

COUNTY MHSA COMPLIANCE CERTIFICATION

County: **Modoc**

- Three-Year Program and Expenditure Plan
 Annual Update

Local Mental Health Director Name: Stacy Sphar, DNP Telephone Number: 530-233-6312 E-mail: stacysphar@co.modoc.ca.us	Program Lead Name: Michael Traverso Telephone Number: 530-233-6312 E-mail: michaeltraverso@co.modoc.ca.us
Local Mental Health Mailing Address: 441 N. Main Street Alturas, CA 96101	

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

This Three-Year Program and Expenditure Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Three-Year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on August 8, 2023.

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

All documents in the attached Three-Year Program and Expenditure Plan are true and correct.

Stacy Sphar
Mental Health Director (PRINT)


Signature

8/22/23
Date



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

Modoc County Board of Supervisors
MINUTE ORDER

The following action was taken by the Modoc County Board of Supervisors on August 8, 2023:

1.g. Consideration/Action: Requesting approval of the Mental Health Services Act three (3) Year Plan for Fiscal Year 2023-2024 through Fiscal Year 2025-2026. (Behavioral Health)

Motion by Supervisor Byrne, seconded by Supervisor Starr to approve of the Mental Health Services Act three (3) Year Plan for Fiscal Year 2023-2024 through Fiscal Year 2025-2026. (Behavioral Health)

Motion Approved:

RESULT: APPROVED BY CONSENT VOTE [UNANIMOUS]

MOVER: Geri Byrne, Supervisor District V

SECONDER: Shane Starr, Supervisor District II

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


STATE OF CALIFORNIA

COUNTY OF MODOC

I, Tiffany Martinez, Clerk to the Board of Supervisors in and for the County of Modoc, State of California, do hereby certify that the above and foregoing is a full, true and correct copy of an ORDER as appears on the Minutes of said Board of Supervisors dated August 8, 2023 on file in my office.

WITNESS my hand and the seal of the Board of Supervisors this 9th day of August 2023.




Tiffany W. Martinez
Clerk of the Board



MODOC COUNTY BEHAVIORAL HEALTH

Mental Health Services Act (MHSA)
Three-Year Program and Expenditure Plan
Fiscal Years 2023/2024, 2024/2025, and 2025/2026

POSTED FOR PUBLIC COMMENT
June 15, 2023 through July 16, 2023

The MHSA FYs 24-26 Three-Year Plan is available for public review and comment from June 15, 2023 through July 16, 2023. MCBH welcomes your feedback by phone, in person, or in writing. Comments may also be made during the Public Hearing to be held on Monday, July 17, 2023.

Public Hearing Information:
Monday, July 17, 2023 at 3:30 pm
Modoc County Health Services
441 North Main Street, Alturas, CA 96101

Comments or feedback? Please contact:

Greg Kuld
MHSA 3-Year Plan
Modoc County Behavioral Health
441 N. Main Street, Alturas, CA 96101
Phone: 530-233-6312
gregkuld@co.modoc.ca.us

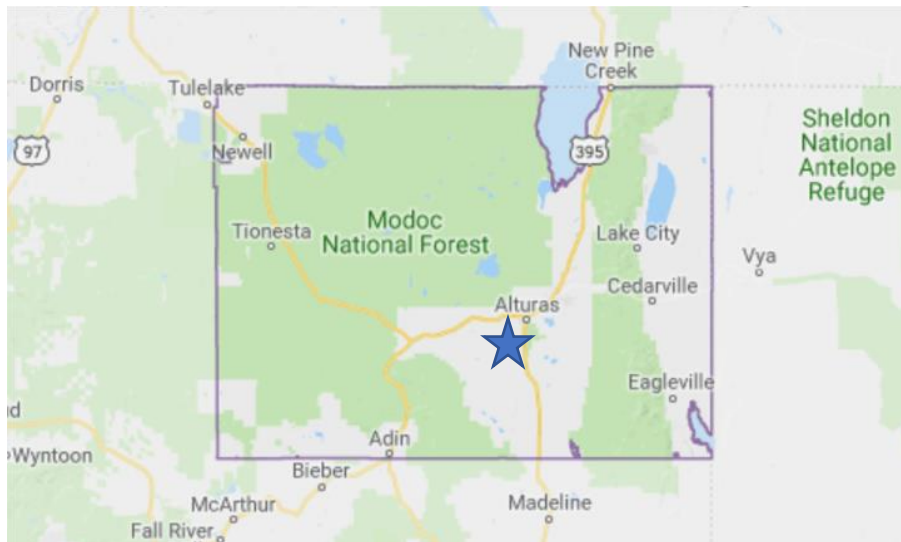
Thank you!

TABLE OF CONTENTS

A. COUNTY DESCRIPTION AND DEMOGRAPHICS	1
B. OVERVIEW OF THE MENTAL HEALTH SERVICES ACT.....	3
C. MHSA COMMUNITY PROGRAM PLANNING.....	4
D. CAPACITY TO IMPLEMENT MHSA PROGRAMS	5
E. LOCAL REVIEW PROCESS	7
F. COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT	9
1. Report on Prior Year’s CSS Programs.....	9
2. CSS Program Plan for Next 3 Fiscal Years	20
G. PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT	24
1. Report on Prior Year’s PEI Programs.....	24
2. PEI Program Plan for Next 3 Fiscal Years	32
H. INNOVATION (INN) COMPONENT	35
1. Report on Prior Year’s INN Program	35
2. INN Program Plan for Next 3 Fiscal Years	35
I. WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT	36
1. Report on Prior Year’s WET Program.....	36
2. WET Program Plan for Next 3 Fiscal Years.....	36
J. CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN) COMPONENT....	38
1. Report on Prior Year’s CFTN Program	38
2. CFTN Program Plan for Next 3 Fiscal Years	38
K. PRUDENT RESERVE ASSESSMENT	39
L. MHSA 3-YEAR PLANNING BUDGETS	40
APPENDIX A – SUNRAYS OF HOPE, INC. SURVEY DATA	57
APPENDIX B – MHSA COMMUNITY PROGRAM PLANNING REPORT.....	64
APPENDIX C - CALMHSA JPA SUICIDE PREVENTION IMPACT REPORT	91

MODOC COUNTY BEHAVIORAL HEALTH SERVICES MHSA Three-Year Program and Expenditure Plan Fiscal Years 2023/2024, 2024/2025, and 2025/2026

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; 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

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

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

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

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 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

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

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>

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

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.

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

C. MHSA COMMUNITY PROGRAM PLANNING

The MCBH Community Program Planning (CPP) process for the development of the MHSA FYs 2024-2026 Three Year Program and Expenditure Plan (“MHSA 3-Year Plan”) builds upon the planning process that was utilized for the development of the most recent MHSA 3-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.

Modoc County gathered community feedback via a survey and four in-person community meetings during the month of May. Surveys and in-person meeting dates were shared with community stakeholders directly, in person, and by email. Surveys and meetings were also advertised in the local newspaper, health related County websites, health related County Facebook pages, advertised via flyers given out at events and other community locations, and offered the survey and an opportunity to give comments to individuals when they received services in the office at Modoc County Health. The surveys were made available in May 2023 in both English and Spanish, in paper and digital formats. Advertising included the survey URL and a QR code for smart phones to capture, as well as physical locations to receive or turn-in a survey in either English or Spanish.

The County contracted the Behavioral Health Data Project through the California Institute for Behavioral Health Solutions (CIBHS) to compile survey data and conduct four in-person focus-group meetings on the following dates:

- Tuesday, May 2, 2023 at 11:00 am in Alturas, CA
- Tuesday, May 2, 2023 at 5:30 pm in Alturas, CA
- Wednesday, May 3, 2023 at 6:00 pm in Tulelake, CA
- Thursday, May 4, 2023 at 11:30 am in Alturas, CA

In-person meetings were open to all community members, and were 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. Modoc County Behavioral Health also conducted additional outreach with tribal leaders in the county during the planning process, and was able to meet with leadership of the Fort Bidwell Native American Reservation on April 24, 2023, regarding existing felt needs related to mental health, substance misuse, and housing challenges, and educated the leadership on MHSA programs and purposes.

With 116 survey responses and over 58 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. Data from Sunrays of Hope, Inc. was reviewed to ensure participant satisfaction with MHSA services delivered through this key provider. See Appendix A for the Sunrays of Hope, Inc. satisfaction survey results. 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 3-Year Plan integrates stakeholder input, survey results, and service utilization data to analyze community issues and determine the most effective way to further meet the needs of our unserved/underserved populations. In addition, the MHSA 3-Year Plan planning, development, and evaluation activities were discussed with the following to obtain input and strategies for improving the service delivery system: Behavioral Health Advisory Board; Community Corrections Partnership; Cultural Competence Committee; Modoc Medical Center, Quality Improvement Committee; Behavioral Health staff; and AB109 service recipients. All stakeholder groups and boards are in full support of this MHSA 3-Year Plan and the strategies to maintain and enhance services.

A full summary of the planning activities is included in Appendix B.

D. CAPACITY TO IMPLEMENT 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 16 staff members, with 4 staff (25%) who were bilingual in English and Spanish. Of the staff who reported being bilingual, 3 (19%) acted as a Spanish interpreter as part of their job function. *(Data source: MCBH Staff Survey, 2022).*
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 2010 with a county population of 9,686. 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 (12.9%) is comparable. Data shows that 18.8% of MCBH staff are Hispanic. For language, there are approximately 1% of clients who reported a primary language of Spanish compared to 25% of staff who are bilingual Spanish speakers. For gender, there are 49.6% females in the population; 60.2% female clients; and 81.3% female staff.

Figure 1
Modoc County Population, Mental Health Clients, and MCBH Staff, by Demographics
FY 2021/22

	Modoc County Population 2010 Census		MCBH Mental Health Clients		MCBH Staff	
Race/Ethnicity Distribution						
Black	99	1.0%	8	1.8%	-	0.0%
American Indian/ Alaskan Native	471	4.9%	37	8.2%	-	0.0%
Asian/ Pacific Islander	117	1.2%	10	2.2%	-	0.0%
White	7,649	79.0%	324	72.0%	12	75.0%
Hispanic	1,256	13.0%	58	12.9%	3	18.8%
Other/ Unknown	94	1.0%	13	2.9%	1	6.3%
Total	9,686	100.0%	450	100.0%	16	100.0%
Language Distribution						
English	-	-	442	98.2%	12	75.0%
Spanish	-	-	4	0.9%	4	25.0%
Other/ Unknown	-	-	4	0.9%	-	0.0%
Total	-	-	450	100.0%	16	100.0%
Gender Distribution						
Male	4,878	50.4%	179	39.8%	3	18.8%
Female	4,808	49.6%	271	60.2%	13	81.3%
Total	9,686	100.0%	450	100.0%	16	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 is focusing 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 3-Year Plan was posted for a 30-day public review and comment period from June 15, 2023 through July 16, 2023. An electronic copy was 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

2. Public Hearing Information

The Public Hearing for the posted MHSA 3-Year Plan was held on Monday, July 17, 2023, from 3:30 pm to 4:30 pm. The in-person meeting location was the MCBH Clinic, 441 North Main Street, Alturas, CA 96101. 11 individuals participated. The majority of participants were adults (9), while 2 were older adults. 6 females and 5 males participated. The majority of individuals were White (10); and 1 participant was Hispanic. Participants were comprised of Modoc County Behavioral Health staff (5); clients and former clients (3); family members (1); and agency partners / general stakeholders (2).

3. Public Feedback on Proposed Document

No feedback was received during the 30-day posting period or during the Public Hearing. The general consensus of the Public Hearing participants was approval of the proposed MHSA 3-Year Plan.

4. Substantive Recommendations and Changes

No substantive recommendations to change the MHSA 3-Year Plan were received. The proposed MHSA 3-Year Plan was updated after the posting period and public hearing to include the public hearing information. The MHSA 3-Year Plan was also updated to include costs per client for the CSS, PEI, and INN components in FY 2021/22; available FY 21/22 data for the PEI programs; and the FY 2023/24 anticipated numbers and estimated costs per clients for the CSS, PEI, and INN components. Additional appendices were also added that expands the PEI data reporting.

5. County Approval and State Submission

The MHSA 3-Year Plan was final approved by the Modoc County Board of Supervisors on August 8, 2023. The final approved document was updated to include evidence of the BOS approval; and it has been 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 COMPONENT

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.

1. Report on Prior Year’s CSS Programs (FY 2021/2022)

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

a) Integrated CSS FSP Program Report (FY 2021/2022)

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.

❖ Integrated CSS FSP Program Data (FY 2021/22)

The FSP program served 33 people in FY 2021/22 (see Figure 2). Of the people served, 24 (72.7%) were adults ages 26-59 and 9 (27.3%) 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 2021/22

	# Clients	% Clients
26 - 59 years	24	72.7%
Other	9	27.3%
Total	33	100.0%

Of the 33 people enrolled in the FSP program in FY 2021/22 (see Figure 3), 16 were male (48.5%) and 17 were female (51.5%).

