

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Modoc

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

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

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on Jan. 26, 2021.

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

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

Stacy Sphar, DNP
Local Mental Health Director/Designee (PRINT)

[Signature] 2/3/21
Signature Date

County: Modoc

Date: 2/3/21



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 January 26, 2021:

1.c. Consideration/Action: Requesting approval of the Fiscal Year 2021-2022 Mental Health Services Act (MHSA) Funding Annual Update and Fiscal Year 2019-2020 Annual Prevention and Early Intervention (PEI) Evaluation Report as submitted. (Behavioral Health)

Motion by Supervisor Cavasso, seconded by Supervisor Byrne to approve of the Fiscal Year 2021-2022 Mental Health Services Act (MHSA) Funding Annual Update and Fiscal Year 2019-2020 Annual Prevention and Early Intervention (PEI) Evaluation Report as submitted. (Behavioral Health)

Motion Approved:

RESULT: APPROVED BY CONSENT VOTE [UNANIMOUS]

MOVER: Elizabeth Cavasso, Supervisor IV

SECONDER: Geri Byrne, Supervisor District V

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

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 January 26, 2021 on file in my office.

WITNESS my hand and the seal of the Board of Supervisors this 29th day of January 2021.




Tiffany A. Martinez
Clerk of the Board

IN WITNESS WHEREOF, the parties have executed the approved the Mental Health Service Act MHSA Annual Update and Annual Prevention and Early Intervention PEI Evaluation Report for Modoc County Health Services and on the date and year set forth below:



Stacy Sphar, DNP, Director
Modoc County Health Services

2/3/21

Date

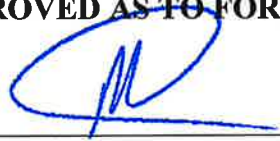


Ned Coe, Chair
Modoc County Board of Supervisors

2-9-21

Date

APPROVED AS TO FORM:

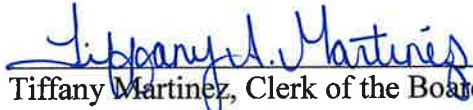


Margaret Long, County Counsel

2-9-21

Date

ATTEST:



Tiffany Martinez, Clerk of the Board

2-9-21

Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Modoc

- ☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director Name: <u>Stacy Sphar, DNP</u> Telephone Number: <u>530 233-6312</u> E-mail: <u>stacysphar@co.modoc.ca.us</u>	County Auditor-Controller / City Financial Officer Name: <u>Stephanie Weltmeyer</u> Telephone Number: <u>530-233-6207</u> E-mail: <u>stephanieweltmeyer@co.modoc.ca.us</u>
Local Mental Health Mailing Address: <u>441 N. Main Street</u> <u>Alturas, CA 96101</u>	

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

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

Stacy Sphar, DNP
 Local Mental Health Director (PRINT)

Stephanie Weltmeyer 2/3/21
 Signature Date

I hereby certify that for the fiscal year ended June 30, 2020, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 9/30/2020 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2020, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Stephanie Weltmeyer
 County Auditor Controller / City Financial Officer (PRINT)

Stephanie Weltmeyer 2/5/2021
 Signature Date

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



MODOC COUNTY BEHAVIORAL HEALTH

Mental Health Services Act (MHSA) MHSA FY 21/22 Annual Update and PEI Evaluation Report FY 19/20

POSTED FOR PUBLIC COMMENT December 17, 2020 through January 20, 2021

To review online, please go to:

<http://modochealthservices.org/index.php/MHSA>

The MHSA FY 21/22 Annual Update and FY 19/20 Annual PEI Evaluation Report was available for public review and comment from December 17, 2020 through January 20, 2021. The documents were available online at <http://modochealthservices.org/index.php/MHSA> or in hardcopy upon request at the address and phone numbers listed below. Translation in Spanish was available upon request. We welcomed feedback via phone, in person, or in writing. Comments were also invited during the Public Hearing held on Thursday, January 21, 2021.

Public Hearing Information

Thursday, January 21, 2021 at 3:30 pm
Modoc County Health Services
Large Conference Room
441 N. Main Street, Alturas, CA 96101

Comments or Questions?

Please contact:

Stacy Sphar or Michael Traverso
MHSA FY 20/21 Annual Update Feedback
Modoc County Behavioral Health
441 North Main Street, Alturas, CA 96101
Phone: (530) 233-6312; Fax: (530) 233-6339
stacysphar@co.modoc.ca.us
michaeltraverso@co.modoc.ca.us

Thank you!

