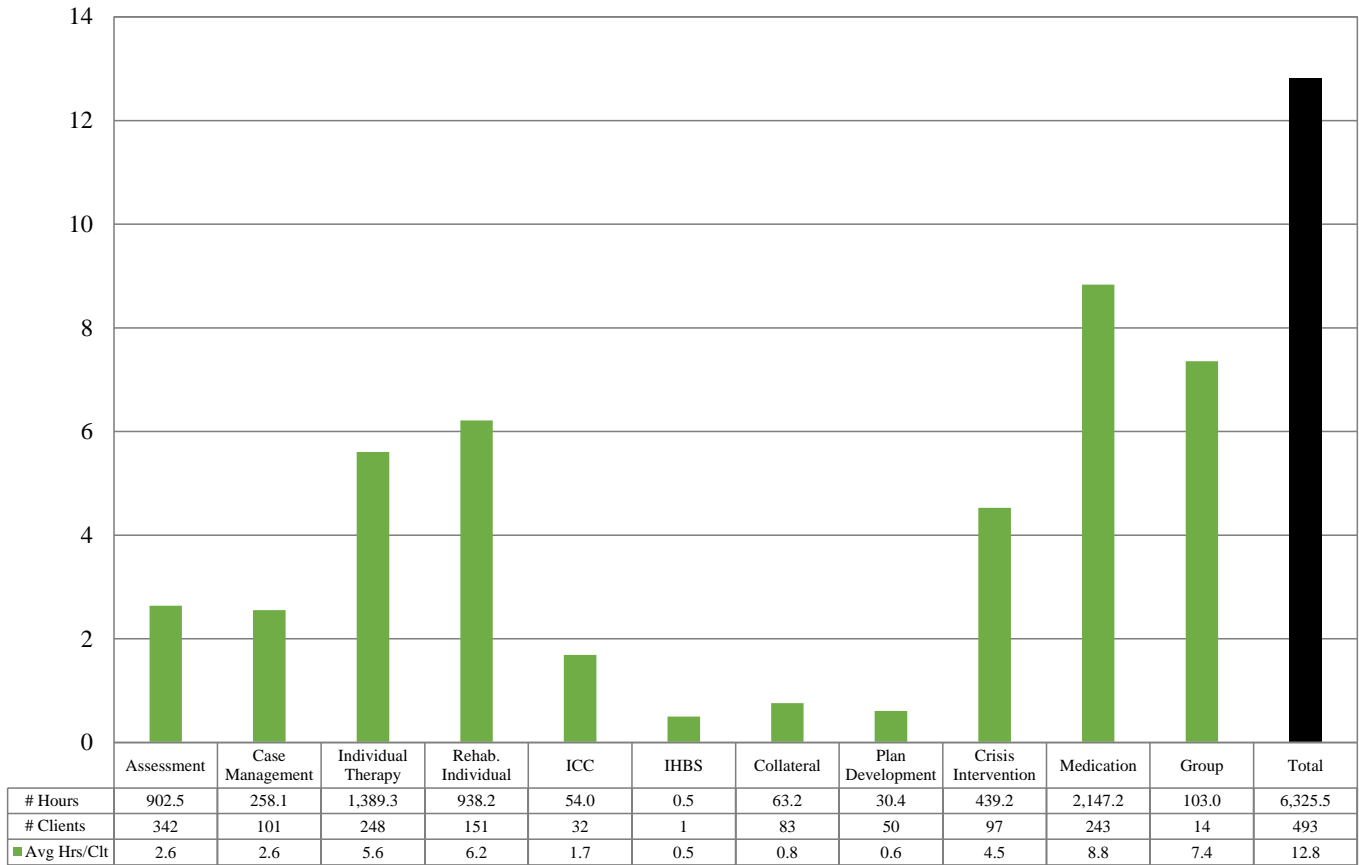


Figure 15 shows the total number and percentage of clients who received psychiatric inpatient services and those who were not admitted in FY 2022/23. This data shows that 95.5% of all clients were not hospitalized in the fiscal year, an excellent outcome!

Figure 15
CSS Non-FSP
Number and Percent of Mental Health Clients Who Remained Out of Inpatient
FY 2022/23

	# Clients	% Clients
No Inpatient Admissions	471	95.5%
Inpatient Admission(s)	22	4.5%
Total	493	100.0%

Figure 16 shows the total number and percent of clients who received crisis services and those who did not receive crisis services in FY 2022/23. This data shows that 80.3% of all clients did not receive a crisis service in the fiscal year, another excellent outcome!

Figure 16
CSS Non-FSP
Number and Percent of Mental Health Clients Who Remained Out of Crisis
FY 2022/23

	# Clients	% Clients
No Crisis Services	396	80.3%
Crisis Service(s)	97	19.7%
Total	493	100.0%

Figure 17 shows the estimated MHSA cost per CSS Non-FSP client in FY 2022/23. Estimated CSS Non-FSP expenditures were \$147,900; 493 CSS Non-FSP clients were served; and the estimated cost per client was \$300.*

Figure 17
CSS Non-FSP
*Total MHSA CSS Expenditures, Clients, and Cost per Client**
FY 2022/23

Total FY 22/23 MHSA CSS Expenditures*	\$ 147,900
Total FY 22/23 CSS Clients	493
FY 22/23 MHSA Cost per CSS Client*	\$ 300

**Expenditures and costs are estimates, pending the final Modoc County FY 22/23 MHSA Revenue and Expenditure Report; includes only MHSA dollars and does not include other funding sources.*

3. CSS Program Successes and Challenges

❖ *CSS Program Successes*

The CSS activities conducted in the schools increased student referrals and access to behavioral health services. Peer certification was a success, and certified peers provide valuable services to clients, while inspiring others to become certified.

As COVID restrictions eased, Wellness Center activities and participation in services increased, meeting the needs of the MCBH clients and the community.

❖ *CSS Program Challenges*

The greatest challenge to the MHSA program continues to be a staffing shortage in all areas, including administration, clinical, clerical, and MHSA staff. This lack of staffing greatly impacts service capacity, reducing the number of services and activities available through MHSA.

4. Planned CSS Programs in FY 2024/25

a. Planned CSS FSP Program in FY 2024/25

- In FY 2024/25, MCBH will continue to provide the same level of CSS FSP services as in FY 2023/24.
- In FY 2024/25, MCBH estimates that the CSS FSP program will serve approximately 47 FSP clients, with an estimated MHSA cost per client of \$12,635. *(Calculations are based on FY 2022/23 data with a 10% increase in the number of clients; and the FY 2024/25 planning budget estimates.)*
 - The estimated age breakdown is: 30 adults (ages 26-59) and 18 clients of other ages. *(Calculation is based on FY 2022/23 CSS FSP age data and estimated total client population.)*

b. Planned CSS Non-FSP Program in FY 2024/25

- In FY 2024/25, MCBH will continue to provide the same level of CSS Non-FSP services as in FY 2023/24.
- In addition, in FY 2024/25, MCBH may expand the Non-FSP Program to include the following activities:
 - MCBH also exploring options for expanding telehealth/telepsychiatry across the county, including leasing spaces in remote communities to set up sites where clients may access routine BH services via telehealth. Sites would be assisted by MCBH staff to ensure client access, confidentiality, and quality of care. MCBH

will develop this project in the next fiscal years, when appropriate locations have been identified and secured, and as staffing and funding allow. CSS funding may cover staffing costs; and Technological Needs funding may be used to purchase the telehealth equipment.

- MCBH may also explore options for implementing and/or supporting additional programs and activities that provide community services and supports, such as:
 - Crisis Residential Treatment for adults
 - Crisis Residential Treatment for children/youth
 - Crisis aftercare programming
 - Supported employment programs
 - Youth forensic programs
 - Adult forensic programs
 - Youth outpatient or case management programs
 - Adult outpatient or case management programs
 - Adult wellness centers (including drop-in centers)
 - Programs focused on foster children/youth (CCR, Katie A., Pathways, Qualified Individual)
 - Co-Occurring case management programs
 - Homeless outreach and housing support services
- In FY 2024/25, MCBH estimates that the CSS Non-FSP program will serve approximately 542 Non-FSP clients, with an estimated MHSA cost per client of \$843. *(Calculations are based on FY 2022/23 data with a 10% increase in the number of clients; and the FY 2024/25 planning budget estimates.)*
 - The estimated age breakdown is: 161 children (ages 0-15); 86 TAY (ages 16-25); 231 adults (ages 26-59); and 65 older adults (ages 60+). *(Calculation is based on FY 2022/23 CSS FSP age data and estimated total client population.)*

G. PREVENTION AND EARLY INTERVENTION (PEI)

The MHSAs require six (6) different PEI funding categories which include Prevention; Early Intervention; Outreach; Access/Linkage; Stigma Reduction; and Suicide Prevention. As a very small county with limited staff and resources, MCBH has combined the categories that have overlapping goals and activities, resulting in the following 4 PEI categories: 1) Prevention; 2) Early Intervention; 3) Access, Outreach, and Stigma Reduction; and 4) Suicide Prevention.