Figure 3
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Gender
FY 2021/22

	# Clients	% Clients
Male	16	48.5%
Female	17	51.5%
Total	33	100.0%

Of the 33 people enrolled in the FSP program in FY 2021/22 (see Figure 4), 24 were White (72.7%) and nine (9) were Other Race/Ethnicities (27.3%).

Note: The Race/Ethnicity categories of Hispanic, Black, Asian/Pacific Islander, and Native American/ Alaskan Native 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 4
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Race/Ethnicity
FY 2021/22

	# Clients	% Clients
White	24	72.7%
Other	9	27.3%
Total	33	100.0%

Of the 33 people enrolled in the FSP program in FY 2021/22 (see Figure 5), 32 (97%) were English speakers and 1 (3%) spoke another language.

Figure 5
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Preferred Language
FY 2021/22

	# Clients	% Clients
English	32	97.0%
Other	1	3.0%
Total	33	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 33 clients that received FSP services in FY 2021/22 received 619.4 hours of services, which calculates as an average of 18.8 hours per person. Of the 33 clients, 19 received assessment; 21 received case management; 15 received individual therapy; 17 received rehab. individual; 7 received collateral; 15 received plan development; and 3 attended groups. 13 of the 33 FSP clients received crisis intervention, which shows that 39.4% needed this intensive service. This data also shows that 60.6% 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 2021/22

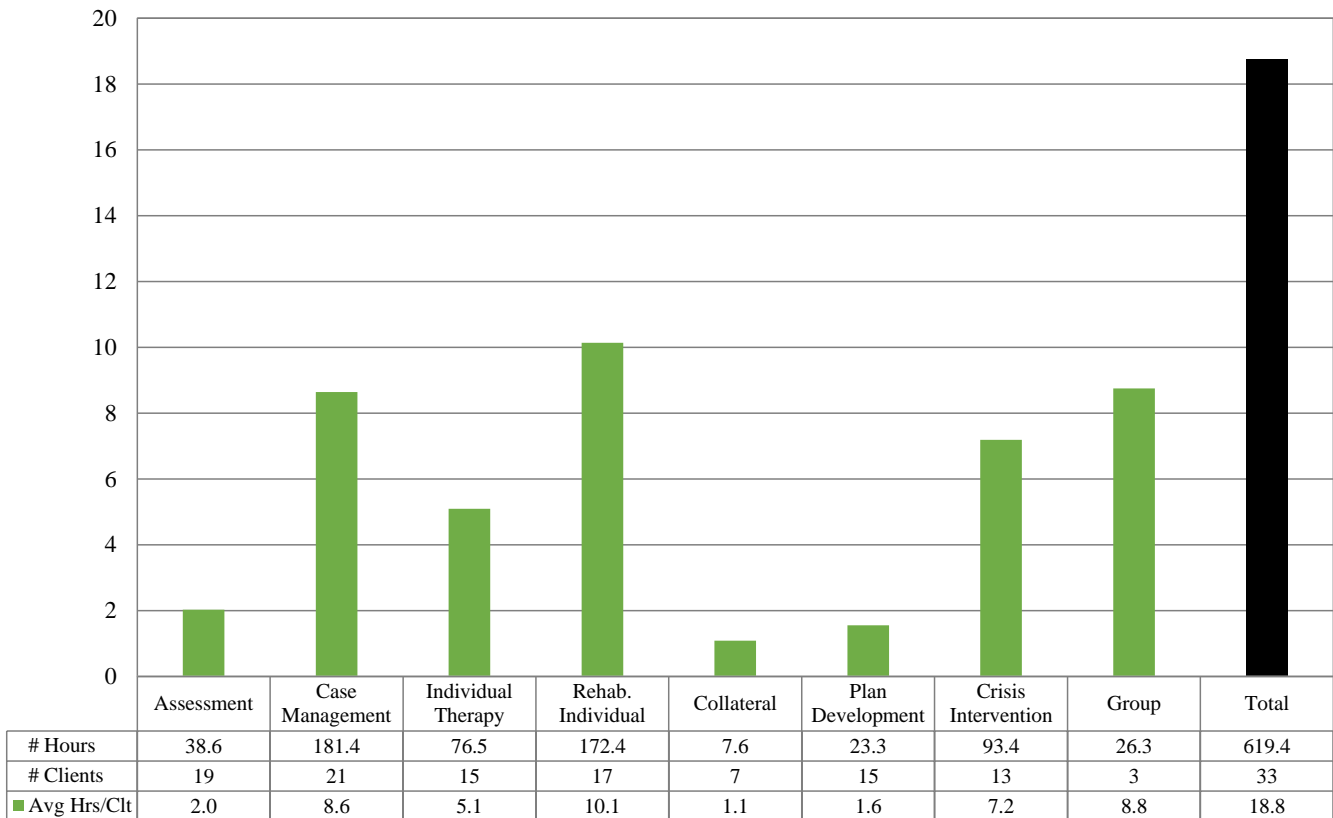


Figure 7 shows the total number and percentage of clients who receive psychiatric inpatient services and those who were not admitted in FY 2021/22. This data shows that 90.9% of all FSP clients were not hospitalized in the fiscal year, an excellent outcome!

Figure 7
CSS Full-Service Partnership Services
Number and Percent of FSP Clients Who Remained Out of Inpatient
FY 2021/22

	# Clients	% Clients
No Inpatient Admissions	30	90.9%
Inpatient Admission(s)	3	9.1%
Total	33	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 2021/22. This data shows that 60.6% 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 2021/22

	# Clients	% Clients
No Crisis Services	20	60.6%
Crisis Service(s)	13	39.4%
Total	33	100.0%

Figure 9 shows the MHSAs cost per FSP client in FY 2021/22. FSP expenditures were \$114,320; 33 FSP clients were served; and the cost per client was \$3,464.

Figure 9
CSS Full-Service Partnership Services
Total MHSAs FSP Expenditures, Clients, and Cost per Client*
FY 2021/22

Total FY 21/22 FSP Costs*	\$ 114,320
Total FY 21/22 FSP Clients	33
FY 21/22 Cost per FSP Client	\$ 3,464

**Per Modoc County FY 21/22 MHSAs Revenue and Expenditure Report; includes only MHSAs dollars and does not include other funding sources.*

b) Integrated CSS Non-FSP Program Report (FY 2021/2022)

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 activates from the time of arrest through adjudication and release. The treatment team, comprised of all direct service providers, meets semi-monthly to review cases and look at all available service options to ensure that a client-focused/client-centered holistic approach is used. This strategy is a collaborative system of care designed and delivered by the Community Corrections Partnership (CCP).

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.

❖ Integrated CSS Non-FSP Program Data (FY 2021/22)

The tables below show the number of CSS clients served, by age, race/ethnicity, and gender. Figure 10 shows there were 448 people served in FY 2021/22. Of these, 28.1% were Children ages 0-15; 13.2% were Transition Age Youth (TAY) ages 16-25; 45.8% were Adults ages 26-59; and 12.9% were Older Adults, ages 60 and older.

Figure 10
CSS Non-FSP
Number of Clients, by Age
FY 2021/22

	# Clients	% Clients
0 - 15 years	126	28.1%
16 - 25 years	59	13.2%
26 - 59 years	205	45.8%
60+ years	58	12.9%
Total	448	100.0%

Figure 11 shows the number of CSS clients served, by Race/Ethnicity. Of the 448 people served in FY 2021/22, there were 322 White clients (71.9%), 58 Hispanics (12.9%), 10 Asian/ Pacific Islanders (2.2%), 37 Native American/ Alaska Native clients (8.3%), and 21 Other/Unknown (4.7%).

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 2021/22

	# Clients	% Clients
White	322	71.9%
Hispanic	58	12.9%
Asian/ Pacific Islander	10	2.2%
Native American/ Alaskan Native	37	8.3%
Other/ Unknown	21	4.7%
Total	448	100.0%

Figure 12 shows gender for the 448 people served in FY 2021/22. There were more females (N=270) than males (N=178).

Figure 12
CSS Non-FSP
Number of Clients, by Gender
FY 2021/22

	# Clients	% Clients
Male	178	39.7%
Female	270	60.3%
Total	448	100.0%

Figure 13 shows preferred language for the 448 people served in FY 2021/22. Of these clients, 440 reported that English is their preferred language (98.2%), and 8 reported another preferred language (1.8%).

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 2021/22

	# Clients	% Clients
English	440	98.2%
Other/Unknown	8	1.8%
Total	448	100.0%

Figure 14 shows that 448 clients that received mental health services in FY 2021/22 received 6,428 hours of services, which calculates into an average of 14.3 hours per person. Of the 448 clients, 351 received an assessment; 97 received case management; 206 received individual therapy; 118 received rehab. individual; 27 received ICC; 4 received IHBS; 69 received collateral; 214 received plan development; 232 received medication services; and 8 attended groups. There were 98 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 2021/22

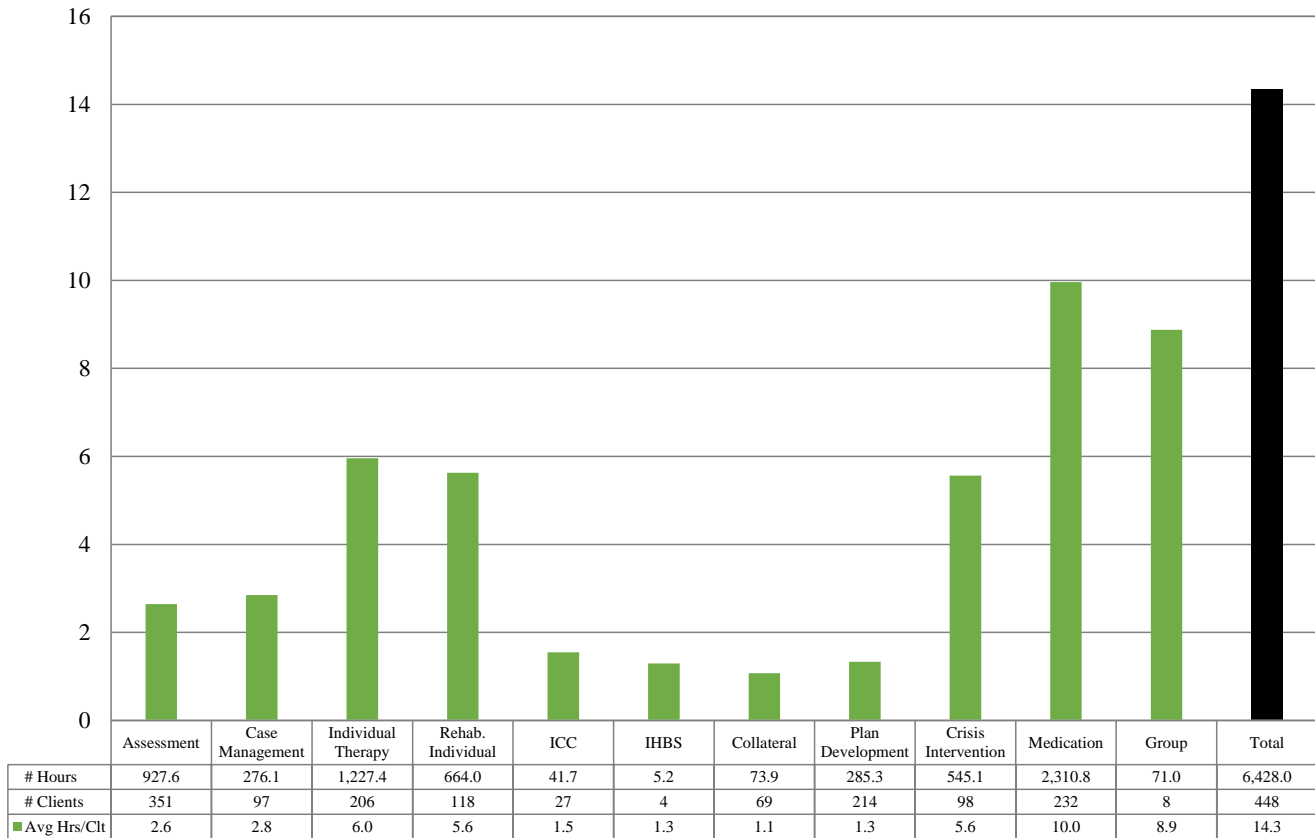


Figure 15 shows the total number and percentage of clients who received psychiatric inpatient services and those who were not admitted in FY 2021/22. This data shows that 97.1% of all clients were not hospitalized in the fiscal year, an excellent outcome!

Figure 15
CSS Non-FSP
Number and Percent of Mental Health Clients Who Remained Out of Inpatient
FY 2021/22

	# Clients	% Clients
No Inpatient Admissions	435	97.1%
Inpatient Admission(s)	13	2.9%
Total	448	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 2021/22. This data shows that 78.1% of all clients did not receive a crisis service in the fiscal year, an excellent outcome!