MHSA Community Program Planning and Local Review Process For MHSA FY 21/22 Annual Report and FY 19/20 Annual PEI Evaluation Report

County: Modoc **30-day Public Comment Period:** Dec. 17, 2020 – Jan. 20, 2021
Date: 12/17/20 **Date of Public Hearing:** Thursday, January 21, 2021

COUNTY DEMOGRAPHICS AND DESCRIPTION

Modoc County is a sparsely populated, frontier county in the northeastern corner of California, bordering Oregon to the north and Nevada to the east. According to the 2020 World Population Review, the “estimated population is 8,832 with a growth rate of .46% in the past year.... The 2010 Population was 9,694 and has seen a growth of -8.38% since this time.”¹ This negative growth rate trend is consistent with information from the US Census based on the April 2010 census to July 1, 2019, which shows a population decrease of -8.7% as compared to the overall California population increase of 6.1%². As of the 2010 census, the population was 9,686, making it California's third-least populous county.³

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

Modoc County has only one incorporated city, Alturas, the County seat, with a population of just over 2,500 people⁶. Major metropolitan areas are outside the county, or outside the state, 98-180 miles away. There are a number of small, rural communities located in the county. East of the Warner Mountains are Cedarville, Eagleville, Lake City, and Fort Bidwell; in the northern part of the county are Davis Creek, Willow Ranch, and New Pine Creek; to the west and northwest are Day, Canby, Newell/Tulelake, Tionesta, Lookout and Adin; and in the south, is Likely. The population of these unincorporated communities ranges from 800 to less than 60.

Historically, the local economy has been based on agriculture and forestry, with some recreation. There has been a major decline in forestry jobs over the last 20 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 July 2020 was 8.7%⁷ compared to the unemployment

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

² www.census.gov/quickfacts/table/PST045215/06049,06

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

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

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

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

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

rate for California of 15.1%.⁸ Modoc's unemployment rate has been consistently higher than the state's rate since 1990, however 2020 seems to be an anomaly. We suspect this discrepancy is based on Covid-19 realities of higher unemployment in the cities versus rural farmlands.

Modoc County has one of the lowest median incomes of households in the state at \$45,149 in 2018, compared to \$71,228 in California the same year. The county has a high percentage of population living under the poverty level (19.1%, standing above the statewide average of 11.8%) with a density of 2.5 people per mile.⁹ Sixty-eight percent of students are receiving free or reduced lunches.¹⁰ The County Health Rankings & Roadmaps for 2020 identifies 27% of children living in poverty in Modoc County as compared to 17% in California.¹¹

Approximately 5% of the county population is under 5 years of age; 19% are ages 6-18; and 49% are ages 20-64. More than 27% of the county population is 65 years of age or older; that percentage is nearly double the statewide older adult population of 14%. Females represent 50% of the population. Eighty-nine percent of Modoc County residents identify themselves as White; nearly 15% are Hispanic. American Indians comprise about 5% of residents, but are a significant voice in this community. Very small numbers of Chinese, Asian/Pacific Islanders and African-Americans also live in Modoc.¹²

It is estimated that about 13% of the population of Modoc County speaks a language other than English at home. Spanish is the only designated threshold language in Modoc County, though many of the American Indians speak Pitt or other tribal languages at home. There are an estimated 886 veterans, which represent about 12% of the population.¹³

An estimated 86% of persons in Modoc County aged 25 years or older have graduated from high school or have some college education (California rate is 83%), whereas those of the same age group with a bachelor's degree or graduate studies are an estimated 16% (California rate 33%).¹⁴ Though a higher percentage of individuals finish high school or attend college than the California average, those who earn a college, graduate, or professional degree are significantly less than the state average. This leaves Modoc County with a dearth of individuals possessing professional-level job training and skills.

In 2018, 3,013 people were employed in Modoc County. The largest industries were agriculture, forestry, fishing and hunting (609 people), health care and social assistance (476 people), and educational services (310 people), and the highest paying industries were mining, quarrying, and

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

⁹ <https://www.census.gov/quickfacts/fact/table/modoccountycalifornia,ca/PST045218>

¹⁰ <https://www.kidsdata.org/topic/518/free-school-meals-eligible/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 <https://www.countyhealthrankings.org/app/california/2020/rankings/modoc/county/outcomes/overall/snapshot>

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

¹³ https://data.census.gov/cedsci/table?g=0400000US06_0500000US06049&y=2018&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2018.DP02&hidePreview=true

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

oil and gas extraction (\$82,941), transportation and warehousing, and utilities (\$53,438), and administrative and support and waste management services (\$53,060).¹⁵

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

ANNUAL UPDATE AND PEI EVALUATION REPORT OVERVIEW

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

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

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

The population of Modoc County is less than 100,000, so to ensure participant privacy, the demographic information collected and reported for Modoc County in FY 18/19 is presented to include participants across all PEI services. Participation in completing demographic information is voluntary and participant anonymity has been respected.

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

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

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

FY 2019-2020 PEI EVALUATION REPORT

In addition to the MHSA FY 21/22 Annual Update, this document includes the FY 19/20 Annual PEI Evaluation Report. Evaluation data is incorporated within the document.