This consolidation ensures that MHSAs service development is more easily and quickly responsive to community needs, staffing and funding capacity, and client interest. The streamlined programs also relieve MCBH staff from burdensome levels of data collection, fiscal tracking, and program management.

Programs that are funded from each of these categories are discussed below.

1. Report on PEI Programs (FY 2022/23 and Current)

a. Prevention Program Reports

1) Integrated Prevention through Developmental Assets

Terminated Prevention Activities:

- Beginning in FY 2022/23, activities related to the 40 Developmental Assets program and Project Alert were no longer provided. Public health restrictions and staffing challenges severely impacted these activities in prior years. MCBH anticipated resuming these activities in FY 2023/24, but staffing resources were too limited.
 - ❖ *These activities were impacted by the public health restrictions in FY 2021/22 and final data is not available.*
- Beginning in FY 2023/24, Healthy Beginnings, Empower, and NHVP activities are no longer provided through MHSAs. Final available data is shown below.
 - ❖ ***FY 2022/23 Healthy Beginnings / Empower / NHVP Report:*** *These three (3) activities were delivered together, and the data is reported collectively. In FY 2022/23, these activities served individuals from various populations, including:*
 - *65 children/youth (ages 0-21)*
 - *18 infants less than one year old*
 - *19 pregnant women*
 - *38 adults (non-pregnant, other caregiver adults)*

Capturing Kid's Hearts (CKH) 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.

Positive Behavioral Intervention Services (PBIS) is a school climate change intervention first implemented by the Modoc County Office of Education in FY 2017/18. It 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.

- ❖ ***FY 2022/23 School-Based Interventions Report:*** *Combined FY 2022/23 CKH and PBIS data shows that 1,339 unduplicated children and youth participated in these PEI activities. Demographic information is excluded from this report to protect the identity of participants.*

School-Wide Intervention Training was provided to potential responders of trauma and crisis, in coordination with the Modoc County Office of Education (MCOE). All teachers and staff were trained in a variety of areas, including Trauma Informed Care, 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 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.

- ❖ ***FY 2022/23 School-Wide Interventions and Trainings Report:*** *FY 2022/23 data for this activity indicates that 200 unduplicated potential responders were trained through Prevention funding.*
 - *Individuals who participated in the trainings included Teachers; Instructional Assistants; Secretaries; Nurses; Psychologist; Clinical Psychologist; Speech and Language Pathologist; Behavioral Assistants; Probation; Foster Youth; Public Health; School Counselors; BH Counselors; Principals; Superintendents; Assistant Principals; Preschool Teachers; Preschool Instructional Assistants; Substitutes; Custodians; Bus drivers; Librarians; Cooks; Early Head Start; First 5; Instructional Specialists; and Directors.*

Youth Diversion Program (YDP). The goal of the Modoc County multi-agency (Probation, Schools and MCBH) YDP is to educate students and hold them accountable for poor choices to include substance use/abuse and/or continued poor behaviors. The YDP aims to deter from behaviors and choices that lead to academic instability, and provide an alternative opportunity to address their behavior without more serious implications, such as expulsion. Components of the YDP include:

- A six-week drug testing program provided by the Probation Department in which the participant must provide a clean urine test by the end of the four weeks in order to successfully complete the program,
- Four Substance Prevention and Education classes provided by MCBH; the classes are held on minimum day Wednesdays from 2:00pm - 3:00pm at the Public Health Department, and
- A Community Work Service Project. The MCBH Director coordinates with local community agencies to complete the two-hour community service component.

❖ ***FY 2022/23 YDP Report:*** *In Fiscal Year 2022/23, 16 Modoc County students were referred to the early intervention program, and began participation in YDP activities. 14 of the 16 students completed the recommended program requirements, and completed the program, including the Community Work Service Project assigned to them. Two (2) students withdrew from their school, and were unable to complete the program.*

Strengthening Families (formerly Nurturing Families). Training, Employment and Community Help, Inc. (TEACH), continues to use Strengthening Families, an evidence-based program for children ages 7-17 and their parents to learn skills concurrently. This activity addresses prevention 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 Adult Adolescent Parenting Inventory-2 (AAPI-2) Pre and Post scores.

❖ ***FY 2022/23 Strengthening Families Report:*** *In FY 2022/23, Strengthening Families served 22 unduplicated clients, including 12 parents and 10 adolescents. 6 younger children were provided childcare during the onsite sessions. 24 in-person sessions were held in the fiscal year.*

- *Response to the program with the two dedicated staff teachers was very positive, and waitlists had to be created moving into FY 2023/24.*

Teaching Together: In FY 2023/24, MCBH began to implement a new collaborative effort with First 5 Modoc called *Teaching Together*. Teaching Together provides early social-emotional supports in the home and early education and care settings, and through positive community interactions. This activity reduces risk factors through the development of high-quality learning engagements, environments, and relationships between children, families, early educators, and resource providers using the evidence-based Teaching Pyramid framework. Teaching Together focuses on building relationships, social-emotional health and skills, learning engagements, site expectations, and school readiness. Impacts include positive cognitive social and emotional development. PEI funding is used to cover training costs for families, educators, providers, and MCBH staff.

❖ ***Teaching Together Report:*** *FY 2022/23 data is not available for this program. FY 2023/24 data will be reported in the next Annual Update.*

Figure 18 shows the estimated MHSA cost per Prevention clients/contacts in FY 2022/23. Estimated Prevention expenditures were \$224,620; approximately 1,717 Prevention clients/contacts were made; and the estimated cost per client/contact was \$131. **/**

Figure 18
PEI Prevention
Total MHSA Prevention Expenditures, Contacts, and Cost per Client/Contact*
FY 2022/23

Total FY 22/23 MHSA Prevention Expenditures*	\$ 224,620
Total FY 22/23 Prevention Clients/Contacts**	1,717
FY 22/23 MHSA Cost per Prevention Contact*	\$ 131

**Expenditures and costs are estimates, pending the final Modoc County FY 22/23 MHSA Revenue and Expenditure Report; includes only MHSA dollars and does not include other funding sources.*

***Number of contacts is estimated, as data collection was not comprehensive across all Prevention activities.*

b. Early Intervention Program Report

2) To Be Determined

- As of FY 2022/23, TF-CBT was no longer being delivered due to a shortage of trained staff, as well as challenges in coding this modality. Expectations of resuming services in FY 2023/24 were not feasible.
 - MCBH is exploring opportunities to develop a new Early Intervention Program, including the possibility of resuming TF-CBT in the next fiscal years, as staff are trained in this modality. MCBH will develop a methodology for consistently capturing the required data.
- ❖ ***FY 2022/23 TF-CBT Report:*** *Due to coding and staffing issues, final program data is not available for FY 2022/23.*

c. Outreach, Access, and Stigma Reduction Program Report

3) Increasing Recognition of Early Signs of Mental Illness

MCBH “ReachOut” is integrated and infused throughout the system of care and 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 through leveraging the CalMHSA program strategies. Activities included:

- a. MCBH and Sunrays of Hope use collaboration between staff/peer partners to reach out to community groups (e.g., Rotary, sororities, Chamber of Commerce, schools, partner agencies, tribal entities) to schedule presentations for the purpose of educating

community members on understanding mental illness, recognizing early signs of mental illness, and what they can do to help. Inclusion of MCBH staff and trained peers active in Sunrays of Hope provides both a peer perspective and a professional perspective on recognizing early signs of mental illness. MCBH collaborates with Sunrays of Hope to provide mutual outreach and linkage. Peers are hired to work with Sunray's of Hope, provide services with MCBH, and to serve as volunteer Mental Health Advisory Board members.

- b. The recent establishment of *promotores* and behavioral health navigator positions in the Newell area are specifically meant to increase timely access and linkage to mental health services for the underserved population in that area. MCBH is also expanding the *promotores* program into the Alturas area.
- c. Partnerships and collaborations across the spectrum of county services work together to provide timely access and linkages to mental health services for the underserved county population. Strategies for timely access and linkage to treatment are infused throughout the whole system of care by embedding them in the MCBH collaborative processes and procedures. Transportation, cultural and language appropriateness, accessible settings in schools and outlying areas are offered regularly.
- d. Stigma and Discrimination Reduction is delivered in collaboration with CalMHSA through Each Mind Matters (EMM) and Sunrays of Hope. These activities seek to expand the awareness of mental health needs and supports; reduce stigma; and teach individuals how to achieve mental wellness.
- e. In FY 2023/24, MCBH implemented a Peer Advocate program to provide clients with trained peers who offer encouragement and assistance to help them achieve long-term recovery and wellness. MCBH hired a part-time certified Peer Specialist who is providing services in the community, including in the jail. MCBH also employs two (2) Peer Mentors for services at the TAY Center
- f. Through program funding, MCBH has expanded available resources at the local library. A "Zoom room" for telehealth services is offered, as well as resources lists and other linkages to services, in an accessible community location. Engagement is tracked through sign-in sheets and contact counts will be reported in the next Annual Update. Impacts include increased outreach, access, and linkage to services, and stigma reduction.