Figure 16
CSS Non-FSP
Number and Percent of Mental Health Clients Who Remained Out of Crisis
FY 2021/22

	# Clients	% Clients
No Crisis Services	350	78.1%
Crisis Service(s)	98	21.9%
Total	448	100.0%

Figure 17 shows the MHSA cost per CSS Non-FSP client in FY 2021/22. CSS Non-FSP expenditures were \$593,305; 448 CSS Non-FSP clients were served; and the cost per client was \$1,324.

Figure 17
CSS Non-FSP
Total MHSA CSS Expenditures, Clients, and Cost per Client*
FY 2021/22

Total FY 21/22 CSS Costs*	\$ 593,305
Total FY 21/22 CSS Clients	448
FY 21/22 Cost per CSS Client	\$ 1,324

**Per Modoc County FY 21/22 MHSA Revenue and Expenditure Report; includes only MHSA dollars and does not include other funding sources.*

c) CSS Program Successes and Challenges

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.

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.

2. CSS Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

This section outlines the plans for the coming years for the two CSS programs.

a) Integrated CSS FSP Program Plan

- MCBH will continue to provide the same level of services as last year through the Integrated CSS FSP Program.
- In addition, MCBH will expand the FSP Program to include the following:
 - Expanded housing resources: 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.
- In FY 2023/24, MCBH estimates that the CSS FSP program will serve approximately 34 FSP clients, with an estimated cost per client of \$23,265.

b) Integrated Non-FSP CSS Program Plan

- MCBH will continue to provide the same level of services as last year through the Integrated CSS Non-FSP Program.
- In addition, MCBH will also explore opportunities to expand the Non-FSP Program to include the following activities:
 - Crisis Services & Stabilization Program (CSP): The Crisis Services & Stabilization Program 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 is located at 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.
 - MCBH is planning to open a TAY Center in Alturas, CA in FY 2023/24. The TAY Center will offer youth-centered services and age-appropriate events to engage and support Modoc County youth, ages 16-25. The TAY Wellness Center will build upon and operationalize through the five essential principals of MHSA. It will be youth driven, sustain a wellness focus of recovery and resilience, partner with the community, welcoming of and employs cultural competence activities and approaches, and has integrated services, as demonstrated by the number of community partners that will be embedded into the program. The TAY Center came to be through a series of stakeholder meetings in the community. This stakeholder process will continue on an ongoing basis through a TAY Advisory Committee. Healthy activities may include peer support services; mentoring; stigma reduction campaigns; youth-driven events; and treatment groups with a focus on socialization, social skills groups and activities, employment, vocational skills, housing, life skills, recovery arts and relationship building. CSS funding may be used to cover the Center's staffing (including Peer Mentors); site lease

and remodeling; and event costs. Key objectives include decreasing symptoms of mental illness; recovery from mental illness; self-advocacy; contributing to society; improved social skills; and achievement of self-identified goals.

- MCBH is 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 will help to expand services and activities at the TEACH Resource Wellness Center. The goal of this Resource Wellness Center is to provide the following services in a non-judgmental, relaxed atmosphere where community members feel safe and provide supports and linkages to services. These supports include private showers; hygiene products; food and water; and laundry supplies for homelessness. This Center will function as a warming/cooling center when needed. The Center also provides space for mobile crisis services and weekly AA/NA meetings. Mutual support groups, Housing Navigation and Case Management Services, HMIS and Coordinated entry for housing, Emergency Housing vouchers, Information and access to other programs/agencies.
- MCBH will expand 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. MHS 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 to be 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 will explore options for supporting the Pre-Trial Services Program with MHS funding. This program is a partnership 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.

- Expanded housing resources: 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.
- MCBH will 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 2023/24, MCBH estimates that the CSS Non-FSP program will serve approximately 460 CSS Non-FSP clients, with an estimated cost per client of \$1,315.

G. PREVENTION AND EARLY INTERVENTION COMPONENT

The Mental Health Services Oversight and Accountability Commission (OAC) requires 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 MHSA 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 Prior Year's PEI Programs (FY 2021/2022)

a) Prevention Program Reports

1) Integrated Prevention through Developmental Assets

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

❖ ***FY 2021/22 School-Based Interventions Report:** Combined FY 2021/22 CKH and PBIS data shows that 1,372 unduplicated children and youth participated in these PEI activities.*

Figure 18 shows participant data by age. 1,195 (87.1%) of individuals served by these activities were ages 0-15; and 177 (12.9%) were TAY, ages 16-25.

Figure 18
PEI Prevention Program – Combined CKH and PBIS Activities
Number and Percent of Activity Participants, by Age
FY 2021/22

	# Participants	% Participants
0-15	1,195	87.1%
16-25	177	12.9%
Total	1,372	100%

Figure 19 shows participant data by race/ethnicity. 680 (49.6%) of children and youth served by these activities were White; 480 (35%) were Hispanic; 97 (7.1%) were American Indian/Alaskan Native; 28 (2.0%) were Asian/Pacific Islander; 19 (1.4%) were Black/African American; and 68 (5.0%) were Other/Unknown.

Figure 19
PEI Prevention Program – Combined CKH and PBIS Activities
Number and Percent of Activity Participants, by Race/Ethnicity
FY 2021/22

	# Participants	% Participants
American Indian / Alaskan Native	97	7.1%
Asian / Pacific Islander	28	2.0%
Black / African American	19	1.4%
Hispanic	480	35.0%
White	680	49.6%
Other/ Unknown	68	5.0%
Total	1,372	100%

Figure 20 shows participant data by gender assigned at birth. 670 (48.8%) of individuals served by these activities were female; 658 (48.0%) were male; and 44 (3.2%) declined to answer.

Figure 20
PEI Prevention Program – Combined CKH and PBIS Activities
Number and Percent of Activity Participants, by Gender
FY 2021/22

	# Participants	% Participants
Female	670	48.8%
Male	658	48.0%
Declined to Answer	44	3.2%
Total	1,372	100%

Figure 21 shows participant data by primary language. 767 (55.9%) of individuals served by these activities had a primary language of English; 184 (13.4%) had a primary language of Spanish; and 421 (30.7%) declined to answer.

Figure 21
PEI Prevention Program – Combined CKH and PBIS Activities
Number and Percent of Activity Participants, by Primary Language
FY 2021/22

	# Participants	% Participants
English	767	55.9%
Spanish	184	13.4%
Declined to Answer	421	30.7%
Total	1,372	100%

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 2021/22 School-Wide Interventions and Trainings Report:*** *FY 2021/22 data for this activity indicates that 200 unduplicated potential responders were trained through Prevention funding.*

Figure 22 shows the FY 2021/22 training topics/areas, and the number of individuals who participated in each training type. Individuals participated in multiple trainings. Training attendance was impacted by the public health restrictions in place at the time.

Figure 22
PEI Prevention Program – School-Wide Intervention Training Report
Number of Training Participants, by Topic
FY 2021/22

Training Topics	# Participants
Social Emotional Learning (SEL)	167
Trauma Informed Care (TIC)	31
Youth Mental Health First Aid (YMHFA)	8
Positive Behavior Intervention and Supports (PBIS)	188
Capturing Kids Hearts (CKH)	34
County-Wide Safety	105

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.

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

❖ ***FY 2021/22 40 Developmental Assets Report:*** *This activity was impacted by the public health restrictions in FY 2021/22 and data is not available for that fiscal year.*

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

❖ ***FY 2021/22 Project Alert Report:*** *This activity was impacted by the public health restrictions in FY 2021/22 and data is not available for that fiscal year.*

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 2021/22 YDP Report:*** *In FY 2021/22, approximately 22 Modoc County students participated in YDP activities. 2 individuals were drug screened through Probation. 7 of the 22 students completed the recommended Community Work Service Project assigned to them.*

Healthy Beginnings continues to be a collaborative project between Behavioral Health and Public Health. The MCBH counselors have continuous dialogue with Public Health nurses regarding Healthy Beginnings clients who require their services in order to facilitate case management and ensure timely access to care. The target population for Healthy Beginnings is from 0-5 year-olds. Healthy Beginnings seeks to improve birth outcomes by providing access and linkage to direct health and social services for pregnant women whose chances of having a healthy baby are hampered by poverty, limited access to health care, poor nutrition, age, substance use, homelessness, domestic violence and more. The system also seeks to reach young children exhibiting developmental or behavioral issues that could hamper later school success.

Empower is a program for families with children 6-18 years of age. As a partnership with Public Health and MCBH, this program provides a public health nurse to families to provide general education, support, complete health assessments, ACE testing, positive parent-child interaction, and social and emotional development.

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

- ❖ ***FY 2021/22 Healthy Beginnings / Empower / NHVP Report:*** *These three (3) activities were delivered together and the data is reported collectively. These activities served 57 individuals total in FY 2021/22, including 23 children/youth (ages 0-15); 13 TAY (ages 16-25); and 21 adults (ages 26-59).*

Strengthening Families (formerly Nurturing Families). Training, Employment and Community Help, Inc. (TEACH), is now using Strengthening Families which is an evidence-based program for children ages 7-17 and their parents learning skills concurrently to provide early intervention through convening and conducting two (2) Strengthening Families Program Sessions annually to include the following: Twelve (12) weekly sessions, marketing, referrals, evaluations, attendance records, and AAPI-2 Pre and Post scores.

- ❖ ***FY 2021/22 Strengthening Families Report:*** *In FY 2021/22, Strengthening Families served 21 unduplicated clients. 24 in-person sessions were held in the fiscal year.*

NOTE: Due to the challenges in providing services and obtaining data from all activities, a cost per client for the Prevention program is not available for FY 2021/22.

b) Early Intervention Program Report

2) Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

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

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

❖ ***FY 2021/22 TF-CBT Report:** Due to coding issues, data for this program is not available for FY 2021/22.*

NOTE: Due to the challenges in providing services and obtaining data, a cost per client for the Early Intervention program is not available for FY 2021/22.

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.
- 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. 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 2021/22 ReachOut Report:***

- *Outreach activities (conducted in partnership with Sunrays of Hope, Inc.) (also, see Appendix A for more information about Sunrays of Hope, Inc.):*

Event/Activity	# of Participants & Participant Demos, as available
Digital Literacy event	4 Older Adults
Each Mind Matters event	30 Adults, Older Adults
Newell Health Fair	80 All ages 65% Spanish speakers
Big Valley Health Fair	20
Surprise Vally Health Fair	30

- *Promotores activities: These activities reached over 150 individuals in the community in FY 2021/22.*
- *Linkages: Specific activities to link individuals to mental health treatment successfully helped 35 individuals connect with MCBH in FY 2021/22.*
- *Stigma Reduction activities: In FY 2021/22, 3 ASIST training sessions were conducted and 45 individuals were trained. 14 EMM events were held, reaching approximately 4,640 individuals.*

- *In FY 2021/22, Outreach, Access, and Stigma Reduction expenditures* were \$31,145; approximately 5,000 O/A/SR contacts were made; and the cost per contact was about \$6.00. (*Per Modoc County FY 21/22 MHSA Revenue and Expenditure Report)*

d) Suicide Prevention Program Report

4) CalMHSA JPA for Suicide Prevention

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. Due to very limited resources, MCBH does not provide a local-specific suicide prevention program. MCBH partnered with statewide efforts through collaborative CalMHSA activities and Each Mind Matter's media messages, and infused suicide prevention efforts into the system continuum of care.

❖ ***FY 2021/22 CalMHSA JPA Report:** In FY 2021/22, 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 C for the CalMHSA JPA Impact Report.*
- *NOTE: Costs per contact for the Suicide Prevention program is not available.*

e) PEI Program Successes and Challenges

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.

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.

2. PEI Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

a) Prevention Program Plan

- 1) Integrated Prevention through Developmental Assets: MCBH will continue to offer activities under this umbrella program that serves children, TAY, adults, and older adults. The following changes are anticipated in the next 3 fiscal years:
 - a. Beginning in FY 2023/24, Healthy Beginnings, Empower, and NHVP will no longer be provided through MHSA.
 - b. In FY 2023/24, MCBH will implement a new collaborative effort with First 5 Modoc called *Teaching Together*. Teaching Together will provide early social-emotional supports in the home and early education and care settings, and through positive community interactions. This activity will reduce 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 will focus 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 may be used to cover training costs for families, educators, providers, and MCBH staff.
 - c. In the coming fiscal years, as staffing and funding allow, additional activities may be implemented, including anger management strategies and collaboration with the Opioid Coalition to address co-occurring clients. Existing prevention activities may also be modified or discontinued to respond to evolving client and community need.
 - d. Evaluation activities for the Prevention program will be expanded to better capture the number of individuals served and clients' perception of care.