COMMUNITY PROGRAM PLANNING (CPP) PROCESS

The Modoc County Behavioral Health (MCBH) Community Program Planning (CPP) process for the development of the MHSA FY 2021-2022 Annual Update and the FY 19/20 PEI Evaluation Report builds upon the initial planning process that started in 2005 for the development of our original Three-Year Plan and our Annual Updates. Over the past several years, this planning process has been comprehensive and has included the input of diverse stakeholders through one-on-one discussions, formal focus groups, stakeholder meetings, and surveys.

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

For the planning process of the FY 21/22 Annual Update, we sought input from stakeholders regularly at our Behavioral Health Advisory Board Meetings (8/29/19, 9/26/19, 10/24/19, 11/21/19, 1/23/20, 2/27/20, no meetings March, April, May, June due to Covid-19); Modoc County Prevention Collaborative meetings (9/17/19, 10/22/19, 11/12/19, 1/21/20, 2/18/20). Some meetings were held in-person and included options to attend by Zoom as necessary. In lieu of having our normal in-person groups and stakeholder meetings, due to Covid-19, we sent out a survey in both electronic and printed form asking for input from the general community, our partners, stakeholders and colleagues within and in other County government departments. Additional input was sought from the Community Corrections Partnership monthly meetings, particularly as we continue to collaborate on Continuum of Care for Behavioral Health consumers who are involved in the Criminal Justice System.

A formal survey was conducted from October 15-30, 2020, in English and Spanish. MCBH sent the survey directly to community stakeholders, advertised it in the newspaper and via flyers, and offered it to individuals when they received services at MCBH, or visited Sunrays, the local wellness center. In total, 100 individuals, or a little over one percent of the county population, completed this year's community planning survey.

With this information, we were able to determine the unique needs of our community and develop an MHSA program well designed for our county. The overall goals of the MHSA are still valid and provide an excellent guide for maintaining and enhancing our MHSA services for FY 2021-2022.

We also reviewed data on our 44 Full Service Partnership (FSP) clients to ensure that FSP participants are achieving positive outcomes. Outcome and service utilization data is regularly reviewed by the clinical team to monitor clients' progress over time. This data has helped us understand service utilization and evaluate client progress, and has been instrumental in our planning process to continually improve FSP services.

The FY 19/20 PEI Evaluation Report integrates stakeholder input, survey results, and service utilization data to analyze community issues and determine the most effective way to further meet the needs of our unserved/underserved populations. In addition, the FY 19/20 PEI Evaluation Report planning, development, and evaluation activities were discussed with the following to obtain input and strategies for improving our service delivery system: Behavioral Health Advisory Board; Community Corrections Partnership; Cultural Competence Committee; Modoc Medical Center, Quality Improvement Committee; Katie A Team; Behavioral Health staff; Substance Use staff and AB109 service recipients.

All stakeholder groups and boards are in full support of this MHSA FY 2021-2022 Annual Update and FY 19/20 PEI Evaluation Report and the strategies to maintain and enhance services.

STAKEHOLDER INVOLVEMENT AND INPUT

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

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

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

Findings: As expected in a geographically-isolated frontier county, the perceived level of need was high overall. Other recurrent themes included the total absence of badly-needed safe, sober

housing to address homelessness and transitional housing, substance abuse, suicide prevention, isolation, and lack of transportation, especially in the outlying areas of the county. There was support for training and certification of peers to assist with wellness and recovery, as well as support for clinician training to continue to build skills in the delivery of best practices.

We also received validation, in general, for our individualized, client/family-focused service delivery plan, especially in partnership with schools and after-school programs, peer support groups and the Promotores program in Tulelake/Newell, along with some suggestions related to increased outreach and improving access to residents of the more isolated communities. Participants expressed support for development of a more complete housing continuum in the county.

Exploring increased behavioral health support in our local health care facilities was encouraged along with increased support for inmate discharge planning. Concern was expressed regarding a perceived level of stigma for those receiving mental health services. It was stated that the overall declining state of the mental health facilities added to this stigma.

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

Appendix B includes stakeholder demographics for FY 19/20. As stated above, because this information is identifiable, Appendix B was not posted for public viewing.

LOCAL REVIEW PROCESS AND PUBLIC HEARING

This proposed MHSA FY 2021-2022 Annual Update and FY 19/20 PEI Evaluation Report was posted for a 30-day public review and comment period from Dec. 17, 2020 through January 20, 2021. An electronic copy was available online at modochealthservices.org/index.php/MHSA. Hard copies of the document were available at the Behavioral Health clinic and in the lobbies of all frequently accessed public areas, including the Court House, County Administration, and the local library. In addition, hard copies of the MHSA Annual Update FY 2021-2022 and FY 19/20 PEI Evaluation Report were distributed to all members of the Behavioral Health Board; consumers (on request); staff (on request); and Sunray's of Hope Wellness Center. The FY 2021-2022 Annual Update and FY 19/20 PEI Evaluation Report was also sent electronically to the Community Partnership Group/partner agencies and other stakeholders.