❖ **FY 2022/23 ReachOut Report:**

- *Outreach activities (conducted in partnership with Sunrays of Hope, Inc.)*

Event	# of Participants & Participant Demos, as available	Activities
Digital Literacy Training	2 Adults 3 Older Adults	Training around use of devices, awareness of digital footprints, Safe Web browsing, access to web-based services
Newell Health Fair	80 participants All ages All populations	Information provided in English & Spanish: Stigma reduction, Suicide awareness, linkage to services, LGBTQ awareness and supports, Substance Use and Mental Health services
Splash-N-Play	60 Participants All ages All populations	Informational materials provided on services from all local agencies that pertain to mental health, substance abuse, recovery, and other related health issues
LGBTQ Support Group	5 participants All ages All populations	Weekly support group
May Mental Health Awareness Month	50 participants All ages All populations	Stigma reduction activities. Information was disseminated regarding the supportive services provided by Sunrays of Hope, Inc. and linkages to MCBH

- *Promotores activities: These activities reached over 100 individuals in the community in FY 2022/23, including 28 participants in a new Latina group held in Newell.*
- *Linkages: Specific activities to link individuals to mental health treatment successfully helped 35 individuals connect with MCBH in FY 2022/23.*

Figure 19 shows the estimated MHSA cost per OASR contact in FY 2022/23. Estimated OASR expenditures were \$33,905; approximately 335 OASR contacts were made; and the estimated cost per contact was \$101.*/**

Figure 19
PEI Outreach, Access, and Stigma Reduction
Total MHSA OASR Expenditures, Contacts, and Cost per Contact*
FY 2022/23

Total FY 22/23 MHSA OASR Expenditures*	\$ 33,905
Total FY 22/23 OASR Contacts**	335
FY 22/23 MHSA Cost per OASR Contact*	\$ 101

**Expenditures and costs are estimates, pending the final Modoc County FY 22/23 MHSA Revenue and Expenditure Report; includes only MHSA dollars and does not include other funding sources.*

***Number of contacts is estimated, as data collection was not comprehensive across all OASR activities.*

d. Suicide Prevention Program Report

4) Suicide Prevention Activities

Terminated Program: MCBH had an agreement with CalMHSA to continue to fund the statewide suicide prevention program and provide additional support as our suicide prevention program provider. This agreement was terminated for FY 2022/23, but was restarted in 23/24.

❖ ***FY 2022/23 CalMHSA JPA Report:*** *In FY 2022/23, CalMHSA provided educational materials for the statewide initiative to increase awareness of mental health issues and reduce suicide.*

- *Due to the statewide reach of the CalMHSA partnership, specific impact and material distribution data for Modoc County is unavailable. See Appendix B for the CalMHSA PEI FY 2022/23 Modoc County Impact Report.*

Suicide Prevention Activities:

- Applied Suicide Intervention Skills Training (ASIST) was provided through Modoc County Office of Education to school personnel, law enforcement and community members and Mental Health First Aid was provided to the community.
 - ***FY 2022/23 ASIST Report:*** *In FY 2022/23, two (2) ASIST training sessions were conducted, and 15 individuals were trained.*
- Youth Mental Health First Aid (YMHFA) trainings were also conducted through Modoc County Office of Education.
 - ***FY 2022/23 YMHFA Report:*** *In FY 2022/23, two (2) YMHFA training sessions were conducted, and 15 individuals were trained.*

Figure 20 shows the estimated MHSA cost per Suicide Prevention participant in FY 2022/23. Estimated Suicide Prevention expenditures were \$46,619; approximately 30 Suicide Prevention participants were engaged; and the estimated cost per participant was \$1,554.*

Figure 20
PEI Suicide Prevention
Total MHSA Suicide Prevention Expenditures, Participants, and Cost per Participant*
FY 2022/23

Total FY 22/23 MHSA SP Expenditures*	\$ 46,619
Total FY 22/23 SP Participants	30
FY 22/23 MHSA Cost per SP Participant*	\$ 1,554

**Expenditures and costs are estimates, pending the final Modoc County FY 22/23 MHSA Revenue and Expenditure Report; includes only MHSA dollars and does not include other funding sources.*

In FY 2023/24, MCBH is expanding its in-house and local Suicide Prevention activities and events, including Applied Suicide Intervention Skills Training (ASIST). MCBH is implementing Mental Health First Aid (MHFA) to address suicide prevention in the community. MHFA is a skills-based training course that teaches participants about mental health and substance use issues, and especially suicide prevention. Certified individuals (currently MCBH and MCOE staff) will offer MHFA training to a variety of audiences and key professionals, including medical providers; employers and business leaders; faith leaders; school personnel and educators; first responders; nursing home staff; volunteers; young leaders; families; and the general public. Participants learn a 5-step action plan encompassing the skills, resources, and knowledge to help an individual in crisis and to link the individual with appropriate professional, peer, social, and self-help care. After the 8-hour course, participants are certified to provide MHFA. Data on MHFA will be reported in the next Annual Update.

2. PEI Program Successes and Challenges

❖ *PEI Program Successes*

Sunrays of Hope, Inc. implemented a successful annual outreach event that provides persons with lived experience an opportunity to share their stories. This event has been well received and continues to grow.

MCBH also experienced increased referrals from the schools as a result of PEI programs, as well as increased staffing ratios in the schools to deliver PBIS.

❖ *PEI Program Challenges*

The greatest challenge to the MHSA program continues to be a staffing shortage in all areas, including administration, clinical, clerical, and MHSA staff. This lack of staffing greatly impacts service capacity, reducing the number of services and activities available through MHSA.

3. Planned PEI Programs in FY 2024/25

a. Planned Prevention Program in FY 2024/25

- In FY 2024/25, MCBH will continue to provide the same level of PEI Prevention services as in FY 2023/24.
- In FY 2024/25, MCBH estimates that the PEI Prevention program will make approximately 1,889 contacts, with an estimated MHSA cost per contact of \$133. (*Calculations are based on FY 2022/23 data with a modest increase in the number of clients; and the FY 2024/25 planning budget estimates.*)
 - The estimated age breakdown is: 478 children (ages 0-14); 370 TAY (ages 15-24); 808 adults (ages 25-59); and 232 older adults (ages 60+). (*Calculation is*

based on total FY 22/23 MCBH mental health client data, due to absence of detail in historical Prevention data.)

b. Planned Early Intervention Program for FY 2024/25

- In FY 2024/25, MCBH will explore opportunities to resume TF-CBT, or implement a new Early Intervention Program that provides needed services to an identified at-risk population.
 - Within the selected program, service data and client outcomes will be tracked over time.
 - A formal MHSA document (Update or Annual Update) will be published with the selected program; and the estimated numbers to be served by age, and cost per client, will be calculated at that time.

c. Planned Outreach, Access, and Stigma Reduction Program for FY 2024/25

- In FY 2024/25, MCBH will continue to provide the same level of PEI Outreach, Access, and Stigma Reduction services as in FY 2023/24.
- In FY 2024/25, MCBH estimates that the PEI Outreach program will make approximately 369 contacts, with an estimated MHSA cost per contact of \$99. *(Calculations are based on FY 2022/23 data with a 10% increase in the number of contacts; and the FY 2024/25 planning budget estimates.)*
 - The estimated age breakdown is: 63 children (ages 0-14); 33 TAY (ages 15-24); 143 adults (ages 25-59); and 130 older adults (ages 60+). *(Calculation is based on county population age breakdown.)*

d. Planned Suicide Prevention Program for FY 2024/25

- In FY 2024/25, MCBH will continue to provide the same level of PEI Suicide Prevention services as in FY 2023/24.
- In FY 2024/25, MCBH estimates that the PEI Suicide Prevention program will engage approximately 33 participants, with an estimated MHSA cost per participant of \$1,572. *(Calculations are based on FY 2022/23 data with a 10% increase in the number of participants; and the FY 2024/25 planning budget estimates.)*
 - The estimated age breakdown is: 6 children (ages 0-14); 3 TAY (ages 15-24); 13 adults (ages 25-59); and 12 older adults (ages 60+). *(Calculation is based on county population age breakdown.)*

H. INNOVATION (INN)

1. Report on INN Program (FY 2022/23 and Current)

a) Integrated Health for Individuals with Severe Mental Illness (SMI)

The purpose of this Innovation (INN) 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 includes mental health care combined with physical health care. The project introduces 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 provided to help individuals with risk factors such as high blood pressure, diabetes, and obesity. In addition, participants are screened periodically, using the Public Health Questionnaire (PHQ-9) Depression Identification Tool, and a tool that combines the Positive Symptom Rating Scale and the Brief Negative Symptom Assessment (PSS-4/BNSS). Screening is conducted by Behavioral Health nurses and licensed/waivered mental health clinicians to measure mental health status. Metabolic monitoring and onsite primary care are also offered. This project received MHSOAC approval on May 25, 2022 and will be funded for 5 years, through FY 2026/27.