In FY 2023/24, MCBH estimates that the Prevention program will serve approximately 75 individuals across all Prevention activities, with an estimated cost per client of \$120.

b) Early Intervention Program Plan

- 2) TF-CBT: MCBH will continue to provide TF-CBT as an Early Intervention Program. Evaluation activities will be expanded to better capture the number of individuals served and client outcomes, based on pre- and post-intervention data. As part of the TF-CBT, MCBH will also begin to deliver Functional Family Therapy (FFT). The FFT model focuses on the wellness and resilience of youth, ages 11 through 17, and their families. It is a short-term, evidenced-based family therapy intervention for youth in the community whose behavioral health

is impacting their family relationships and functioning. FFT serves juvenile justice-involved youth and their families, child welfare involved families, and any youth who meets the FFT criteria. The family-focused practice teaches families skills in conflict resolution, problem solving, communication, and treatment of delinquent behaviors. The FFT treatment approach is utilized to increase the family's protective factors and decrease risk factors. Therapy sessions are most often conducted as a home-based service, but clinic settings are also available. Referrals may come from Probation, Child Welfare, School Personnel, Case Managers and Therapists in the community. Services are available in English and Spanish.

In FY 2023/24, MCBH estimates that the Early Intervention program will serve approximately 25 clients, with an estimated cost per client of \$3,359.

c) Outreach, Access, and Stigma Reduction Program Plan

- 3) Increasing Recognition of Early Signs of Mental Illness: MCBH will continue to provide the same or an improved level of outreach, access, and stigma reduction activities to engage individuals and improve access to services. Specific activities may change to best meet the needs of the community.
 - a. In FY 2023/24, the *promotores* activities will be expanded to include a bilingual English/Spanish case manager to provide housing support, aid with immigration, and benefit and resource access.
 - b. MCBH will implement a Peer Advocate program to provide clients with trained peers who offer encouragement and assistance to help them achieve long-term recovery and wellness.
 - c. MCBH is exploring options for opening a new Behavioral Health kiosk at a local library branch. This kiosk would be staffed by MCBH to engage unserved/underserved individuals in the community. MCBH staff would provide outreach activities, disseminate information about available resources, and promote linkage to services in an accessible community location. Impacts include increased outreach, access, and linkage to services, and stigma reduction. PEI funding may cover staff time, any location fees, materials, and other expenses; and Technological Needs funding may be used for equipment purchases.
 - d. In the coming fiscal years, as staffing and funding allow, additional activities may be implemented that address outreach, access and linkages, and stigma reduction.
 - e. Outreach evaluation activities will be expanded to better capture the number and types of contacts; number of referrals; and the impacts of these activities and services.

In FY 2023/24, MCBH estimates that the Outreach, Access, and Stigma Reduction program will make approximately 5,500 contacts across all O/A/SR activities, with an estimated cost per contact of \$6.00.

d) Suicide Prevention Program Plan

- 4) MCBH is making the following changes to its Suicide Prevention Plan:
 - a. The CalMHSA JPA for Suicide Prevention has been terminated.
 - b. MCBH will expand its in-house and local Suicide Prevention activities and events, including Applied Suicide Intervention Skills Training (ASIST). In FY 2023/24, 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.
 - c. In the future, MCBH may choose to contract with CalMHSA or another organization to expand Suicide Prevention services in Modoc County.
 - d. Suicide prevention evaluation activities will be implemented to capture the number of individuals reached, and post-training/event surveys that measure the changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness.

In FY 2023/24, MCBH estimates that the Suicide Prevention program will make approximately 100 contacts across all SP activities, including local initiatives, with an estimated cost per contact of \$494.

H. INNOVATION COMPONENT

1. Report on Prior Year's INN Program (FY 2021/2022)

a) Current INN Project: 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 is 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, MCBH has not implemented this project. The project will be rolled out in FY 2023/24, and data will be reported in a future MHSA Annual Update.

b) INN Program Successes and Challenges

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

2. INN Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

The project will be rolled out in FY 2023/24, and data will be reported in a future MHSA Annual Update. In FY 2023/24, MCBH estimates that the INN project will service approximately 60 clients, with an estimated cost per client of \$1,600.

I. WORKFORCE EDUCATION AND TRAINING COMPONENT

1. Report on Prior Year's WET Program (FY 2021/2022)

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

- a) **SRP/CalMHSA Staffing Project.** Beginning in Fiscal Year 2021/2022, the Superior Regional Partnership/SRP (comprised of 16 Northern California counties, including Modoc) entered into a limited agreement with the California Mental Health Services Authority (CalMHSA) to develop and manage a regional WET project that addresses the shortage of licensed mental health practitioners in the public mental health system. The CalMHSA SRP project encompasses 5 potential categories of financial and professional development incentives that encourage licensed individuals to apply to hard-to-fill positions, and that provide ongoing education to support staff retention and professional growth. The five categories include:

- 1) Pipeline Development
- 2) Loan Repayment
- 3) Undergraduate College and University Scholarship
- 4) Clinical Master and Doctoral Graduate Education Stipends
- 5) Retention Activities

Each participating county is able to select its local priorities within the 5 potential categories. Modoc selected the Loan Repayment focus. After two years of funding this project, MCBH determined that it did not meet the needs of this small remote county. This project will no longer be funded after June 30, 2023. A new staffing project is outlined below.

- b) **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.

2. WET Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

MCBH is making the following changes to the WET Program:

- a) **Changes to the CalMHSA Staffing Project:** The SRP project will no longer be funded. Instead, in FY 2023/24, MCBH will transfer funds from CSS to WET to cover a Modoc-specific staffing project through a contract with CalMHSA. The Modoc-CalMHSA Staffing Project will include recruitment and retention strategies that are tailored to the specific needs and challenges of Modoc County. The project will also provide a path for peer certification.

- b) Changes to the Clinical Training and Certifications program:** This program will continue to provide training and certification of MCBH staff. In FY 2023/24, training opportunities will be enhanced through the addition of Relias Learning, an online training platform for BH staff. This platform will be accessed through a contract with IDEA Consulting, a firm that manages a consortium that allows small counties to access Relias at a reduced rate. In addition, MCBH will explore ways to cover the professional licensing/certificate renewal fees for MCBH staff.

J. CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS COMPONENT

1. Report on Prior Year's CFTN Program (FY 2021/2022)

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 will continue into FY 2023/24.

2. CFTN Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

MCBH anticipates purchasing 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 ASSESSMENT

MCBH is obligated to maintain its MHSA 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 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.

MCBH conducted its initial five-year Prudent Reserve assessment in FY 2018/2019. A new Prudent Reserve assessment has been conducted for FY 2023/24. The new calculations are included below.

Modoc County Behavioral Health FY 2023/2024 Prudent Reserve Assessment

*Assessed in June 2023
Next Assessment June 2028*

MHSA Allocations by Fiscal Year		
	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	\$ 1,369,199
	Total 5-Year MHSA Allocations	\$ 8,678,178
	Average CSS Allocation (<i>Total MHSA x 76% / 5</i>)	\$ 1,319,083
	Maximum Prudent Reserve Amount (<i>33% of Avg CSS</i>)*	\$ 435,297
	Current Prudent Reserve Amount	\$ 392,497
	Amount available to transfer from CSS to PR	\$ 42,800
	Amount to be transferred in FY 23/24	\$ 0
	Adjusted Prudent Reserve Amount	\$ 392,497

**MHSUDS IN #19-037*

Although the above Assessment indicates that MCBH is allowed to transfer \$42,800 from CSS to Prudent Reserve, MCBH has opted not to do so in FY 2023/24, due to the number of CSS expenditures planned in the coming fiscal year.

L. MHSA 3-YEAR PLANNING BUDGETS

See the next pages for the MHSA 3-Year Planning Budgets.

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Fiscal Planning Summary**

County: Modoc

Date: 6/13/23

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 MCBH policy.	MHSa Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 3,339,598	\$ 810,062	\$ 409,000	\$ -	\$ 210,392	\$ 392,497
2. Estimated New FY 2023/24 Funding	\$ 1,092,617	\$ 273,159	\$ 71,883			
3. Transfer in FY 2023/24 ^{a/}	\$ (347,127)			\$ 230,000	\$ 117,127	\$ -
4. Access Local Prudent Reserve in FY 2023/24	\$ -	\$ -				\$ -
5. Estimated Available Funding for FY 2023/24	\$ 4,085,088	\$ 1,083,221	\$ 480,883	\$ 230,000	\$ 327,519	\$ 392,497
B. Estimated FY 2023/24 MHSa Expenditures	\$ 1,551,000	\$ 452,617	\$ 96,000	\$ 207,650	\$ -	
C. Estimated FY 2024/25 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 2024/25 Funding	\$ 1,147,248	\$ 286,816	\$ 75,477			
3. Transfer in FY 2024/25 ^{a/}	\$ (336,833)			\$ -	\$ 336,833	\$ -
4. Access Local Prudent Reserve in FY 2024/25	\$ -	\$ -				\$ -
5. Estimated Available Funding for FY 2024/25	\$ 3,344,504	\$ 917,420	\$ 460,360	\$ 22,350	\$ 664,352	\$ 392,497
D. Estimated FY 2024/25 Expenditures	\$ 1,171,845	\$ 475,248	\$ 96,000	\$ 7,650		
E. Estimated FY 2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 2,172,659	\$ 442,173	\$ 364,360	\$ 14,700	\$ 664,352	\$ 392,497
2. Estimated New FY 2025/26 Funding	\$ 1,204,611	\$ 301,157	\$ 79,251			
3. Transfer in FY 2025/26 ^{a/}	\$ (339,664)			\$ -	\$ 339,664	\$ -
4. Access Local Prudent Reserve in FY 2025/26	\$ -	\$ -				\$ -
5. Estimated Available Funding for FY 2025/26	\$ 3,037,605	\$ 743,330	\$ 443,611	\$ 14,700	\$ 1,004,016	\$ 392,497
F. Estimated FY 2025/26 Expenditures	\$ 1,230,437	\$ 499,010	\$ 96,000	\$ 7,650	\$ -	
G. Estimated FY 2025/26 Unspent Fund Balance	\$ 1,807,168	\$ 244,320	\$ 347,611	\$ 7,050	\$ 1,004,016	\$ 392,497

H. Estimated Local Prudent Reserve Balance		
1.	Estimated Local Prudent Reserve Balance on June 30, 2023	\$ 392,497
2.	Contributions to the Local Prudent Reserve in FY 23/24	\$ -
3.	Distributions from the Local Prudent Reserve in FY 23/24	\$ -
4.	Estimated Local Prudent Reserve Balance on June 30, 2024	\$ 392,497
5.	Contributions to the Local Prudent Reserve in FY 24/25*	\$ -
6.	Distributions from the Local Prudent Reserve in FY 24/25	\$ -
7.	Estimated Local Prudent Reserve Balance on June 30, 2025	\$ 392,497
8.	Contributions to the Local Prudent Reserve in FY 25/26	\$ -
9.	Distributions from the Local Prudent Reserve in FY 25/26	\$ -
10.	Estimated Local Prudent Reserve Balance on June 30, 2026	\$ 392,497

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

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

<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 MCBH policy.</i>	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Integrated CSS FSP Program	\$ 791,010	\$ 791,010				
Non-FSP Programs						
2. Integrated CSS Non-FSP Program	\$ 604,890	\$ 604,890				
CSS Administration	\$ 155,100	\$ 155,100				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	\$ 1,551,000	\$ 1,551,000				
FSP Programs as Percent of Total	51.0%					

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

<i>All MHSAs are managed via "first in, first out." MHSAs are managed by a method that avoids supplantation of other funding, per California regulation and MCBH policy.</i>	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Integrated FSP Program	\$ 597,641	\$ 597,641				
Non-FSP Programs						
2. Integrated Non-FSP Program	\$ 457,020	\$ 457,020				
CSS Administration	\$ 117,185	\$ 117,185				
CSS MHSAs Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	\$ 1,171,845	\$ 1,171,845				
FSP Programs as Percent of Total	51.0%					

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

<i>All MHA funds are managed via "first in, first out." MHA funds are managed by a method that avoids supplantation of other funding, per California regulation and MCBH policy.</i>	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Integrated FSP Program	\$ 627,523	\$ 627,523				
Non-FSP Programs						
2. Integrated Non-FSP Program	\$ 479,871	\$ 479,871				
CSS Administration	\$ 123,044	\$ 123,044				
CSS MHA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	\$ 1,230,437	\$ 1,230,437				
FSP Programs as Percent of Total	51.0%					

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

<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 MCBH policy.</i>	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs <i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>						
1. Integrated Prevention through Development Assets (P)	\$ 239,397	\$ 239,397				
2. Trauma-Focused CBT (EI)	\$ 83,979	\$ 83,979				
3. Increasing Recognition of Early Signs of Mental Illness (O/A/SR)	\$ 34,580	\$ 34,580				
4. Suicide Prevention Activities (SP)	\$ 49,399	\$ 49,399				
PEI Administration	\$ 45,262	\$ 45,262				
PEI Assigned Funds (CalMHSA)						
Total PEI Program Estimated Expenditures	452,617	452,617				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

<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 MCBH policy.</i>	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs <i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>						
1. Integrated Prevention through Development Assets (P)	\$ 251,367	\$ 251,367				
2. Trauma-Focused CBT (EI)	\$ 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 (CalMHSA)						
Total PEI Program Estimated Expenditures	475,248	475,248				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