A public hearing was conducted on Thursday, January 21, 2021, at 3:30 pm, at Modoc County Health Services, 441 N. Main Street, Alturas, CA, in the large conference room.

Substantive input centered around writing an interim report for Help@Hand and submitting the Final Report after a new Innovation project is approved. This suggestion was incorporated into the final document.

The final document was approved by the County Board of Supervisors (BOS) on January 26, 2020; and submitted within 30 days to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

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

General Services Delivery (GSD)

General Services Delivery. Services support unserved and underserved individuals in crisis situations, such as crisis response and stabilization, outpatient crisis intervention, mobile crisis teams, telepsychiatry, and respite services. Crisis residential facilities may also be covered, when they are voluntary and not locked.

Integrated Full Service Partnership (FSP) Program

Full Service Partnerships. Services include, but are not limited to, one-on-one intensive case management, housing support, transportation, advocacy, and assistance navigating other health care and social service systems, child care, and socialization opportunities. Additionally, MCBH supports FSP clients’ short-term acute inpatient costs in times of crisis. In FY 19/20, we served 44 partners as compared to 42 in FY 18/19.

Integrated Non-FSP Programs

Outreach and Engagement. Services are provided, to the extent possible, through verbal agreements with two neighboring counties (Lassen and Siskiyou); a consumer-operated drop-in center (Sunrays of Hope); collaboration with partner agencies and organizations to provide coordinated and/or integrated services in underserved areas; collaboration with organizations providing services to the Native American and Hispanic communities; and one-on-one contacts with individuals with serious mental illness, family members, community leaders, faith-based, and school personnel. We continue to provide a Promotora/Behavioral Health Navigator in Newell and the surrounding areas, which has led to increased outreach and engagement.

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

Continuum of Care Treatment. Continuum of care 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 Criminal Justice Continuum of Care 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).

Target Populations

Our target populations include:

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

CSS Achievements & Plans

- 1) Modoc County continues to employ a collaborative model to strengthen outreach and engagement and service delivery to persons with serious emotional disturbance and serious mental illness in the unserved and underserved populations. We are utilizing a multi-agency response team on an as-needed basis to ensure that all community resources are available to assist individuals and families with mental health issues. The Community Corrections Partnership and Collaborative Treatment Courts Teams participate in the collaborative response team process for clients we have in common.
- 2) Sunrays of Hope, a consumer-operated, non-profit wellness center continues to be active in pursuing training opportunities to be provided locally for consumers and family members. Two members of Sunrays completed training with the California Association of Social Rehabilitation Agencies (CASRA), a training helping to build competency in leadership roles. They continue to participate as trainers in Peer Core Competency training for consumers and family members in Modoc County. In addition, they provide trainings in cultural competency and technology-based supports for consumers individually and in various locations throughout the county. The peers are supported by MCBH in their participation with ACCESS California through NorCal MHSA. In response to the recent signing of California Senate Bill 803, we are supporting peers who want to become certified and qualified to help other peers.

- 3) We have made significant progress in engaging consumers and family members on our Behavioral Health Advisory Board and Cultural Competence Committees.
- 4) We are working to improve patient-centered care coordination between health staff, mental health clients and primary care providers that will result in improved health indicators (metabolic monitoring and tobacco cessation).

CSS Challenges or Barriers

- 1) We have been unable to hire an on-site psychiatrist due to economy of scale issues, but we have been able to maintain stable tele-psychiatry services, albeit at a high cost.
- 2) The need to increase outreach and engagement efforts in underserved areas remains a barrier and a priority. MCBH was working to remodel office space in an old Adin school building. Due to a lack of contractor availability in the area, MCBH was not been able to implement the structure improvements needed to open the center. Modoc County Public Health offered services in the building, however, because of lack of utilization, the services were discontinued. MCBH has determined it is unable to remodel the building so that it would meet ADA and community needs.
- 3) Due to limited resources in the county, it continues to be a challenge to fully implement interagency collaborative teams. However, the interest and engagement of all stakeholders has been growing. Since the same players are involved frequently, we have been trying to maximize our time together and establish ways to convene meetings, both in-person and through Zoom, as needed for the more challenging situations. To the extent staffing levels have allowed, we have been trying to write grants and leverage existing resources for our collaborative efforts. Our Katie A, CCP, and Drug and Family Court collaborative teams have built a good foundation for our interagency collaborative team approach. Since our Behavioral Health integration and the addition of a position which combines Public Health nursing and Behavioral Health navigation to the Behavioral Health team, we have built a strong, interdisciplinary core team to expand upon as necessary.
- 4) Implementation of Medi-Cal Managed care in the primary health care clinics, and Medi-Cal and Drug Medi-Cal expansion has created many challenges. Our strategies include staying current on each change; engaging with Partnership Health Plan and primary care providers to maximize opportunities for healthcare integration; engaging with other county colleagues to seek opportunities to provide regional services and create risk pools.
- 5) The inability to adequately collect, process and interpret data for outcomes measurement remains a barrier. MCBH implemented various measures through Kingsview that are being used in a dashboard-style to show an individual client's progress, including Milestones of Recovery Scale (MORS), Child and Adolescent Needs and Strengths (CANS), Pediatric Symptom Checklist-35 (PSC-35), Patient Health Questionnaire-9 (PHQ-9), and General Anxiety Disorder -7 (GAD-7). MCBH is also using an interactive fidelity tool that allows for client feedback about each session. We are hopeful as we