Due to staffing issues and other implementation priorities such as CalAIM, MCBH has not implemented this project.

2. INN Program Successes and Challenges

Due to staffing issues, MCBH has not implemented this project.

3. Planned INN Program in FY 2024/25

As staffing allows, this project may be rolled out in FY 2024/25, and projections and data will be reported in a future MHSA Annual Update.

I. WORKFORCE EDUCATION AND TRAINING (WET)

1. Report on WET Program (FY 2022-2023 and Current)

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

Note: The SRP/CalMHSA Staffing project ended in FY 2022/23. Current projects are outlined below.

- a) **Clinical Training and Certifications.** WET funding enables training and certification of MCBH staff. Training ensures both individual understanding and a team approach with shared knowledge, skills, and attitudes towards the prevention (and management) of behavioral health conditions. Training opportunities covered by WET funding may include online training and in-person training and professional conferences.

In FY 2023/24, MCBH began to provide staff access to Relias Learning, an online training platform for BH staff. This platform is accessed through a contract with IDEA Consulting, a firm that manages a consortium that allows small counties to access Relias at a reduced rate.

MCBH is also exploring ways to cover the professional licensing/certificate renewal fees for MCBH staff.

2. Planned WET Programs in FY 2024/25

- a. **Ongoing WET Activities:** Includes WET coordination; training and technical assistance, and internships.
- b. **New Project: Modoc-CalMHSA Staffing Project.** This project, through a local contract with CalMHSA, includes recruitment and retention strategies that are tailored to the specific needs and challenges of Modoc County. The project also provides a path for peer certification. This project will be rolled out in FY 2024/25.

J. CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

1. Report on CFTN Program (FY 2022-2023 and Current)

The Capital Facilities and Technological Needs (CFTN) component allows MCBH to make necessary upgrades to facilities and technology systems used for MHSA staffing, service delivery, and meeting client needs.

a) CFTN Project Report

1) Facility Expansion Project

CFTN funds were used to expand and improve the MCBH clinic in Alturas. Upgrades included the development of additional office space and a dedicated telehealth room. Equipment and technology needed for the offices and telehealth room were also purchased.

b) Project Benchmarks and Status Updates

1) Facility Expansion Project

The bulk of the expansion has been completed, but the final stages are still in progress.

2. Planned CFTN Programs in FY 2024/25

- a. Ongoing Project:** The Facility Expansion Project is ongoing into FY 2024/25, with existing funding.
- b. New Projects:** MCBH may purchase property in the coming fiscal years for MHSA activities that support goals related to housing, client and community access, and at-risk populations.

K. PRUDENT RESERVE

MCBH is obligated to maintain its MHSAs Prudent Reserve funding levels at no more than 33% of the average CSS allocations received in the preceding 5 years. MCBH is required to reassess this Prudent Reserve maximum level at least every 5 years.

During each assessment, if Prudent Reserve funding levels are found to exceed the current maximum level, MCBH is required to transfer the excess Prudent Reserve funding from the Prudent Reserve to CSS. If funding levels are found to be less than the current maximum amount, MCBH may choose to transfer CSS funding to the Prudent Reserve to boost the Prudent Reserve funding to its maximum current level.

The updated five-year FY 2023/24 Prudent Reserve assessment calculations are included below. Per the calculations, the MCBH Prudent Reserve funding was below the maximum level allowed at this time. As a result, in FY 2024/25, MCBH will transfer funds from CSS to the Prudent Reserve, in order to fund the Prudent Reserve to its maximum allowance.

MCBH will conduct a new Prudent Reserve assessment no later than FY 2028/29, to be published in the subsequent Annual Update or Three-Year Program and Expenditure Plan.

Modoc County Behavioral Health Prudent Reserve Assessment

	Conducted	03/11/24
MHSA Fiscal Year Funding per SCO Monthly Reports*		
	FY 18/19	\$ 1,695,013
	FY 19/20	\$ 1,438,777
	FY 20/21	\$ 2,163,901
	FY 21/22	\$ 2,011,288
	FY 22/23	\$ 1,256,541
	Total 5-Year Allocation	\$ 8,565,520
	CSS Allocations (Total Allocations x 76%)	\$ 6,509,795
	Average CSS allocation (CSS total alloc / 5)	\$ 1,301,959
	Maximum Prudent Reserve Amount (Avg CSS alloc * 0.33)	\$ 429,646
	Current Prudent Reserve Amount**	\$ 392,497
	Below Max (transfer from CSS to PR)	\$ 37,149

*MHSUDS IN #19-037

**Per most recent RER PR Balance

L. MHSa FY 2024/25 PLANNING BUDGET

See the next pages for the Annual Update Planning Budget.

**FY 2024/2025 Mental Health Services Act Annual Update
Fiscal Planning Summary**

County: Modoc

Date: 5/7/24

	MHSA Funding					
	A	B	C	D	E	F
<i>All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and ACBHS policy.</i>	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2024/2025 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 2,534,088	\$ 630,604	\$ 384,883	\$ 22,350	\$ 327,519	\$ 392,497
2. Estimated New FY 2024/2025 Funding	\$ 1,147,248	\$ 286,816	\$ 75,477			
3. Transfer in FY 2024/2025 ^{a/}	\$ (336,833)				\$ 299,684	\$ 37,149
4. Access Local Prudent Reserve in FY 2024/2025	\$ -	\$ -				\$ -
5. Estimated Available Funding for FY 2024/2025	\$ 3,344,504	\$ 917,420	\$ 460,360	\$ 22,350	\$ 627,203	\$ 429,646
B. Estimated FY 2024/2025 MHSA Expenditures^{b/}	\$ 1,171,845	\$ 475,248	\$ 96,000	\$ 7,650	\$ -	\$ -
C. Estimated FY 2024/2025 Unspent Fund Balance	\$ 2,172,659	\$ 442,173	\$ 364,360	\$ 14,700	\$ 627,203	\$ 429,646

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2024	\$ 354,639
2. Contributions to the Local Prudent Reserve in FY 2024/2025	\$ 37,149
3. Distributions from the Local Prudent Reserve in FY 2024/2025	\$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2025	\$ 391,788

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 2024/2025 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Planning Worksheet**

County: _____ Modoc _____

Date: _____ 5/7/24

	Fiscal Year 2024/2025					
	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
<i>All MHSa funds are managed via "first in, first out."</i>						
FSP Programs						
1. Integrated CSS FSP Program	\$ 597,641	\$ 597,641				
FSP Programs						
2. Integrated CSS Non-FSP Program	\$ 457,020	\$ 457,020				
CSS Administration	\$ 117,185	\$ 117,185				
CSS MHSa Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	\$ 1,171,845	\$ 1,171,845				
FSP Programs as Percent of Total	51%					

**FY 2024/2025 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Planning Worksheet**

County: Modoc

Date: 5/7/24

	Fiscal Year 2024/2025					
	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
<i>All MHSA funds are managed via "first in, first out."</i>						
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)	\$ 251,367	\$ 251,367				
2. To Be Determined	\$ 88,178	\$ 88,178				
3. Outreach for Increasing Recognition of Early Signs of Mental Illness (O/A/SR)	\$ 36,309	\$ 36,309				
4. Suicide Prevention Activities (SP)	\$ 51,869	\$ 51,869				
PEI Administration	\$ 47,525	\$ 47,525				
PEI Assigned Funds	\$ -	\$ -				
Total PEI Program Estimated Expenditures	\$ 475,248	\$ 475,248				

**FY 2024/2025 Mental Health Services Act Annual Update
Innovation (INN) Planning Worksheet**

County: Modoc

Date: 5/7/24

	Fiscal Year 2024/2025					
	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
<i>All MHSAs are managed via "first in, first out."</i>						
INN Program						
1. Integrated Health for Individuals with SMI	\$ 96,000	\$ 96,000				
INN Administration						
Total INN Program Estimated Expenditures	\$ 96,000	\$ 96,000				

**FY 2024/2025 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Planning Worksheet**

County: _____ Modoc _____

Date: _____ 5/7/24 _____

	Fiscal Year 2024/2025					
	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
<i>All MHSA funds are managed via "first in, first out."</i>						
WET Programs						
1. Modoc-CalMHSA Staffing Project (multi-year contract)	\$ -	\$ -				
2. Clinical Training and Certification	\$ 2,500	\$ 2,500				
3. Relias for Staff, Peers, and Clients	\$ 5,150	5,150				
WET Administration						
Total WET Program Estimated Expenditures	\$ 7,650	\$ 7,650				

**FY 2024/2025 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Planning Worksheet**

County: _____ Modoc _____

Date: _____ 5/7/24 _____

	Fiscal Year 2024/2025					
	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
<i>All MHSA funds are managed via "first in, first out."</i>						
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i>						
No new projects at this time	\$ -	\$ -				
CFTN Administration						
Total CFTN Program Estimated Expenditures	\$ -	\$ -				

APPENDIX A: COMMUNITY PROGRAM PLANNING REPORT

See the next pages for a full summary of this year's Community Program Planning.