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 MCBH policy.	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)						
1. Integrated Prevention through Development Assets (P)	\$ 263,935	\$ 263,935				
2. Trauma-Focused CBT (EI)	\$ 92,587	\$ 92,587				
3. Outreach for Increasing Recognition of Early Signs of Mental Illness (O/A/SR)	\$ 38,124	\$ 38,124				
4. Suicide Prevention Activities (SP)	\$ 54,463	\$ 54,463				
PEI Administration	\$ 49,901	\$ 49,901				
PEI Assigned Funds (CalMHSA)						
Total PEI Program Estimated Expenditures	499,010	499,010				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

<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 MCBH policy.</i>	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Integrated Health for Individuals with SMI	\$ 96,000	\$ 96,000				
	\$ -					
INN Administration						
Total INN Program Estimated Expenditures	\$ 96,000	\$ 96,000				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

<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 MCBH policy.</i>	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Integrated Health for Individuals with SMI	\$ 96,000	\$ 96,000				
INN Administration						
Total INN Program Estimated Expenditures	\$ 96,000	\$ 96,000				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

<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 MCBH policy.</i>	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Integrated Health for Individuals with SMI	\$ 96,000	\$ 96,000				
INN Administration						
Total INN Program Estimated Expenditures	\$ 96,000	\$ 96,000				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

<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 MCBH policy.</i>	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Modoc-CalMHSa Staffing Project (multi-year contract)	\$ 200,000	\$ 200,000				
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	\$ 207,650	\$ 207,650				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

<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 MCBH policy.</i>	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. 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 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

<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 MCBH policy.</i>	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. 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 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
<i>All MHSAs are managed via "first in, first out." MHSAs are managed by a method that avoids supplantation of other funding, per California regulation and MCBH policy.</i>	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i> None at this time; TBD						
CFTN Administration						
Total CFTN Program Estimated Expenditures	0	0				

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

	Fiscal Year 2024/25					
		B	C	D	E	F
<i>All MHSAs are managed via "first in, first out." MHSAs are managed by a method that avoids supplantation of other funding, per California regulation and MCBH policy.</i>	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i> None at this time; TBD						
CFTN Administration						
Total CFTN Program Estimated Expenditures						

**FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Planning Worksheet**

County: Modoc

Date: 6/13/23

	Fiscal Year 2025/26					
	A	B	C	D	E	F
<i>All MHSAs are managed via "first in, first out." MHSAs are managed by a method that avoids supplantation of other funding, per California regulation and MCBH policy.</i>	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i> None at this time; TBD						
CFTN Administration						
Total CFTN Program Estimated Expenditures						

APPENDIX A
SUNRAYS OF HOPE, INC. SURVEY DATA

See the next pages for the Sunrays of Hope, Inc. Survey Report.

Sunrays of Hope, Inc. Participant Survey Report

March 13, 2022



Table of Contents

I.	Summary	2
II.	Methodology.....	2
III.	Demographics	3
IV.	Overall Satisfaction.....	3
V.	The Survey	4-5
VI.	Survey Results.....	6

Summary

In using MHSA Funding, Modoc Behavioral Health Services (MBHS) has worked with Sunrays of Hope, Inc. to help stakeholders create a state-of-the-art, holistic and culturally competent environment that promotes recovery/wellness for adults, transition age youth, older adults, and their families. Sunrays of Hope, Inc. is 100% funded by California's Proposition 63, the Mental Health Services Act (MHSA), at Sunrays the concept of wellness are slightly different from traditional wellness concepts, because Sunrays follows the MHSA objectives. Such as consumer-operated services, peer support programs (lived experiences), warm line, training and advocacy services. Sunrays of Hope, Inc. offers an increased level of participation and involvement of participants and their family members in all aspects of the Organization. Sunrays of Hope, Inc. Is a 100% peer run, and operated. Which strives in creating a Stigma Free environment for all who enter the doors.

Participant were asked to participate in an anonymous survey to help Sunrays of Hope, Inc. evaluate the effectiveness of the Center. The survey included questions about the person's experiences since attending Sunrays of Hope, Inc. It asked questions about their interaction with others, and whether they used MBHS services, or have a family member that has. The survey also asked respondents to give an overall summary of their experience. A total of 20 responses were received from a total of 20 surveys done at Sunrays of Hope, Inc., out of those 20 surveys, 6 have been referred by Modoc County Behavioral Health Services (MBHS).

Items on the survey were worded as positive statements or direct questions, and included the following topics:

- Overall communication and individual growth
- If participated in any activities, including any Innovation/Stakeholder events
- How heard of Sunrays of Hope, Inc.
- Improvement of Physical or emotional wellbeing/Whole Health

Note: The complete survey questionnaire is included later in this document for reference.

Methodology

The survey forms were developed with input from Sunrays of Hope, Inc. Board Directors, Peers and community. The final survey form asked respondents about their overall level wellness based on their most recent contact with the Sunrays of Hope, Inc.

Questionnaire topics included:

- Effectiveness of Providing resources

- Has Sunrays helped in enhancing recovery
- Personal growth
- Communication improve
- Use of Modoc Behavioral Health Services (MBHS)
- Other community agency referrals

Note: The results reported can only be considered the opinions of the survey participants. They cannot be generalized to represent the entire participant population as a whole.

Demographics

Survey responses are broken out by several demographic categories, as follows:

- The percentage of respondents are broken out by:
 - 1939-1968 (ages 80-49)=9
 - 1970-1989 (ages 47-28)=9
 - 1990-2006 (ages 27-13)=2
- Gender
 - Male-8
 - Female- 12
 - Decline to answer- 0

Overall Satisfaction

Positive growth due participating at Sunrays of Hope, Inc.

- Of the 20 surveys, there was 16 participants that stated they have improved on communication, and interactions with others, because of their interaction at the Wellness/Recovery Center (Sunrays of Hope, Inc.)

Referred By

- 6 of 20 surveys completed reported that they have been referred by MCBH
- 9 of 20 surveys completed reported the they have been referred local community agency
- 4 of 20 surveys completed reported that they have participated in an Stakeholder Event

The Survey

SUNRAYS OF HOPE
113 East North St.
Alturas Ca 96101

2/2022

Survey questionnaire

Gender

D.O.B _____/_____/_____

Male/ Female

Questions

- 1.** How long have you been coming to Sunrays Of Hope, Inc.?

- 2.**How did you first hear about SUNRAYS OF HOPE?
 - A)** Came to attend with a friend
 - B)** Came to attend a Training
 - C)** Referred by MCBH
 - D)** Other:_____

- 3.**Are you currently attending any Wellness & Recovery activities? If yes please explain what type of Organization.

- 4.** Coming to SUNRAYS OF HOPE has helped me find resources in Wellness and Recovery with the Community? Yes/No

- 5.** Since you have been attending SUNRAYS OF HOPE has your overall Health and Wellness enhanced your Recovery experience? Yes/No

- 6.**Have you attended a stakeholders meeting? Yes/No

- 7.** Have you been able to any trainings provided at Sunrays that helped in your whole wellness? Yes/No

- 8.**Please provide a brief description on your experiences in using the Tech Suite Apps.

- 9.** Has your Personal relationships improved? (Example: with friends, family, etc....) Yes/No

- 10.** Do you feel that SUNRAYS OF HOPE has helped keep you Informative as well as provided information to you to help you find a job? Yes/No

Thank you for your Time.

Survey Results

Gender

Response	Count
male	8
Female	12
No response	0

Age groups (By date of Birth)

Response	Count
1939-1968 (ages 80-49)	9
1970-1989 (ages 47-28)	9
1990-2006 (ages 27-13)	2
No response	0

Connecting with others/Positive Growth

Response	Count
yes	16
no	3
unsure	1
No response	0

Tech Suite 7Cups & Mind Strong

Response	Count
Yes heard of	2
Yes to using the Application	17
No response	1

Number of MBHS Referrals

Response	Count
Referred By MCBH	6

APPENDIX B
MHSA COMMUNITY PROGRAM PLANNING REPORT

See the next pages for the MHSA Community Program Planning Report.



***MODOC COUNTY COMMUNITY PLANNING
PROCESS
SUMMARY OF COMMUNITY FEEDBACK
May 2023***

*MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023***INTRODUCTION**

The California Mental Health Services Act (MHSA 2004) was put in place to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and to help their families. MHSA funding that is made available to California Counties each year, is based on two things:

- 1) Annual funds originating from a supplemental 1% tax on California individuals reporting greater than \$1 Million in personal income per year.
- 2) Input from the County's residents, collected through Community Program Planning (CPP) methods annually (surveys and community gatherings).

In early spring, Modoc County brings the community together to talk about how things are going throughout the community in relation to their MHSA services and programs, and what changes may better serve the health of the greater Modoc community. For the 2022-23 term, Modoc County gathered community feedback via a survey and four in-person community meetings during the month of May. Surveys and in-person meeting dates were shared with community stakeholders directly, in person, and by email. Surveys and meetings were also advertised in the local newspaper, health related County websites, health related County Facebook pages, advertised via flyers given out at events and other community locations, and offered the survey and an opportunity to give comments to individuals when they received services in the office at Modoc County Health.

The surveys were made available in May 2023 in both English and Spanish, in paper and digital formats. Advertising included the survey URL and a QR code for smart phones to capture, as well as physical locations to receive or turn-in a survey in either English or Spanish. The County contracted the Behavioral Health Data Project through the California Institute for Behavioral Health Solutions (CIBHS) to compile survey data and conduct four in-person focus-group meetings on the following dates:

- Tuesday, May 2 at 11:00 am in Alturas, CA;
- Tuesday, May 2 at 5:30 pm in Alturas, CA;
- Wednesday, May 3 at 6:00 pm in Tulelake, CA; and
- Thursday, May 4 at 11:30 am in Alturas, CA.

In-person meetings were open to all community members, and were 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. Modoc County Behavioral Health also conducted additional outreach with tribal leaders in the county during the planning process, and was able to meet with leadership of the Fort Bidwell Native American Reservation on April 24, 2023, regarding existing felt needs related to mental health, substance misuse, and housing challenges, and educated the leadership on MHSA programs and purposes.

SUMMARY OF STAKEHOLDER PARTICIPATION

Modoc County saw above average stakeholder participation in this year's Community Planning Process. The County received 116 survey responses and met with 58 participants at in-person CPP meeting events. 61% of survey respondents identified themselves as Modoc County residents and 13% of those responses reported they use behavioral health services. Some survey respondents selected the following ways they are connected to behavioral health: *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, law enforcement officer or employee, physical health care staff person, and school employees or volunteers*. Table 1 depicts the full set of responses to this question.

Table 1. How are you connected to behavioral health services?

	N	%
User of Behavioral Health Services	15	13%
Family Member of someone who uses Behavioral Health Services	20	17%
County Behavioral Health Care Staff Person (including County clinical staff and other support staff employed by Behavioral Health)	7	6%
Modoc County Resident	71	61%
Social Services Staff Person	4	3%
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	3%
Employee or Staff of City or County Government	22	19%
Law Enforcement Officer or Employee	7	6%
Physical Health Care Staff Person (including physical health care providers, staff at organizations providing medical or physical health care, and hospital staff)	4	3%
Employee or Volunteer at a School or Other Educational Institution	25	22%
I prefer not to answer this question	3	3%
Other ¹	3	3%

¹ Other/Write In responses were: CPS made me go, I'm homeless, and Transporter/Sitter/BHAB Member.

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

Additionally, survey respondents came from a variety of different professional and volunteer experiences. 33% had a background in education and 26% had skills or experience in health care, counseling, social work, and other healing arts. Table 2 depicts the full set of responses to this question.

Table 2. Which of the following best describes your skills, experience, education, or career? This can include a paid job or volunteer work.

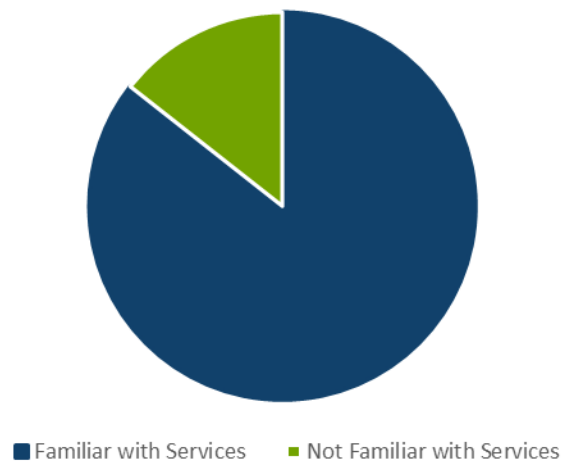
	N	%
Real estate, land development, construction, repairs and renovations	9	8%
Retail stores, distributors	13	11%
Restaurant/food or beverage service	16	14%
Health care, counseling, social work, other healing arts	30	26%
Tourism, outdoor recreation, hunting, and fishing	10	9%
Education	38	33%
Government, development, grants and policy-making, infrastructure	16	14%
Religious or spiritual groups	10	9%
First responder, like law enforcement, fire, and other emergency services	9	8%
I prefer not to answer this question	13	11%
Something else (write in) ²	14	12%

86% of survey respondents had either accessed behavioral health programs, activities, or services in Modoc County themselves, or had a family member or acquaintance who had done so. Only 14% of people either declined to respond to this question or did not know anyone who has accessed programs or services in Modoc County.