move forward, that the end result will be an affordable, effective, user friendly system to measure outcomes at the consumer/client level, program, and population levels.

- 6) In order to enhance our whole person care program, MCBH implemented two SUD screening tools, the Alcohol Use Disorders Identification Test (AUDIT), and the Drug Abuse Screening Test (DAST). This will improve quality of care and accuracy in diagnosing co-occurring disorders (mental health and substance use).

Proposed CSS Program Changes for the FY 2021-2022 Plan

MCBH will continue its current level of services while enhancing and building them out to be even more robust, as funding allows. This includes our whole person care program to improve patient-centered care coordination between behavioral health staff, mental health clients and primary care providers.

MCBH is continuing to work on incorporating Medically Assisted Treatment (MAT) into its Substance Use Disorder (SUD) treatment system. MAT is provided through a contracted provider, Bright Heart Health (BHH).

A new endeavor will be to combine the Data Driven Recovery Project (DDRP) with the Stepping Up Initiative, thus developing a crosswalk of data information to inform the criminal justice departments of patterns of recidivism in the criminal population. This will provide actual measures from which to inform jail-usage reduction strategies. This combined project will address the jail population which require mental health intervention and follow-through care.

Also, as a result of recent legislative changes, we will offer more integrated services to our co-occurring diagnoses patients, utilizing our resources in Substance Use in collaboration with mental health treatment for more wrap-around considering of our client's needs.

Covid-19 protocols have resulted in increased phone and telehealth calls, which we expect to continue in the foreseeable future.

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

PEI Program #1: Integrated Prevention through Developmental Assets (Prevention Program)

- **Capturing Kid's Hearts (CKH)** was first offered through Modoc County Office of Education in FY 16/17 as an immersive participatory experience in character education. The area of interest in this endeavor is mental health promotion for students. It centers on school climate change by building positive relationships with peers, teachers, staff and family. Specific culturally competent strategies are developed by each school, each teacher and each home, tailored to meet the needs of the students. Students at risk are referred to MCBH services for ongoing mental health support.
- **School Wide Positive Behavioral Intervention Services (PBIS)**, is a school climate change intervention implemented by the Modoc County Office of Education in FY 17/18. 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.

PBIS tier 1 was implemented through the Modoc County Office of Education in six of the seven schools during the FY 19/20 school year. The FY 17/18 school year was utilized as the training and piloting year for PBIS. For the FY 18/19 school year, Tulelake Elementary School received the California PBIS Coalition Silver Status award for PBIS implementation and Alturas Elementary School received the California PBIS Coalition Bronze Status award for PBIS implementation. In FY 19/20 all seven schools received the California PBIS Coalition Award for supporting students in the midst of Covid.

Every student (1,420) in Modoc County received support through PBIS/Trauma Informed Care/ and Capturing Kids' Hearts during the 2019-2020 school year as compared to the 182 students receiving services during the 2017-2018 school year.

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

Based on needs arising from Covid-19 student response each student is being provided the Kelvin Social Emotional Pulse Survey on their devices in FY 20-21. Kelvin's "Pulse" surveys are a quick way to provide teachers and education leaders with actionable data that allows them to understand where their students and schools are thriving, and what needs work. Students can respond with a high level of confidentiality within the Kelvin education password-protected protocols. Based on the student's feedback, Kelvin suggests best practices resources to teachers, which are FERPA and COPPA compliant (federal student privacy laws that regulate privacy and protect sensitive data when schools issue devices or use educational software), based on areas of need.

In addition, the three school districts are working in coordination with the MCOE to connect students with Behavioral Assistants as well as Behavioral Health Services in addition to the wrap-around services provided for foster youth. A monthly meeting, also accessible by Zoom, with multiple outside agencies to meet the needs of students beyond the resources of MCOE convenes to pull resources from throughout the community. Agency coordination is continuing to grow as connections to different agencies have taken place this year. An example of that is a new initiative called "Handle with Care," a communication strategy between agencies that work with children who may be at risk of escalating into crisis.