MODOC COUNTY COMMUNITY PLANNING PROCESS

Summary of Community
Feedback

May 2024

INTRODUCTION

Each year, Modoc County Behavioral Health brings the community together to talk about how things are going and what they can do to better serve the community. This year, the county emphasized the work done by community partners in addition to the county's behavioral health services. Representatives from Training, Employment and Community Help, Inc (TEACH), Promotores of Northern California, Sunrays of Hope, First 5 Modoc, and the Transition-Aged Youth Center (TAY Center) each presented at one or more community meetings. The community meetings included robust in-person conversations, and community members who were unable to attend an in-person meeting were able to provide feedback via a survey.

In 2023–2024, Modoc County gathered community feedback via three in-person community meetings and a survey. Surveys and in-person meeting dates were shared with community stakeholders directly, advertised in the newspaper and via flyers, and offered to individuals when they received services. The surveys were available in March 2024 in both English and Spanish, in paper and digital formats. The County contracted the Behavioral Health Data Project to compile survey data and facilitate three in-person meetings on the following dates:

- Tuesday, March 5 at 12:00 pm in Alturas, CA;
- Tuesday, March 5 at 6:00 pm in Alturas, CA; and
- Wednesday, May 6 at 6:00 pm in Newell, CA.¹

In-person meetings were open to all community members and specifically scheduled and advertised to reach individuals in Modoc County with lived experience of behavioral health challenges and housing insecurity, older adults, and monolingual Spanish speakers. In-person meeting attendees also completed a brief demographic survey.

SUMMARY OF IN-PERSON PARTICIPATION

Modoc County had strong stakeholder participation in this year's Community Planning Process despite snowstorms on both days of in-person meetings. In-person attendance was up nearly 50% from the previous year. Table 1 below shows a breakdown of attendance by event.

¹ A snowstorm prevented BHDP from attending this event. This meeting used surveys to capture feedback rather than in-person notes.

Table 1. Attendance by meeting

Session	Location	Total Attendees
March 5 th , Daytime Meeting	Alturas	24
March 5 th , Evening Meeting	Alturas	14
March 6 th , Evening Meeting	Newell	21
Total		59

61% of in-person attendees were Modoc County residents and 17% used behavioral health services. Additionally, participants were connected to behavioral health in the following ways: family members of someone who uses behavioral health services, county behavioral health care staff, social services staff, contracted behavioral health services staff person, employee or staff of city or county government, physical health care staff person, and school employees or volunteers. Table 2 depicts the full set of responses to this question.

Table 2. How are you connected to behavioral health services?

	N	%
User of Behavioral Health Services	4	17%
Family Member of someone who uses Behavioral Health Services	7	30%
County Behavioral Health Care Staff Person (including County clinical staff and other support staff employed by Behavioral Health)	8	35%
Modoc County Resident	14	61%
Social Services Staff Person	1	4%
Contracted Behavioral Health Services Staff Person (including clinical staff at a contracted agency and other support staff employed by agencies who provide Behavioral Health services to Modoc County Residents)	3	13%
Employee or Staff of City or County Government	11	48%
Law Enforcement Officer or Employee	0	0%
Physical Health Care Staff Person (including physical health care providers, staff at organizations providing medical or physical health care, and hospital staff)	1	4%
Employee or Volunteer at a School or Other Educational Institution	5	22%
I prefer not to answer this question	0	0%
Other ²	1	4%

² Other/Write In response was "outreach worker for private company in addiction treatment field".

Community Partner Presentations

Several community partners presented at one or more in-person meetings. Community stakeholders enjoyed the presentations and expressed excitement about the many programs being offered. They further praised the presenters and the organizations for the great work being done in the community. The presentations helped connect organizations with community members who may need or know someone who needs the targeted and additional services provided. The presentations also fostered connections between similar organizations to help identify other community resources that can benefit the people they serve.

In-Person Feedback

In-person attendance increased by nearly 50% from the 2022–2023 Community Planning Process. As a result, more than four times as many people spoke at meetings than responded to surveys this year. Attendees were asked the following three questions:

- What has been going well or improving over the past year?
- What has been challenging over the past year?
- Are people getting help when they need it? If not, what types of services are needed and what groups of people are having trouble accessing services?

Their responses are summarized below.

What has been going well or improving over the past year?

Attendees were very pleased with the work of the local community organizations and repeatedly complimented them. Community members were particularly excited to hear about the TAY Center which opened in December 2023. The lack of opportunities for transition-age youth has been a longtime concern for residents so they were pleased both with the amount of activities already occurring at the TAY Center, as well as the planned growth. Sunrays and first responders were also highlighted for doing particularly good work in the community. Another attendee expressed pride in what the county was doing and gratitude to all the people in the room for their work. Many people described how strongly the different organizations worked together to benefit the community.

Many people shared personal stories about the improvements they have seen over the past year. One attendee described overhearing a conversation between two older men that morning in a coffee shop and was amazed at how informed they were about mental health concerns. She attributed this to successes in reducing stigma around behavioral health. A few attendees shared stories about improvements they had seen in people close to them as a result of receiving services.

What has been challenging over the past year?

Despite praising the great work being done, community stakeholders would like to see further improvements. The main areas of concern focused on housing and homelessness and access to services, which will be covered in the next section.

Housing affordability and homelessness are significant concerns. Stakeholders identified that in their communities you could go weeks without anything available to rent or purchase and that this contributed to an underrepresentation of people who were couch surfing rather than visibly on the streets experiencing homelessness. Representatives from Sunrays reported a rise in the number of people coming in to get free services like laundry and showers, suggesting that many people in the community are struggling with basic needs.

Are people getting help when they need it? If not, what types of services are needed and what groups of people are having trouble accessing services?

Community stakeholders were asked about the availability of services to those who most needed it, what groups were having the most trouble accessing services, and what additional services were needed. In general, stakeholders felt that most people who needed services were able to access them. However, they still thought that additional work needs to be done to reach geographically isolated communities like Surprise Valley and Newell.

In addition to people experiencing homelessness, stakeholders also felt that there were gaps in who received services. Some people responded that while individuals on MediCal had good access to services, middle income families were being squeezed out. Others identified school-age children, between the age groups served by First 5 and the TAY Center, as needing additional supports. Finally, some felt that older adults and people on fixed incomes lacked access to care.

SUMMARY OF SURVEY RESPONSES

The increased focus on in-person feedback resulted in fewer completed paper and electronic surveys this year. In total, 14 people turned in paper or electronic surveys. Almost 80% of survey respondents were Modoc County residents. Respondents also used or had family members who used behavioral health services, were employed by the city or county government, or were health care providers. Table 3 depicts the full set of responses to this question.

Table 3. How are you connected to behavioral health services?

	N	%
User of Behavioral Health Services	1	7%
Family Member of someone who uses Behavioral Health Services	2	14%
County Behavioral Health Care Staff Person (including County clinical staff and other support staff employed by Behavioral Health)	0	0%
Modoc County Resident	11	79%
Social Services Staff Person	0	0%
Contracted Behavioral Health Services Staff Person (including clinical staff at a contracted agency and other support staff employed by agencies who provide Behavioral Health services to Modoc County Residents)	0	0%
Employee or Staff of City or County Government	2	14%
Law Enforcement Officer or Employee	0	0%
Physical Health Care Staff Person (including physical health care providers, staff at organizations providing medical or physical health care, and hospital staff)	1	7%
Employee or Volunteer at a School or Other Educational Institution	0	0%
I prefer not to answer this question	0	0%
Other ³	0	0%

The majority of survey respondents were adults and identified as white and Hispanic/Latino. Slightly more than half of respondents were female. 17% of respondents indicated they had a physical disability, and 8% had a mental or emotional disability. Table 4 contains the full list of demographic responses.

³ Other/Write In response was "outreach worker for private company in addiction treatment field".