² Other/Write In responses were: agriculture, outsider, peer support specialist wellness/recovery center, policy and program evaluation, senior services IHSS, prevention services, I weld and cut wood/cords for sale for heating, cutting wood, cleaning houses, taking care of old people, banker, farm worker, and computer programmer.

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

Figure 1. Use of Services in Modoc County



23% of respondents indicated they had accessed behavioral health programs, activities, or services in Modoc County. 41% said a member of their family had done so, and 63% said someone they knew had encountered behavioral health programs, activities, or services in Modoc County. Many respondents had experience with Modoc County behavioral health in more than one of these ways, as depicted in Table 3.

Table 3. Breakdown of Respondents' Experience with Behavioral Health

	N	%
The Respondent Accessed Behavioral Health Programs, Activities, or Services	27	23%
Only the Respondent Accessed BH	7	26%
Both the Respondent and a Family Member Accessed BH	2	7%
Both the Respondent and Someone They Know Accessed BH	2	7%
The Respondent, a Family Member, and Someone They Know Accessed BH	16	59%
A Family Member Accessed Behavioral Health Programs, Activities, or Services	48	41%
Only a Family Member Accessed BH	13	27%
Both a Family Member and the Respondent Accessed BH	2	4%
A Family Member and Someone the Respondent Knows Accessed BH	17	35%
The Respondent, a Family Member, and Someone They Know Accessed BH	16	33%
Someone the Respondent Knows Accessed Behavioral Health Programs, Activities, or Services	73	63%
Only Someone the Respondent Knows Accessed BH	38	52%
Both the Respondent and Someone They Know Accessed BH	2	3%
Both Someone They Know and a Family Member Accessed BH	17	23%
The Respondent, a Family Member, and Someone They Know Accessed BH	16	22%

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

The majority of survey respondents were adults and identified as white and non-Latino. Nearly two-thirds of respondents were female. 19% of respondents indicated they had a physical disability, and 17% had a mental or emotional disability. Table 4 contains the full list of demographic responses.

Table 4. Respondent Demographics

	N	%
Age Group		
0 - 15 years	1	1%
16 - 25 years	5	5%
26 - 39 years	32	29%
40 - 59 years	41	37%
60+ years	26	24%
Decline to answer	5	5%

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

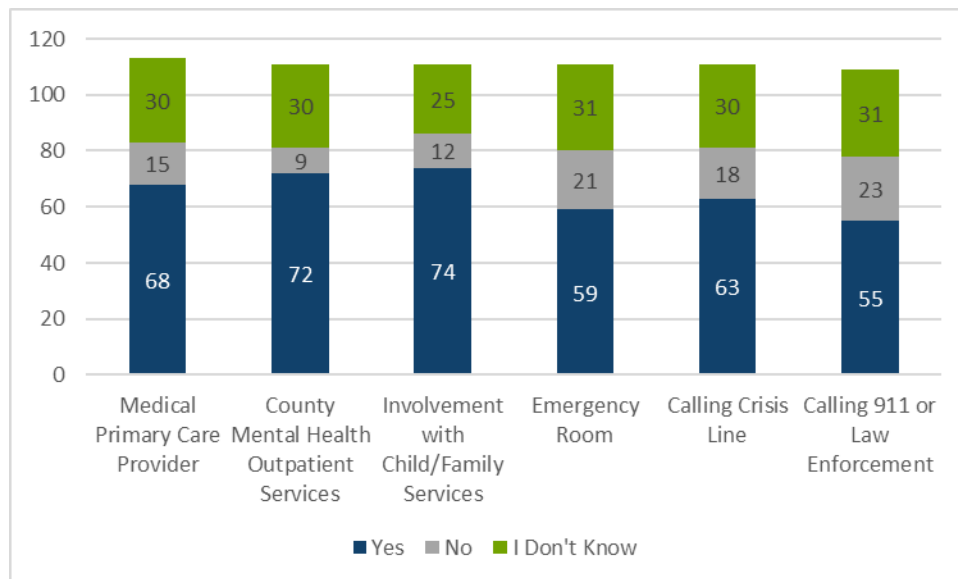
	N	%
Race		
Asian or Pacific Islander	1	1%
Black/African American	0	0%
Native American/Native Alaskan	4	4%
White/Caucasian	85	77%
Multi-Racial	9	8%
Other	2	2%
Decline to Answer	9	8%
Ethnicity		
Hispanic/Latino	8	8%
Not Hispanic/Latino	73	71%
Multi-Ethnic	9	9%
Decline to Answer	13	13%
Sexual Orientation		
Gay or Lesbian	3	3%
Heterosexual or Straight	83	79%
Other	3	3%
Decline to Answer	16	15%
Assigned Sex at Birth		
Male	31	29%
Female	68	64%
Decline to Answer	8	7%
Current Gender Identity		
Male	33	31%
Female	65	61%
Other	0	0%
Decline to Answer	9	8%
Veteran Status		
Yes	10	9%
No	91	83%
Decline to Answer	8	7%
Disability (Respondent May Select More Than One)		
Physical Disability	20	19%
Mental or Emotional Disability	18	17%
No Disability	67	63%
Decline to answer	12	11%

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 County Mental Health outpatient services, and medical primary care provider. While not a listed option, one respondent wrote in schools as a place where people receive behavioral health services. During in-person community meetings, schools were often discussed as a place where people receive services, and the challenges faced with maintaining contact and services during times when schools were not in session. Figure 2 depicts the full responses to this question.

Figure 2. 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 think they need services**
- **They are experiencing substance use disorder**
- **There are negative stereotypes or stigma associated with accessing behavioral health programs, activities, or services**
- They are unaware of the programs, activities, and services available
- They do not have transportation

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

- They have private insurance/don't qualify for County services

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, both via survey and in-person community events. While many people indicated that they thought the county was already doing a good job of outreach and advertisement, others offered suggestions for improvement. Community members recommended publicizing the services available via YouTube and other social media, flyers, radio, billboards, word of mouth, and in the newspaper. They also recommended sharing information with community partners and law enforcement and talking about the programs at schools, farmers markets and other community events, and health care facilities. Several respondents recommended specific locations to engage people including the grocery store, the bank, Subway, and casinos. The community highlighted the challenges faced by outlying areas of Modoc County, which may not have dedicated service organizations in the immediate area. Additionally, some respondents noted that some community members may not be able to read written materials provided by the County. They noted the importance of ensuring advertising used language accessible to a lay audience, using spoken methods of communication (like word of mouth and radio advertising), and identifying community leaders with trusted connections to community members who may not otherwise access services.

Respondents identified several barriers to people seeking mental health and substance use services. The most identified reasons were that people didn't think they needed services, they are actively experiencing a substance use disorder, negative stigma around mental health services, and a lack of awareness of programs and services. The community reported that stigma was more prevalent amongst adults than youth in the County. They felt educational activities helped to combat stigma, as did wellness activities and non-traditional services.

When asked who in their community are especially in need of behavioral health services, respondents identified transition age youth, school-age children, and adults between the ages of 26-39. 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. They suggested implementing a process to check on older adults throughout the County on an ongoing basis to ensure they remain healthy and are able to access supports when needed. Table 5 contains the full list of responses to this survey item.

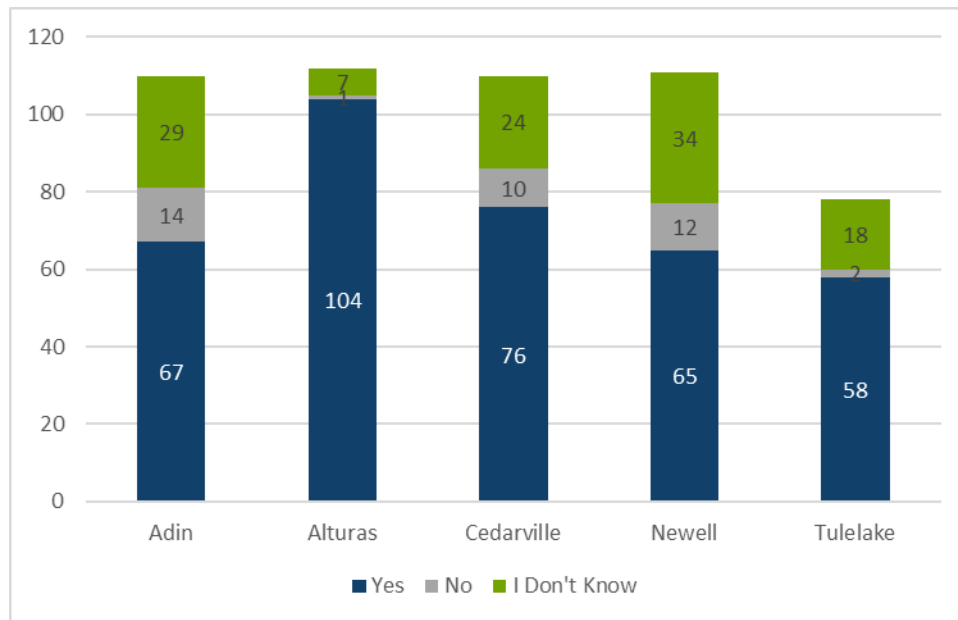
MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

Table 5. Populations in Need of Services

	N	%
Transition age youth, ages 16-25	76	66%
School-age children, ages 6-15	63	54%
Adults, ages 26-39	56	48%
Older Adults, ages 60+	49	42%
Geographically isolated people	45	39%
Adults, ages 40-59	44	38%
Parents and Guardians	42	36%
Young children, ages 0-5	25	22%
People whose primary language is not English	21	18%
Other ³	5	4%

Respondents were asked which community would benefit from having a community pool. Over 50% of respondents felt that the communities of Adin, Alturas, Cedarville, Newell, and Tulelake would benefit from having a community pool. 90% of respondents felt that Alturas would benefit from having a community pool. Figure 3 depicts the full list of responses.

Figure 3. Do you think the following communities would benefit from a community pool?



³ Other/Write In responses were: Native Americans, homeless populations, drug addicts or persons in mania, and Grief group therapy; Intensive Therapy for High needs students & Families (possibly a collaboration with resources outside of our community) eg; PCIT Therapy, RAD Therapy, Etc.

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

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. At least two-thirds of respondents either participated in or were aware of the following services: telehealth psychiatry, behavioral health counseling, medication management, case management, and suicide prevention activities, and school-based services.

Table 6. Use and Awareness of Modoc County Services

	Participated In	Aware Of	Neither
Telehealth Psychiatry	63	11	37
Behavioral Health Counseling	67	22	22
Medication Management	60	14	37
Case Management	63	12	34
Sunrays Wellness Center/Peer Support	54	15	42
Suicide Prevention Activities	62	12	37
Nurturing Parenting Outreach & Service	60	12	39
School-Based Services	66	14	32
Patient Advocate Support	48	7	55
Child-Based Public Health Services	61	11	39
Mental Health First Aid Training	35	8	67
ASIST Training	27	10	74
Digital Mental Health Literacy	20	5	83
Workforce Educational Grants for Behavioral Health Professionals	32	7	71
Community Health Workers (Promotoras) in Newell	34	5	68

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

Across all programs, activities, and services, 53% of participants felt the program was working well, compared with 45% of people who were aware of but not participating in the program. More than 60% of participants indicated that the following programs were working well: telehealth psychiatry, medication management, case management, Sunrays Wellness Center/peer support, suicide prevention awareness, ASIST Training, and community health workers (Promotoras) in Newell and Tulelake. In contrast, 40% or more of participants in school-based services, ASIST training, workforce educational grants for behavioral health professionals, digital mental health literacy, and community health workers (Promotoras) in Newell and Tulelake felt the programs could be improved. 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 important across responses:

- Behavioral health counseling
- Suicide prevention activities
- Medication management
- School-based services
- Case management
- Child-based public health services
- Telehealth psychiatry
- Nurturing parenting outreach & service

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 and Sunrays Wellness Center play in meeting their mental health needs. Providers and school-based staff also described the benefits of new programs implemented or expanded in recent years, such as the PBIS program, which supports the mental health of school-aged youth. 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.

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

During the in-person meetings in the Newell/Tulelake area, respondents spoke heavily about the successes and challenges faced by residents of outlying areas of Modoc County. They felt the Promotoras program is working well but faces challenges to get time and commitment from unpaid volunteers to staff the program. They described language and literacy barriers and difficulty accessing to services due to transportation limitations, travel time to and from Alturas, and hardships for working people to get to Alturas during business hours. They felt some of the challenges could be improved with a resource center in Newell, gas stipends for those traveling to Alturas for services, and encouraging hiring of bilingual speakers through a 5% higher salary for those individuals. They also recommended increasing the implementation of culturally defined practices that have been shown to benefit monolingual Spanish speakers and migrant farm workers. The California Reducing Disparities Project and partnering with Siskiyou County may provide opportunities for identifying strategies that can be implemented in Modoc 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 4. Appendix A contains full responses for this survey item.