In summary, the school system also provides training for the community such as the following trainings offered in FY 19/20: Social Emotional Learning (SEL), Trauma Informed Care (TIC), Suicide Prevention (ASIST), Youth Mental Health First Aid (YMHFA), Positive Behavior Intervention and Support (PBIS).

- **40 Developmental Assets**, an evidence-based program, coordinates training, outreach, and education on the Search Institute's 40 Developmental Assets, in order to support our community-wide effort to build child, youth, family, school, and community assets – assets that provide the building blocks of healthy development that help young people grow up healthy, caring, and responsible.

The Modoc County Prevention Collaborative is the lead multi-agency body for planning and implementing activities designed to build and support child, youth and community assets. During the COVID-19 in-school prevention instruction supported 40 Developmental Assets by using the Project Alert curriculum in Life Skills classes in elementary, middle and high schools. Community activities will resume in 2021. The initial 40 Developmental Assets survey reported that 28% of 7th to 12th graders in Tulelake, Modoc Middle and High School ranked at "adequate and thriving." The future survey in 2021 will reveal successful strategies to implement in our schools and community.

Due to COVID-19 the Prevention Collaborative has been unable to provide community Family Nights nor any community outreach programs.

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

The Life Skills class was completed in Alturas Elementary and Modoc Middle School. Tulelake Elementary and High School had two weeks of in-class instruction before the closing of schools.

- **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:
 - 1) 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,
 - 2) 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
 - 3) A Community Work Service Project. The MCBH Director coordinates with local community agencies to complete the two-hour community service component.

Covid-19 changes have resulted in proper adherence to protocols of masking and social spacing.

- **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. In FY 19/20 Healthy Beginnings served 96 unduplicated clients in 37 families.

- **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. In FY 19/20 Empower served 60 unduplicated clients.
- **Nurse Home Visiting (NHVP)**—Since FY 19/20, Healthy Beginnings and Empower have merged into one program, the Nurse Home Visiting Program. The NHVP is a collaborative project between Behavioral Health and Public Health that utilizes Public Health Nurses to provide home visiting services to pregnant women and families with children from birth through age 18. The NHVP strives to improve overall wellness for pregnant women and families within Modoc County. Goals are to improve birth outcomes, support breastfeeding, promote early childhood development, raise awareness of adverse childhood experiences (ACEs), encourage positive parent-child interactions, and support social-emotional development. In addition, the program assists families in accessing medical, dental, vision and behavioral health services and provides education, resources and referrals for individuals and families struggling with nutrition, substance use, homelessness, domestic violence/intimate partner violence, poverty and much more.
- **Nurturing Families** is an evidence-based program contracted with Training, Employment and Community Help, Inc. (TEACH), to provide early intervention through convening and conducting two (2) Nurturing Families Program Sessions annually to include the following: Fifteen (15) weekly sessions, marketing, referrals, evaluations, attendance records and AAPI-2 Pre and Post scores. In FY 19/20 Nurturing Families served 28 unduplicated clients. Covid-19 changes have resulted in more Zoom, phone calls and one-on-one instruction with individuals.

PEI Program #2: Trauma-Focused Cognitive Behavioral Therapy (Early Intervention program)

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

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

PEI Program #3: Outreach for Increasing Recognition of Early Signs of Mental Illness

- MCBH “ReachOut” is integrated and infused throughout our system of care and our PEI services. The three primary strategies are to increase recognition of early signs of mental illness, provide timely access and effective linkage, and reduce stigma and discrimination through leveraging the CalMHSA program strategies. Implementation is as follows:

- 1) 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.

- 2) Timely access and linkage to treatment strategies are infused throughout the whole system of care as well as PEI services by embedding it in our collaborative processes and procedures. Transportation, cultural and language appropriateness, accessible settings in schools and outlying areas are offered regularly.
- 3) Timeliness measures are incorporated and embedded in our electronic health records; they are reported on a system-wide basis as a very small county. Penetration and Holzer Prevalence rates are displayed in the table below: there is marked improvement in FY 19/20.

Penetration and Holzer Prevalence Rates

FY	Penetration Rates	Holzer prevalence Rates
18/19	10.4%	78.3%
19/20	13.8%	92.2%

In FY 19/20 ninety-nine percent of clients waited ≤10 business days from initial request to first offered appointment; ninety-three percent of clients waited ≤10 business days from initial request to first kept appointment. Ninety-nine percent of the crisis calls in FY 19/20 (750/751) were responded to within 15 minutes.