Table 4. Respondent Demographics

	N	%
Age Group		
0 - 15 years	0	0%
16 - 25 years	0	0%
26 - 39 years	5	42%
40 - 59 years	4	33%
60+ years	1	8%
Decline to answer	2	17%
Race		
Asian or Pacific Islander	0	0%
Black/African American	0	0%
Native American/Native Alaskan	0	0%
White/Caucasian	6	50%
Multi-Racial	0	0%
Other	4	33%
Decline to Answer	2	17%
Ethnicity		
Hispanic/Latino	5	56%
Not Hispanic/Latino	3	33%
Multi-Ethnic	0	0%
Decline to Answer	1	11%
Sexual Orientation		
Gay or Lesbian	0	0%
Heterosexual or Straight	9	82%
Other	1	9%
Decline to Answer	1	9%
Assigned Sex at Birth		
Male	4	36%
Female	6	55%
Decline to Answer	1	9%
Current Gender Identity		
Male	4	36%
Female	6	55%
Other	0	0%
Decline to Answer	1	9%
Veteran Status		
Yes	2	18%
No	8	73%
Decline to Answer	1	9%

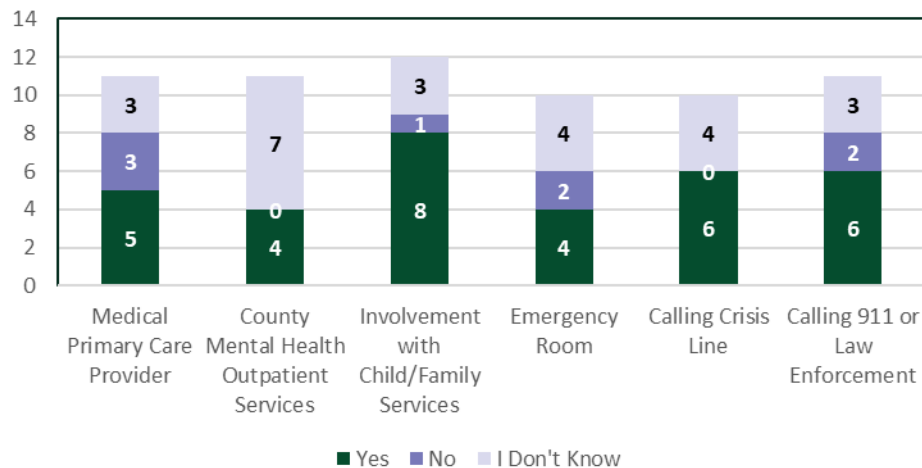
	N	%
Disability (Respondent May Select More Than One)		
Physical Disability	2	17%
Mental or Emotional Disability	1	8%
No Disability	7	58%
Decline to answer	3	25%

Community Feedback

Access to Behavioral Health Services

The survey asked respondents to identify the ways in which people in Modoc County received behavioral health services. The most commonly identified service modality was involvement with child and family services followed by calling a crisis line or calling 911 or law enforcement. Figure 1 depicts the full range of responses to this question.

Figure 1. Do you think people in Modoc County get behavioral health services through the options below?



Respondents were also asked the extent to which a variety of factors cause people to not access behavioral health programs, activities, or services in Modoc County. The most commonly identified reasons that people would not access services were:

- They do not have insurance;
- They do not think they need services;
- They do not have transportation;
- They do not have childcare; and
- They cannot afford it.

Appendix A contains the full list of responses for this survey item.

Respondents were asked to provide open-ended feedback on ways that Modoc County Behavioral Health could improve outreach and advertisement of the available programs, activities, and services. Respondents generally emphasized the need for more information and outreach through flyers, radio, and in person events.

When asked who in their community are especially in need of behavioral health services, respondents identified transition age youth, school-age children, and geographically isolated people. During community meetings, participants often cited a need for positive activities for school-age children and transition age youth outside of school events. Older adults also expressed a particular need for services, especially for those individuals who live alone and/or in outlying areas. Table 5 contains the full list of responses to this survey item.

Table 5. Populations in Need of Services

	N	%
Transition age youth, ages 16-25	2	17%
School-age children, ages 6-15	7	58%
Adults, ages 26-39	7	58%
Older Adults, ages 60+	2	17%
Geographically isolated people	2	17%
Adults, ages 40-59	2	17%
Parents and Guardians	1	8%
Young children, ages 0-5	4	33%
People whose primary language is not English ⁴	3	25%
Other	0	0%

Participation, Awareness, and Perception of Service Modalities in Modoc County

Community members in Modoc County interact with a variety of different types of services and service providers. Table 6 depicts the extent to which survey respondents participate in or are aware of the behavioral health programs, activities, and services in Modoc County. Respondents were most likely to participate in behavioral health counseling or mental health first aid training. Over half of respondents either participated in or were aware of the following services: behavioral health counseling, medication management, case management, Sunrays Wellness Center/Peer Support, Nurturing Parent Outreach & Service, school-based services, and community health services.

⁴ People who answered primary language is not English identified Spanish-speakers

Table 6. Use and Awareness of Modoc County Services

	Participated In	Aware Of	Neither
Telehealth Psychiatry	4	0	5
Behavioral Health Counseling	5	2	2
Medication Management	5	0	4
Case Management	5	0	4
Sunrays Wellness Center/Peer Support	4	1	4
Suicide Prevention Activities	5	0	3
Nurturing Parenting Outreach & Service	5	0	4
School-Based Services	6	0	4
Patient Advocate Support	2	0	6
Child-Based Public Health Services	1	2	6
Mental Health First Aid Training	2	0	6
ASIST Training	2	1	6
Digital Mental Health Literacy	4	1	5
Workforce Educational Grants for Behavioral Health Professionals	4	0	5
Community Health Workers (Promotores) in Newell	5	2	2

Across all programs, activities, and services, behavioral health counseling and school-based services were the most likely to be identified as working well. More than 60% of participants who were aware of the programs indicated that the following ones were working well: behavioral health counseling, medication management, case management, and school-based services. No program received 30% or more responses that they could be improved. However, this data is heavily skewed because most respondents indicated that they did not know about the services. Appendix A contains the full set of responses for this survey item.

Respondents were also asked to rate the importance of each of the programs, activities, and services offered by Modoc County. The following activities were rated as highest importance across responses:

- School-based services;
- Suicide prevention activities;
- Behavioral health counseling;
- Workforce education grants;
- Sunrays Wellness Center/Peer Support;
- Nurturing parenting outreach & service; and
- Mental Health First Aid Training.

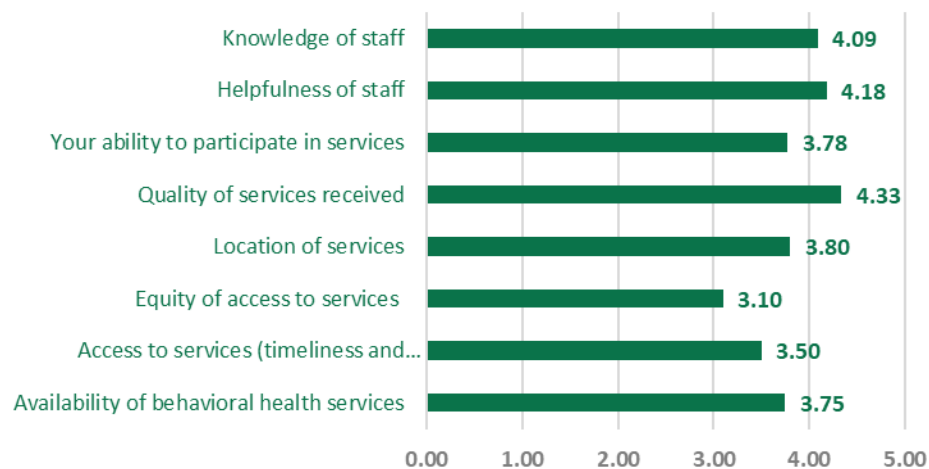
Appendix A contains the full list of responses for this survey item. Survey respondents also provided qualitative information on their specific experiences, which can be viewed in

Appendix B. In both survey responses and in-person meetings, community members described the important role they feel County Behavioral Health plays in their community. Community stakeholders also described the benefits of new programs implemented or expanded in recent years, such as the TAY Center. There continues to be a need for additional supports for youth outside of school and during the summer months, as well as for parents and those in outlying areas of the County.

Clients' Experience with Services

Survey respondents who indicated they, a family member, or someone they knew had accessed Modoc County Behavioral Health programs, activities, and services were asked to rate their experience on a number of parameters on a 5-point Likert scale from Very Dissatisfied (1) through Very Satisfied (5). Services were rated highly across the survey items, as depicted in Figure 2. Appendix A contains full responses for this survey item.

Figure 2. Client Experience of Services



Generally, community members provided positive feedback related to the quality of services provided, helpfulness, and knowledge of Modoc County Behavioral Health. They especially expressed their appreciation of individual service providers and described the positive impact behavioral health services have had for those who have received them. The lowest scored items related to equity of access to services. Qualitative feedback suggests that challenges with equitable access to services most likely impact Spanish speakers and those in outlying areas, as described above. Moreover, like many other places, Modoc County has experienced workforce shortages that may impact the availability of services.