Figure 4. Client Experience of Services



MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

Generally, community members provided positive feedback related to the timeliness and quality of services provided by 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 individuals’ ability to access services, availability of services, and the perceived equity of access. 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. The existing workforce described challenges keeping up as things return following the pandemic. Similarly, during in-person community meetings, some people noted that services were harder to access for individuals with mild to moderate behavioral health challenges, which are provided through managed care plans or private insurance, rather than Modoc County Behavioral Health. They further expressed the need for a continuum of care for people experiencing substance use disorders as residential treatment facilities do not exist within the county.

One respondent noted that the surveys and in-person meetings tended to speak to those who already knew how to access the system and suggested working with local religious and business leaders to reach those who were being missed. To address this, the community encouraged Modoc County Behavioral Health to establish a larger presence at school and community events, set up presentations/trainings at TEACH, and provide alternative options like music therapy.

Homelessness, Housing, and Whole Person Care

In anticipation of changes to behavioral health funding, this year respondents were asked about their experience with homelessness and their perceptions of how best to help people experiencing or at risk of homelessness. Respondents were also asked what elements they felt contributed most to maintaining a healthy life. 64% of respondents felt that having good emotional and mental health was the most important factor to maintain a healthy life. This was followed by having supportive relationships and managing and becoming independent from addictions. Table 7 lists the full range of responses.

Table 7. Most important to maintain a healthy life

	N	%
Good emotional and mental health	67	64%
Having supportive relationships	52	50%
Managing and becoming independent from addictions	50	48%
Having a health living environment	40	38%
Good physical health	39	37%
Building healthy coping skills for yourself and your family	34	32%
Spiritual, philosophical, or religious connections	23	22%

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

Dealing with significant life changes	21	20%
I prefer not to answer this question	1	1%

Nearly two-thirds of survey respondents had never experienced homelessness. Of respondents who had experienced homelessness, 41% had only experienced it once and 32% reported experiencing homelessness for less than thirty days cumulatively. In contrast, 22% of respondents who had experienced homelessness had done so more than five times with 26% of respondents who had experienced homelessness having been without a home for two or more years. 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 affordable housing was the most important means of keeping people from experiencing homelessness. This included both affordable housing for people with low income (53%) and affordable housing for people who also need supportive services to help them stay in their housing (51%). Appendix A contains the full list of responses for this survey item.

Feedback from in-person sessions centered around access to quality affordable houses. Many people felt that the lack of affordable housing was exacerbated by people who left homes sitting empty due to bad experiences with previous renters. Other people highlighted how much of the affordable housing was substandard. A recurring theme was an idea of a “silent” homeless crisis of multiple, non-related families living together due to high power costs and other challenges.

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 8. 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	57	43	11	3	382	3.4
They do not think they need services	65	41	6	1	396	3.5
They are experiencing homelessness	27	60	23	1	335	3.0

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

They are experiencing a substance use disorder	60	43	5	3	382	3.4
They cannot afford it	44	49	14	6	357	3.2
They do not have insurance	47	46	15	5	361	3.2
They have private insurance/don't qualify for County services	41	55	14	2	359	3.2
They do not have transportation	40	62	9	2	366	3.2
They do not have childcare	41	51	18	2	355	3.2
There are negative stereotypes or stigma associated with accessing behavioral health programs, activities, or services	59	43	9	2	385	3.4
There aren't enough behavioral health providers	34	47	21	9	328	3.0
It takes too long to get an appointment	27	45	30	7	310	2.8
Programs, activities, or services are not available when they're needed	23	48	29	10	304	2.8
Programs, activities, or services are not available in their primary language	18	35	44	13	278	2.5

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

Participant Ratings of Modoc County Services

Table 9. Perceptions of Behavioral Health Services Amongst Participants

	Number of Participants	Working Well	Could Be Improved	I Don't Know
Telehealth Psychiatry	11	9 (82%)	1 (2%)	2 (12%)
Behavioral Health Counseling	22	13 (59%)	5 (23%)	4 (18%)
Medication Management	14	11 (79%)	3 (21%)	0 (0%)
Case Management	12	8 (67%)	4 (33%)	0 (0%)
Sunrays Wellness Center/Peer Support	15	9 (67%)	5 (33%)	0 (0%)
Suicide Prevention Activities	12	8 (67%)	3 (25%)	1 (8%)
Nurturing Parenting Outreach & Service	12	4 (33%)	2 (17%)	4 (33%)
School-Based Services	14	4 (29%)	7 (50%)	4 (14%)
Patient Advocate Support	7	3 (43%)	1 (14%)	3 (43%)
Child-Based Public Health Services	11	3 (27%)	3 (27%)	4 (36%)
Mental Health First Aid Training	8	4 (50%)	1 (13%)	3 (38%)
ASIST Training	10	6 (60%)	3 (30%)	1 (10%)
Digital Mental Health Literacy	5 ⁴	2 (50%)	2 (50%)	0 (0%)
Workforce Educational Grants for Behavioral Health Professionals	7 ⁵	1 (17%)	3 (50%)	2 (33%)
Community Health Workers (Promotoras) in Newell	5	3 (60%)	2 (40%)	0 (0%)

⁴ One participant selected that they had participated in digital mental health literacy but did not indicate whether they thought it was working well, could be improved, or did not know.

⁵ One participant selected that they had participated in workforce educational grants for behavioral health professionals but did not indicate whether they thought it was working well, could be improved, or did not know.

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

Non-Participant⁶ Ratings of Modoc County Services

Table 10. Perceptions of Behavioral Health Services Amongst Non-Participants⁷

	Number Aware of Services	Working Well	Could Be Improved	I Don't Know
Telehealth Psychiatry	63	25 (42%)	19 (32%)	16 (27%)
Behavioral Health Counseling	67	37 (57%)	20 (31%)	8 (12%)
Medication Management	60	29 (49%)	18 (31%)	12 (20%)
Case Management	63	32 (52%)	17 (27%)	13 (21%)
Sunrays Wellness Center/Peer Support	54	24 (46%)	11 (21%)	17 (33%)
Suicide Prevention Activities	62	20 (33%)	15 (25%)	26 (43%)
Nurturing Parenting Outreach & Service	60	22 (38%)	12 (21%)	24 (41%)
School-Based Services	66	29 (47%)	16 (26%)	17 (27%)
Patient Advocate Support	48	19 (41%)	11 (19%)	18 (32%)
Child-Based Public Health Services	61	28 (49%)	11 (19%)	18 (32%)
Mental Health First Aid Training	35	15 (44%)	3 (9%)	16 (47%)
ASIST Training	27	12 (44%)	4 (15%)	11 (41%)
Digital Mental Health Literacy	20	9 (45%)	5 (25%)	6 (30%)
Workforce Educational Grants for Behavioral Health Professionals	32	15 (50%)	5 (17%)	10 (33%)
Community Health Workers (Promotoras) in Newell	34	19 (59%)	2 (6%)	11 (34%)

⁶ These ratings are from individuals who stated they were aware of the program, activity, or service, but did not indicate that they participated in it.

⁷ Some participants selected that they were aware of services but did not indicate whether they thought it was working well, could be improved, or did not know.

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

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 11. Importance of Behavioral Health Service Types

	Most Important (4)	Important (3)	Somewhat Important (2)	Not Important (1)	Total Score	Mean Score
Behavioral Health Counseling	57	44	6	2	374	3.4
Suicide Prevention Activities	45	49	9	2	347	3.3
Medication Management	43	48	14	1	345	3.3
School-Based Services	51	38	12	6	348	3.3
Case Management	46	41	18	1	344	3.2
Child-Based Public Health Services	42	47	14	4	341	3.2
Telehealth Psychiatry	37	52	13	4	334	3.2
Nurturing Parenting Outreach & Service	30	46	25	3	311	3.0
Patient Advocate Support	25	53	22	3	306	3.0
Sunrays Wellness Center/Peer Support	31	34	30	7	293	2.9
Workforce Educational Grants for Behavioral Health Professionals	23	39	24	10	267	2.8
Mental Health First Aid Training	23	39	26	11	272	2.7
Community Health Workers (Promotoras) in Newell and/or Tulelake	21	38	23	11	255	2.7
ASIST® Training	14	34	29	18	234	2.5
Digital Mental Health Literacy	9	12	19	8	118	2.5

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

Clients' Experience with Services

Table 12. 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 23. 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	60	54%
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	14	13%
I have experienced homelessness for one or more nights, but never for more than 30 days in a row	12	11%
I have experienced homelessness for one or more nights for more than 30 days in a row	19	17%
I prefer not to answer this question	7	6%

Table 34. How long have you experienced homelessness

	N	%
Less than 30 days	11	32%
30 days or more, but less than 6 months	4	12%
6 months or more, but less than 1 year	7	21%
1 year or more, but less than 2 years	3	9%
2 years or more	9	26%

Table 45. How many different times have you experienced homelessness

	N	%
I have only experienced homelessness once	13	41%
I have experienced homelessness two different times	8	25%
I have experienced homelessness three to five different times	4	13%
I have experienced homelessness more than five different times	7	22%

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

Table 16. 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	43	45	16	8	347	3.1
Transitional Housing where people can stay for up to 2 years	42	40	17	12	334	3.0
More Affordable Rental/Housing Opportunities for people with low income	60	36	7	8	370	3.3
More Affordable Rental/Housing Opportunities for people who also need supportive services to help them stay in their housing	58	38	9	5	369	3.4
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.	40	40	19	13	331	3.0
Programs to help people at risk of homelessness avoid losing their housing	51	40	13	7	357	3.2

APPENDIX B. QUALITATIVE RESPONSES

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

- Advertise more in the paper and on their Facebook page
- Aging in Modoc is often hard, often times not enough family locally and often not enough APS
- Better media coverage in print, radio, and television of events. Going to street/District Fairs/Farmers' Markets and meeting the community where they are at.
- Collaborate with other Agencies-Follow through with services to keep positive PR, Work with agencies to better understand their needs, Ask questions before making suggestions about services that other agencies offer.
- Come to school events and set up a table!
- Constant messaging of available services and open services throughout the night.
- Create a blog or podcast. Be more active in schools.
- Do fundraisers
- Drop the covid/vax ads from the sign. Do an interview on local radio explaining services
- events in the park
- Go to the Casino! Provide Alternatives for people to interact. Talk to people... not each other
- I believe they work well in getting the word out.
- I come from Siskiyou county where the lack of help is common. The simple use of this question form is very helpful to gauge the issue and seize upon awareness
- I'd like to see it more accessible to school aged children. It's hard to miss work to take him or to go in the evenings, but it's so important for him to receive services. It would also be nice to have more zoom/call options. Sometimes getting out of bed is hard enough, making it there is near impossible.
- I don't know, it is a struggle to find new and innovate ways to reach the community
- I found the follow through with patient didn't work. She was dropped.
- I think they do a good job of this already
- Information for parents. More info available at health care facilities
- It would be hugely beneficial to consolidate Bright Heart and other providers. Making 3-4 appointments a month is unreasonable to ask any patient. If someone could have one appointments to meet there needs instead of 3 or 4, I believe the program(s) would be a lot more successful
- Keep updating FB page. Use the radio
- make a presence in the school systems.
- Modoc County Behavioral Health could attend school events. They should try to build positive relationships with students outside of appointments to help prevent negative stereotypes.
- More advertising, more concern for people's wellbeing
- more community events. Involving families

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

- More family center activities
- More fliers sent directly to homes, handed out outside of service provider locations. Fairs/events are great, but might be helpful at grocery stores.
- More info on services on website
- More local training for first responders
- More of a social media outreach
- more outreach
- More services available other places than public health
- Newell/Tulelake need for local liaisons to help with service connections
- Newspaper and signs
- Offering low cost services to working families would be great.
- Phone outreach - call people at home. Ensure connection and alignment between agencies to allow referrals/ follow-up. Flyering and outreach. Tap community leaders to share information and resources
- Provide information to community members. Flyering and pamphlets. Advertising/sharing info on social media. Word of mouth
- Providing presentation. Give flyers
- Radio, Facebook video maybe, Holiday Market, TV, signs, be present at other community events, visit places outside just Alturas
- Radio? Put up flyers at stores and casino and chevron. On question 7 respondent wrote, "Some providers are very 'judgey'-biased-don't care. I'm not going to go to someone I want to H.S. with or who are friends with family or neighbors"
- Satellite Locations for outlying areas.
- Talk with the business leaders to get the word out
- Target older and minorities
- Through word of mouth and social media
- Word of mouth and recommendations
- Working on the stigma of MH/BH and the amount of available providers
- You already put it all over

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

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.