- 4) Stigma and Discrimination Reduction is delivered in collaboration with CalMHSA through Each Mind Matters (EMM) and Sunray’s of Hope. In FY 19/20 a total of 3,706 physical, hardcopy materials across Each Mind Matters programs and initiatives were disseminated throughout Modoc County. In addition, county contacts received numerous emails to access and share resources

electronically via the Each Mind Matter Resource Center.¹⁷ Modoc County received 2,796 English copies of the EMM materials and 910 copies in Spanish.

Each Mind Matters Materials Disseminated in Modoc County FY 19/20

Lime Green Promotional Materials	1,534
EMM Educational Materials	10
Know the Signs Educational Materials	394
Other	1,768
Total	3,706
English	2,796
Spanish	910
Total	3,706

In addition to the EMM materials distributed, 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.

- 5) The recent establishment of *promotoras* 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.
- 6) Partnerships and collaborations across the spectrum of county services work together to provide timely access and linkage to mental health services for the underserved county population. A Collaborative Relationship & Linkage table with Potential Responders and how MCBH interacts with them is provided in Appendix A of this report. They are also listed below:

¹⁷ www.emmresourcecenter.org

Partners and Collaborators

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

PEI Program #4: CalMHSA JPA for Suicide Prevention

- We have 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. We continue, however, to partner with statewide efforts through collaborative CalMHSA activities and Each Mind Matter's media messages, and infuse suicide prevention efforts into our system continuum of care.

In FY 19/20, the National Suicide Prevention Hotline (a phone number distributed through local efforts related to Each Mind Matters) was accessed by 58 Modoc County residents. Veteran calls went up to 12 in FY 19/20 as compared to seven in FY 18/19. General calls increased to 46 in FY 19/20 as compared to 37 in FY 18/19. Though FY 19/20 shows a total increase, this number is not different from previous years in which totals reached as high as 66. Even so, it is higher than the average of 30+ calls from FY 2015-2019. Two reasons may account for this increase: 1) MCBH has increased efforts at suicide prevention, awareness, and stigma reduction, which could account for increased call volume because of increased awareness and stigma reduction; 2) Though too soon to quantify, anecdotal observation based on behavioral health service utilization and brisk real estate sales since Covid-19 lockdowns in the spring of 2020, indicate there has been a significant influx of people moving to Modoc. Many of these people are showing up in crisis after delaying seeking services. Assessment scores show a great increase in anxiety and depression, which could also account for the increase in calls.

Modoc County National Suicide Prevention Calls

FY	General	Veterans	Spanish	Total
18/19	30	7	0	37
19/20	46	12	0	58

PEI Challenges and Mitigation Efforts

Staffing issues in very small counties continue to be a primary challenge. All employees take on multiple roles, wearing many hats. Due to expected funding cutbacks, MCBH may not be able to fill vacancies of attrition, but all efforts will be made to keep staffing at acceptable levels. Economy of scale issues make it impossible to have staff dedicated solely to MHSA or to PEI.

Proposed PEI Program Changes for FY 2021-2022

1. MCBH collaborates with Public Health to provide Healthy Beginnings for ages 0-5 and EMPOWER for ages 6-18. Starting in FY 2020 those programs have been combined to provide a seamless continuum for children and families benefitting from this support. Thus, beneficiaries will have familiarity and comfort with staff throughout the length of their care. Because these programs were not combined during the FY 19/20, they are separated in this report, but will be combined in the next annual update.

2. As a response to stakeholder feedback, depending on funding, endeavors will be made to address increased jail support services, especially in discharge planning for inmates. Additional support in the Newell area in terms of working with local non-profits, faith-based organizations and health clinics will be explored and expanded as appropriate.
3. MCBH has participated in training all school personnel in trauma-informed care. The schools have implemented trauma-informed care throughout their systems. This increased awareness will help link students with MCBH for appropriate treatment in FY 2021 - 2022.
4. We continue to increase our programming in the schools by offering therapy and case management within the school sites, especially as they move into Tier 3 of their PBIS programs.

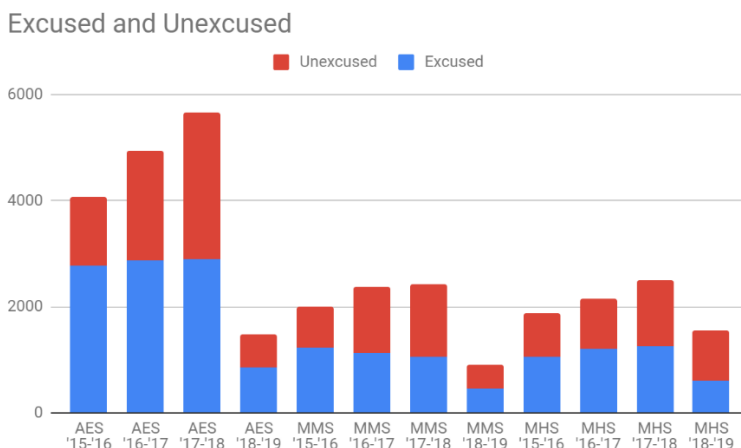
PEI Evaluation Requirement for Populations Under 100,000: Negative Outcome Reduction