Homelessness, Housing, and Whole Person Care

In anticipation of changes to behavioral health funding, respondents were asked about their experience with homelessness. No respondents indicated that they had ever experienced

homelessness. One respondent declined to answer the question. Appendix A contains the full list of responses for this survey item.

Respondents were further asked to rank what they thought was most important to support people who were at risk of or experiencing homelessness. Over half of respondents felt that short-term emergency shelter where people can stay for up to 90 days was the most important means of keeping people from experiencing homelessness. Conversely, transitional housing where people can stay for up to 2 years was seen as the least important option presented. Appendix A contains the full list of responses for this survey item.

APPENDIX A. DETAILED DATA TABLES

Barriers to Accessing Services

To rank the frequency with which respondents felt they experienced each of the listed barriers, we assigned a numeric score to each response, then generated a total composite score and a mean score for each item.

Table 7. Barriers to Behavioral Health Services

	Often (4)	Sometimes (3)	Rarely (2)	Never (1)	Total Score	Mean Score
They are unaware of the programs, activities, and services available	6	4	1	0	38	3.5
They do not think they need services	6	5	0	0	39	3.5
They are experiencing homelessness	2	5	3	1	30	2.7
They are experiencing a substance use disorder	2	5	2	1	28	2.8
They cannot afford it	6	3	1	0	35	3.5
They do not have insurance	7	2	1	0	36	3.6
They have private insurance/don't qualify for County services	4	5	0	0	31	3.4
They do not have transportation	5	5	0	0	35	3.5
They do not have childcare	6	3	1	0	35	3.5
There are negative stereotypes or stigma associated with accessing behavioral health programs, activities, or services	4	5	0	0	31	3.4
There aren't enough behavioral health providers	3	6	1	0	32	3.2
It takes too long to get an appointment	3	6	0	0	30	3.3
Programs, activities, or services are not available when they're needed	4	4	2	0	32	3.2
Programs, activities, or services are not available in their primary language	4	4	1	1	31	3.1

Participant Ratings of Modoc County Services

Table 8. Perceptions of Behavioral Health Services Amongst Participants

	Number of Participants	Working Well	Could Be Improved	I Don't Know
Telehealth Psychiatry	9	2 (22%)	1 (11%)	6 (67%)
Behavioral Health Counseling	9	4 (44%)	2 (22%)	3 (33%)
Medication Management	9	3 (33%)	0 (0%)	6 (67%)
Case Management	9	3 (33%)	0 (0%)	6 (67%)
Sunrays Wellness Center/Peer Support	9	3 (33%)	0 (0%)	6 (67%)
Suicide Prevention Activities	9	1 (11%)	2 (22%)	8 (89%)
Nurturing Parenting Outreach & Service	9	0 (0%)	1 (11%)	8 (89%)
School-Based Services	10	4 (40%)	2 (20%)	4 (40%)
Patient Advocate Support	9	1 (11%)	2 (22%)	6 (67%)
Mental Health First Aid Training	10	1 (10%)	1 (10%)	8 (80%)
ASIST Training	9	0 (0%)	0 (0%)	9 (100%)
Workforce Educational Grants for Behavioral Health Professionals	9	3 (33%)	0 (0%)	6 (67%)
Community Health Workers (Promotores) in Newell	10	2 (20%)	2 (20%)	6 (60%)

Relative Importance of Modoc County services

To rank respondents' perceived importance of the services offered by Modoc County, we assigned a numeric score to each response, then generated a total composite score and a mean score for each item.

Table 9. Importance of Behavioral Health Service Types

	Most Important (4)	Important (3)	Somewhat Important (2)	Not Important (1)	Total Score	Mean Score
Suicide Prevention Activities	8	2	0	0	38	3.8
School-Based Services	8	2	0	0	38	3.8
Behavioral Health Counseling	6	4	0	0	36	3.6
Workforce Educational Grants for Behavioral Health Professionals	6	2	1	0	32	3.6
Sunrays Wellness Center/Peer Support	5	5	0	0	35	3.5
Nurturing Parenting Outreach & Service	5	5	0	0	35	3.5
Mental Health First Aid Training	5	5	0	0	35	3.5
Medication Management	4	5	0	0	31	3.4
ASIST® Training	3	4	0	0	24	3.4
Telehealth Psychiatry	4	6	0	0	34	3.4
Community Health Workers (Promotores) in Newell and/or Tulelake	5	4	1	0	34	3.4
Patient Advocate Support	2	7	0	0	29	3.2
Case Management	2	7	1	0	31	3.1

Clients' Experience with Services

Table 10. Client Ratings of Service Quality

	Very Dissatisfied (1)	Dissatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)	Mean Score
Availability of behavioral health services	5 (4%)	11 (10%)	29 (25%)	37 (32%)	20 (17%)	3.55
Access to services (timeliness and friendliness of response)	4 (3%)	9 (8%)	30 (26%)	35 (30%)	22 (19%)	3.62
Equity of access to services	5 (4%)	13 (11%)	27 (23%)	32 (28%)	29 (25%)	3.49
Location of services	6 (5%)	8 (7%)	25 (22%)	37 (32%)	29 (25%)	3.71
Quality of services received	6 (5%)	7 (6%)	21 (18%)	31 (27%)	24 (21%)	3.67
Your ability to participate in services	4 (3%)	9 (8%)	29 (25%)	26 (23%)	18 (16%)	3.52
Helpfulness of staff	3 (3%)	4 (3%)	26 (23%)	36 (31%)	33 (29%)	3.90
Knowledge of staff	3 (3%)	4 (3%)	28 (24%)	36 (31%)	26 (23%)	3.80

Experiences and Perceptions of Homelessness

Table 11. Which best describes your experience with homelessness

	N	%
I have never experienced homelessness or been in a situation where I was going to lose my housing within 2 weeks without having somewhere else to live	11	92%
I have never experience homelessness, but I have been in a situation where I was going to lose my housing within 2 weeks without having somewhere else to live	0	0%
I have experienced homelessness for one or more nights, but never for more than 30 days in a row	0	0%
I have experienced homelessness for one or more nights for more than 30 days in a row	0	0%
I prefer not to answer this question	1	8%

Table 12. Importance to support people who are experiencing or at risk of homelessness

	Most Important (4)	Important (3)	Somewhat Important (2)	Not Important (1)	Total Score	Mean Score
Short-Term Emergency Shelter where people can stay for up to 90 days	5	3	0	0	29	3.6
Transitional Housing where people can stay for up to 2 years	1	4	3	0	22	2.8
More Affordable Rental/Housing Opportunities for people with low income	5	4	0	0	32	3.6
More Affordable Rental/Housing Opportunities for people who also need supportive services to help them stay in their housing	6	2	1	0	32	3.6
Housing Navigation Services to help people locate housing that meets their needs, and case management to learn the "ins-and-outs" of buying, renting, leasing, etc.	3	5	0	0	27	3.4
Programs to help people at risk of homelessness avoid losing their housing	5	4	0	0	32	3.6

APPENDIX B. QUALITATIVE RESPONSES

How could Modoc County Behavioral Health provide better outreach and advertisement of behavioral health programs, activities, or services?

- Flyers sent with students
- Seguir insistiendo y invitar a las personas [Keep insisting and invite people]
- Dar un mejor informe [Give a better report]
- Radio periodico [Radio periodical]
- Ofrecer mas informacion sobre las programas para que la gente sepa que esas servicios estan a su alcance [Offer more information about the programs so people know that these services are within their reach.]
- I think somehow we need to reach the couch surfers/homeless. It's hard because there are no camps in Modoc. We know however that there is a homeless element they are just hard to reach. They are also often the ones experiencing substance use disorder.

Please provide any more feedback (strengths or suggested improvements) you would like to share about the behavioral health programs, activities, or services in Modoc County.

- Hoping that sessions can be done online
- Muchas de las programas son un poco confusos por no aver escuchada de ellas antes pero no dificiles de entender si se tiene interes [Many of the programs are a little confusing because I haven't heard of them before, but they are not difficult to understand if you are interested.]



**APPENDIX B:
CALMHSА PEI FY 2022/23 MODOC COUNTY IMPACT
STATEMENT**

See the next pages for the CalMHSА PEI FY 2022/23 Impact Report for Modoc County.



Fiscal Year 2022-2023 Modoc County Impact Statement

The PEI Project: Achieving More Together to Support Californians

California counties collectively pool local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CalMHSA) to support the ongoing implementation of the PEI Project at a Statewide level. The PEI Project is a collection of campaigns which seek to expand the awareness of mental health needs and supports, reduce stigma, prevent suicides, and teach individuals how to achieve mental wellness. These campaigns are: Know the Signs, Directing Change, and Each Mind Matters (EMM). The EMM campaign was the original stigma reduction campaign and primarily focused on reducing stigma around mental health. The EMM campaign was an early trailblazing effort in stigma reduction. Following the direction of the CalMHSA Board of Directors, CalMHSA staff sought to reimagine the next iteration of the PEI Project towards one that is building off the work done by EMM to move California into a new phase of Taking Action. The *Take Action for Mental Health* campaign helps individuals learn how to Take Action for the mental health of themselves and those around them through three pillars: Check In, Learn More, and Get Support.