- Addressing homelessness and all needs that fall under that such as food needs that actually help people without a home. Shower and hygiene facilities. Keeping people with homes in those homes and incentive for renting to landlords. Sober living facility for people coming out of rehab or other facility
- As someone who moved here and transplanted but isn't a local... there is a large group of people who need services but won't access them because they know everyone and they don't trust that their information will stay private. There aren't HIPAA reports as far as I know, but with family and friends everywhere it's hard for them to feel comfortable in a vulnerable space with that going on. Thought it was worth mentioning.
- Better services for kids
- Educational opportunities for both parents and children. More activities geared toward Family (building family)
- Ensure that services are provided and that access is available to all.
- Homeless housing
- I believe one strength of Behavioral Health is the counselors who go to AES to support students. On site services make it easier for students to be seen and provides one less hurdle that parents may see causing the lack of treatment. Students enjoy working with their counselors and it is not taken in a negative way.
- I don't think we should enable people. We let them take advantage of us. I also don't think that counseling for kids should be done at school. I think parents should take that responsibility and get their kids to them. They miss way too much school.
- I have been very satisfied
- I think it is hard for those that don't have a moderate/severe diagnosis to access needed services, both adults and children. Definitely need more family-oriented activities/events and places for youth to hang out and engage.
- I would like to have more information about Modoc County behavioral health
- Like I had mentioned, I moved here from Siskyou county in January where there is a massive behavior health crisis. The simple fact that Modoc county has a questionnaire like this is a step in the right direction to properly gauge the needs of the community.
- Location on main street important
- Meeting people in crisis is our #1 priority. Following this, all others follow, in my opinion. A person who does not have health (mental or physical) does not have a quality of life which snowballs in short order and impacts not just the individual but their family members and the community at large in terms of productivity and illegal means to survival. We don't need to go here in Modoc County.
- More family based activities targeted to low income individuals
- More fun adult activities
- More real psychiatric help!
- More training for first responders

MODOC COUNTY COMMUNITY PLANNING PROCESS 2022-2023

- Need more for the youth so they can have a chance in this changing world. Healthy activities, activity centers, movie nights, something. There isn't much here to keep people from turning to substances.
- Single-night educational events on important topics: addiction, violence, poverty & homelessness, significant life events & coping, mind-body connection, research, Q&A's, resources, All county resources & services links
- Some improvements that can be done are patients that are seeking mental health help if we can have providers be present. Instead of doing it through telehealth. Provide more information to families and kids about the help they can get if they are struggling.
- Strengths - school based counseling program - behavioral/emotional interventions used in school - workforce incentives development to sustain professionals - suggested improved, outreach prevention efforts for youth around mental health, coping strategies, and substance use - positive activities (not health fairs) for youth to participate - academic support (tutoring) for kids struggling with school whom also suffer from trauma - more prevention/support groups offered (prior to treatment)
- The collaboration between BH and MCOE has been a growing strength. Need for things for youth to do. Need for a place for counseling for summer that is not behavioral health.
- The Promotoras program in Newell is one that I feel is so vital for the community and is a huge success! A lot of people don't understand how many programs, providers and help is available throughout PH/BH - marketing your success would be a great way to get a lot of folks education and spread the word.
- There doesn't seem to be a lot of advertising of services. Use of resources seem to be mostly patient sought and a lot of times that's hard for people dealing with mental health issues, especially teens, who I believe suffer the most.
- There are so many programs, I personally, am unaware of! There are a select few that I know about, maybe have better advertising of less popular programs/services. The knowledge of behavioral health counselors is top notch; I've only heard great things about that program.
- Where to go. What is offered. Why should I? Who are you? You work well with the "conventional" minds but not the "unconventional" minds. You lack the skills for unconventional playfulness. No personal interaction or opportunity for interaction in an informal setting. What is difficult is the requirement that we approach you! (not the other way around.) Pervasive lack of interpersonal communication and social interactional skills. Very low consciousness, and a pervasive lack of intellectual/emotional intelligence. If conformity is your highest ideal, mediocrity will be your greatest achievement. (maybe with some that is all you can hope for)
- Why can't my counselor or my case manager go to court with me? I tell him more truth than anyone. You need to figure out a better way to help people break the cycle of probation requirement that make people fail and go to jail over and over and can't keep a job because of it
- Year-long support groups

APPENDIX C
CALMHSA JPA SUICIDE PREVENTION IMPACT REPORT

See the next pages for the CalMHSA JPA Suicide Prevention Impact Report.



Fiscal Year 2021-2022 Modoc 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.

In FY 20/21, CalMHSA selected Civilian through a Request for Proposals (RFP) process to begin developing the social marketing campaign that would build on the legacy of the EMM campaign, with a new focus and expanded reach to traditional and non-traditional partners. In addition, the campaign will more tightly connect each of the campaigns, and the RAND evaluation efforts, to provide counties with a more interconnected suite of campaigns to support their communities. In FY 21/22, the *Take Action for Mental Health* campaign expanded through development of a website, a storefront, new materials and resources, a May is Mental Health Matters Month toolkit, an influencer, and more.

Strategies of the PEI Project in FY 21/22

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 21/22

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 2021-2022 include:

CHECK IN

LEARN MORE

GET SUPPORT





- The YSM team conducted regular meetings with PEI contributing counties throughout the year to provide technical assistance and resource navigation.
- The Directing Change Program received 1,242 videos submissions from 176 schools across California, engaging over 2,500 students.
- 34,154 parents were reached through Directing Change webinars and Facebook Live events.
- More than 13,250 youth, parents, and community members reached through Directing Change awareness activities created by youth and educators through mini grant funding to 31 schools.
- 8 monthly contests through the Directing Change Hope and Justice Category
 - “You Are Not Alone” (September 2021)
 - “Back to School: The Good, the Bad, and the Unexpected” (October 2021)
 - “Art of Gratitude” (November 2021)
 - “What are your hopes for 2022?” (December 2021/January 2022)
 - “#TakeAction4MH” (March 2022)
 - “Hope for Change” (April 2022)
 - “Dear Future Me” (May 2022)
- *Take Action for Mental Health* developed a new identity that included a brand toolkit, logo, collateral, resource materials, templates, and the launch of a new [website](#)
- *Take Action for Mental Health* developed and disseminated materials and information for the May is Mental Health Matters Month toolkit in English and Spanish which included (see following section for image examples and more data):
 - Social media posts
 - Social media calendar
 - Mirror clings
 - Scavenger Hunt
 - Web banners
 - Pens
 - Notepads
 - Green ribbons
 - Pocket cards
 - Resources
 - Eblasts
 - More!
- *Take Action for Mental Health* campaigns’ 3 Earned Media Pushes (Take Action brand launch, Suicide Prevention, and Directing Change) included \$1,619,529.47 total earned in media coverage as well as 32 articles that had coverage in 16 counties throughout California
- *Take Action for Mental Health* launched an Influencer campaign with *Queer Eye’s*

CHECK IN

LEARN MORE

GET SUPPORT





Karamo Brown which included 2 Take Action Action Facebook posts + Karamo's Instagram stories shared. This garnered 393,518 total impressions across the campaign and an ROI of \$109.27 CPM

- *Take Action for Mental Health* campaign's social media platforms saw growth:
 - Facebook: +8% growth
 - Instagram: +14.6% growth
 - Twitter: +6.2% growth
- Take Action for Mental Health's Paid Media efforts generated over: 11 million impressions, 69,000 impressions, and 40,000 website clicks

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%

CHECK IN

LEARN MORE

GET SUPPORT





May is Mental Health Matters Month Toolkit + Reporting Data



Web Banners

Left: Examples of Toolkit Materials
Below (1): New Website Launch
Below (2): Lime Green Ribbon
Dissemination



Notepad & Pen



Eblasts



Mirror Cling

Over 488K materials + green ribbons were sent



CHECK IN

LEARN MORE

GET SUPPORT





May 2	May 5	May 10	May 13
11:30 AM	3 PM	4:30 PM	9:00 AM
May 18	May 23	May 26	May 31
12:30 PM	3 PM	12 PM	12 PM

"¿Estás pensando en suicidarte?"
 ¿Puedes imaginar lo que podría suceder si alguien a quien respetamos, pero con quien no tienes una buena relación, se suicidara? ¿Qué pasaría si alguien a quien respetamos, pero con quien no tienes una buena relación, se suicidara? ¿Qué pasaría si alguien a quien respetamos, pero con quien no tienes una buena relación, se suicidara?

Pain Isn't Always Obvious: How to Recognize the Warning Signs of Suicide and Take Action to Help a Loved One

Someone you care about—a friend, family member, or co-worker—may be struggling with thoughts of suicide, perhaps without you realizing it. It may be difficult for the person to talk about the emotional pain they are experiencing, the thoughts they are having, and the need for help. You might want to ask about suicide but are worried about introducing or even encouraging the idea. It is important to know that talking about suicide does NOT put the idea in someone's head; in fact, addressing the topic of suicidal ideation provides relief and may reduce the risk of them acting on suicidal feelings.

By taking action to help a loved one—recognizing the warning signs, finding the words to start a conversation with someone you are concerned about, and reaching out for support—you have the power to make a difference, to help someone find their reasons for living.

How To Recognize the Warning Signs of Suicide

The warning signs of suicidal ideation, but most suicidal people show some signs that they are thinking about suicide. The signs most often appear in conversations, through their actions, or in social media posts. Knowing what to look for is the first step toward being there for a friend or family member in need.

If you observe one or more of these warning signs, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change, take action, step in, and speak up:

- Talking about death or suicide
- Talking about being a burden
- Increased drug or alcohol use
- Withdrawing from others
- Withdrawing from family and friends
- Giving away possessions
- Writing or updating a will or a legal document
- Change in eating or sleeping habits
- Change in mood
- Change in behavior
- Sudden mood changes
- Uncharacteristic anger
- Loss of interest in previous hobbies

If you notice something is wrong, find your words. If you think a person is having thoughts of suicide, don't leave them alone. If any of these signs are present, have a conversation and/or call the National Suicide Prevention Lifeline at 1-800-273-8255.

TAKE ACTION: START A CONVERSATION

Get More Resources at: takeaction4mh.com

Above: Social Media calendar example for May
Right: Resources Developed example
Below: Pocket Cards

Take Action Every Day for Your Mental Health

Life can be stressful. You may focus on work or school, your family, or other commitments and forget you need to take care of yourself, too.

By building self-care activities into your life, you give your mind and body the break they need to recharge—to help you be the best self you can be. Each day, try your best to:

- Get enough sleep
- Eat healthy food & stay hydrated
- Move your body
- Connect with other people
- Manage your schedule to remove stress

CHECK IN LEARN MORE GET SUPPORT

Turn this card over for self-care ideas to try when you need a boost.

TakeAction4MH.com

Join other Californians in making your personal Pledge to Take Action for Mental Health. By making this Pledge, you commit to Check In, Learn More, and Get Support for yourself, your friends, and your community to improve everyone's mental health.

Turn this card over to take your personal pledge. Share your pledge with others and post on social media with the hashtags #MakeThePledge and #TakeAction4MH.

CHECK IN LEARN MORE GET SUPPORT

Get More Resources at: takeaction4mh.com

Signature and Date: _____

Comprende el espectro de la salud mental

¿Cuál es la salud mental? Nuestra salud mental incluye nuestra bienestar emocional, psicológico y social. Incluye cómo nos sentimos, cómo nos relacionamos, cómo manejamos el estrés, cómo tomamos decisiones y cómo nos relacionamos con los demás. Tener una buena salud mental puede ayudarte a manejar el estrés, a tomar mejores decisiones y a tener una vida más saludable.

¿Cuál es la conexión entre la salud mental y la salud física? La salud mental y la salud física son igualmente importantes y están estrechamente relacionadas. El estrés, el dolor físico, los problemas de salud física y mental, y una mala salud mental pueden causar problemas de salud física y mental, y una mala salud física puede causar problemas de salud mental.

¿Cuál es el espectro de la salud mental? El espectro de la salud mental va desde la salud mental buena hasta la salud mental grave. El espectro de la salud mental va desde la salud mental buena hasta la salud mental grave. El espectro de la salud mental va desde la salud mental buena hasta la salud mental grave.

Obtenga más recursos en takeaction4mh.com



Influencer campaign with *Queer Eye's* Karamo Brown

Investment: \$40k

Total Posts: *2 Take Action Facebook posts
+ Karamo's Instagram stories shared

Total Impressions Across Campaign:
393,518*



For May is Mental Health Matters Month 2022, the following materials and resources were distributed to Modoc County:

- Pocket Card: Take Action Pledge English: 250
- Pocket Card: Take Action Pledge Spanish: 250
- Pocket Card: Tips for Mental Health Self Care English: 250
- Pocket Card: Tips for Mental Health Self Care Spanish: 250
- Resources: Check in Chats English: 250
- Resources: Check in Chats Spanish: 250
- Resources: Understanding the Spectrum English: 250
- Resources: Understanding the Spectrum Spanish: 250
- Scavenger Hunt English: 250
- Scavenger Hunt Spanish: 250
- Notepad: 1,500
- Mirror Cling English: 250
- Mirror Cling Spanish: 250
- Pens Green: 750
- Pens Blue: 750

CHECK IN

LEARN MORE

GET SUPPORT