Strategies of the PEI Project in FY 22/23

Funding to the PEI Project supported programs such as:

- Continued production, promotion, and dissemination of the *Take Action for Mental Health* campaign's materials and messages
- Providing technical assistance and outreach to Members contributing to the PEI Program
- Providing mental health and suicide prevention trainings to diverse audiences
- Engaging youth through the Directing Change program
- Strategizing on evaluation and best practices with RAND Corporation

Statewide achievements in FY 22/23

The effects of the Statewide PEI Project go beyond county lines. Influencing all Californians in the message of *Take Action for Mental Health* is critical for creating a culture of mental wellness and wellbeing regardless of where individuals live, work or play. Key statewide achievements of the Statewide PEI Project in FY 2022-2023 include:

- Take Action 4 Mental Health disseminated physical and digital materials for May is Mental Health Month, Suicide Prevention Week and Month in September, National Rural Health Day, Winter Wellness, and Student Athlete Suicide Prevention
 - See more on pages 3-9
- Directing Change Hope & Justice Held Seven Topics for Monthly Submissions
 - See more on page 10
- The Suicide Prevention Technical Assistance Team conducted two statewide webinars
 - See more on page 10

CHECK IN

LEARN MORE

GET SUPPORT





- The Suicide Prevention Technical Assistance team conducted regular meetings with PEI contributing counties throughout the year to provide technical assistance and resource navigation.

People under the age of 25 that were served through this Program and Disclaimer

CalMHSA is unable to provide an exact number, however, based on the funded programs it is estimated that around 65% of services of this program are provided to individuals under 25 (as defined by Title 9 Regulations). For context, the program estimates are below:

- Directing Change: estimated at 95% under 25 years old
- Social Marketing: estimated at 55% under 25 years old
- Training and Technical Assistance: estimated at 55% under 25 years old
- Evaluation: 51%



May is Mental Health Matters Month Toolkit + Reporting Data
- [Link to Items](#)

Physical Toolkit

Included: Resource booklets distributed in English and Spanish, recipes cards for wellness and self-care, green ribbons, pop-It keychains, wristbands, and toiletry kits!



Keychain + Wristband



Toiletry Kit



Green Ribbons



Your Mental Wellness Plan / Tu plan de bienestar mental



Wellness + self-care recipe cards

CHECK IN

LEARN MORE

GET SUPPORT





Digital Toolkit

Included: 2023 Proclamation, web banners, eblasts, social media kit, Spotify playlist, digital versions of the resource books and recipe cards, billboard, and radio script.



Web banners



Spotify playlist



2023 Proclamation



Digital billboard

Digital Toolkit



CHECK IN

LEARN MORE

GET SUPPORT





Influencers

Partnered with mental health advocates to share their mental health stories and *Take Action* resources, and to encourage Californians to do the same.



Amber Dee
@blackfemaletherapists



Juan Acosta
@juanacosta_



Anysa & Amaya Gray
@grayytwins



Owin Pierson
@owinpierson

Media

Promoted *Take Action* campaign through paid media to extend reach across the state and target specific audiences.

Ads included: Facebook, Instagram, Twitter, Google Search, display, Eblasts, podcasts, and Spotify.



CHECK IN

LEARN MORE

GET SUPPORT





Take Action had more than
14,589,320 touchpoints
 with Californians throughout May

12,499,906 paid media reach	1,817,716 influencer post reach	252,720 total toolkit materials distributed	10,521 IG live event views	8,457 organic social media reach
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Take Action had more than
5,611,261 touchpoints*
 with Californians in priority populations throughout May

2,031,976 paid media reach to AAPI & Black/African American audiences	1,930,507 paid media reach to LMI counties	1,620,978 eblasts to AAPI & Black/African American audiences	27,800 total toolkit materials distributed to LMI counties
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CHECK IN

LEARN MORE

GET SUPPORT





How Californians took action

131,486

sessions on the
Take Action website
over 27X month over month

99,527

views of the Mental
Health Matters
Month landing page

13,514

resources were
downloaded
over 9X month over month

59,474

engagements on
influencer posts

10,521

IG live views

5X

social engagement
month over month

CHECK IN

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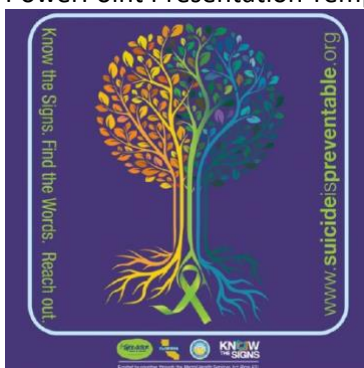
GET SUPPORT





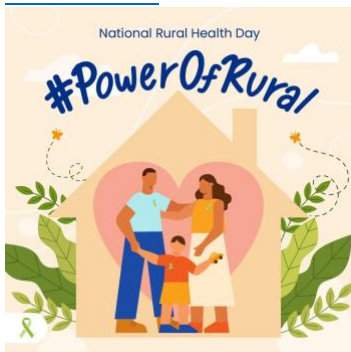
Suicide Prevention Activation Kit – September 2022: Take Action for Suicide Prevention: Thriving at all Ages

- Talking Points and Data Briefing 2022, SPW Overview and Activity Guide, Activity Challenge Tip Sheet, Video Conferencing Backgrounds, Poster, Banner, Proclamation, Daily Emails, PSA Scripts, Social Media Written Post Guides & Posts, Drop-in Articles, Older Adult Suicide Prevention 101 PowerPoint Presentation Template, Older Adult Billboard and Brochure



National Rural Health Day “#PowerOfRural”

- Social Media Files and Drop-in Article
- [Link to Items](#)



Winter Wellness Digital Toolkit

- Eblasts, Resource Cards, and Social Media Files for December 2022 and January 2023
- [Link to Items](#)

CHECK IN

LEARN MORE

GET SUPPORT





Whatever you're feeling this season, it's important to check in on your mental health and the mental health of people around you.

Learn how to practice holiday self-care, and find support and resources for yourself and others, at TakeAction4MH.com.



If you or someone you know are depressed or thinking about suicide, **call or text the 988 Suicide & Crisis Lifeline or chat with CalHOPE Connect at CalHOPEConnect.org.**

Student Athlete Suicide Prevention Digital Toolkit

- Tip Sheet for Parents, Social Media Files, Roadmap for Student Athletes, Roadmap for Coaches, Roadmap for School Administrators, Pocket Card, Poster, Flyer
- [Link to Items](#)

How to Take Action for Suicide Prevention

If you, or someone you know, are experiencing or talking about:

- Wanting to stop living
- Not seeing reasons to live
- Feelings of guilt, shame, or being a burden to others
- Having a sense of emptiness, hopelessness, or being trapped
- Periods of extreme sadness, anxiety, agitation, or rage
- Unbearable emotional or physical pain

Call or text **988**, or chat at **988Lifeline.org** to connect to help 24/7

CHECK IN

LEARN MORE

GET SUPPORT





Directing Change Hope & Justice

- Directing Change Hope & Justice Held Seven Monthly Topics range over the following throughout the year:
 - September 2022: “Find Your Anchor”
 - Total entries: 148 (Hope: 33, Justice: 11, Monthly Prompt: 104)
 - October 2022: “What is Your Word?”
 - Total entries: 90 (Hope: 20, Justice: 5, Monthly Prompt: 60)
 - November 2022: “Mental Health Heroes”
 - Total Entries: 73 (Hope: 16, Justice: 2, Monthly Prompt: 55)
 - December 2022 and January 2023: “What are your hopes for 2023?”
 - Total entries: 41 (Hope: 12, Justice: 3, Monthly Prompt: 26)
 - February 2023: “More Than One”
 - Total entries: 89 (Hope: 15, Justice: 3, Monthly Prompt: 58, RUHS Substance Use: 13)
 - April 2023: “Celebrate Earth Day”
 - Total entries: 45 (Hope: 8, Justice: 1, Monthly Prompt: 36)
 - May 2023: “Take Action for Mental Health”
 - Total entries: 63 (Hope: 2, Justice: 1, Monthly Prompt: 60)

Suicide Prevention Technical Assistance Team

The Suicide Prevention TA Team held two statewide webinars:

- “Reclaiming 2SQT+ (Two-spirit, Queer and Trans) Youth Thriving: An Intersectional, Anti-racist and Radical Love Approach to Suicide Prevention”
 - Total number of participants: 292
 - Total counties represented: 35
- “Understanding the Complexity of Prolonged Stress and Addressing the Impacts on Parental and Child Wellbeing”
 - Total number of participants: 131
 - Total counties represented: 21