In FY 21/22, MCBH will continue to focus on improving school attendance as a strategy to reduce the negative outcome of school failure or dropout.¹⁸ Attendance, especially at Alturas Elementary School (AES) is a major concern which has been addressed through letters to the editor of Modoc Record and community-wide meetings. As part of PBIS, an attendance initiative called “Buns in the Seat” was being implemented in AES, Modoc Middle School (MMS) and Modoc High School (MHS), using positive reinforcement when classrooms achieved 100% attendance for a total of ten days. This reinforcement, repeated every ten days in which the classroom achieved 100% attendance. As indicated below, the implemented strategies show positive outcomes.

The graph below depicts attendance rates for Alturas Elementary School (AES), Modoc Middle School (MMS) and Modoc High School (MHS) for FY 15/16 through FY 18/19. Due to Covid, attendance is being calculated differently in FY 19/20 and FY 20/21. We look forward to more accurate attendance counts in future years.

¹⁸ MHSOAC PEI and INN Projects Regulations Amendments (effective July 2018), webinar slide 23 presented on September 6, 2018 referencing WIC Section 5840, subdivision (d).

**Attendance Rates at
Alturas Elementary School,
Modoc Middle School and Modoc High School
FY 15/16, FY 16/17, FY 17/18, FY 18/19**



Because Modoc County population is less than 20,000, in order to protect privacy and as allowed in MHSAAC reporting regulations, the demographic information in Appendix C is not shared publicly. When approved by the Board of Supervisors, an unredacted report will be uploaded as “confidential” to the MHSAAC private portal as required.

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

**PEI Evaluation Reporting Requirements for Required Programs and Strategies
FY 19/20**

PEI Reporting Requirements for Required Programs and Strategies (Based on <i>Methods for Complying with Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Regulations for Data Collection and Reporting</i> , Nov. 30, 2017, slides 15, 17)	
FY 19/20	
<i>Outreach for Increasing Recognition of Early Signs of Mental Illness</i>	
Number of Potential Responders:	43 various groups comprised of multiple individuals; match to partner/collaborators list
Settings in which the potential responders were engaged:	See Partners and Collaborators listed above and Potential Responder table in Appendix A; schools, churches, hospitals, jail, justice system, non-profits, government agencies, migrant centers, tribal clinics, senior centers, drop-in peer center
<i>Access and Linkage to Treatment</i>	
Number of individuals with serious mental illness referred to treatment:	146 children; 322 adults
Kind of treatment to which individual was referred:	Counseling, Trauma Focused Cognitive Behavioral Therapy, Parenting Education, Medically Assisted Treatment
Average duration of untreated mental illness:	N/A
Average interval between the referral and participation in treatment:	In FY 19/20 ninety-nine percent of clients waited ≤10 business days from initial request to first offered appointment; ninety-three percent of clients waited ≤10 business days from initial request to first kept appointment. Ninety-nine percent of the crisis calls in FY 19/20 (750/751) were responded to within 15 minutes.
<i>Timely Access to Services for Underserved Populations</i>	
Specific underserved populations for whom the county intended to increase timely access to services:	Children, TAY, adults, older adults, families, American Indian, Hispanic/Latino
Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset:	473
Number of individuals who followed through on the referral:	473
Average interval between referral and participation in services:	In FY 19/20 ninety-nine percent of clients waited ≤10 business days from initial request to first

	offered appointment; ninety-three percent of clients waited ≤ 10 business days from initial request to first kept appointment. Ninety-nine percent of the crisis calls in FY 19/20 (750/751) were responded to within 15 minutes.
Description of ways the County encouraged access to services and follow-through on referrals:	Advertised call-in numbers; increased awareness through Each Mind Matters; encouraged engagement through social media; ads in the local newspaper; collaborated with community and judicial groups to identify and mitigate barriers to service access; continued to provide ≤ 15 -minute response time to crisis calls; home visitation; provide tele-medicine; worked closely with schools for comprehensive follow through on referrals
<i>Strategies that are Non-Stigmatizing and Non-Discriminatory</i>	
Required, but no data requirements	Materials printed in Spanish and English, Interpreters, peer participation, Sunray's services, traveling to out-lying areas to provide services, CalMHSA stigma reduction programs and materials
<i>Number of Clients and Average Dollars of Service Received by Clients</i>	
CSS Clients	532 Clients \$3,498 (Dollar amount based on FY 18/19 MHSA report as new average is not available at this time.)
FSP Clients	44 Clients \$9,527 (Dollar amount based on FY 18/19 MHSA report as new average is not available at this time.)

INNOVATION

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

This project was approved on April 27, 2017, and is scheduled for termination on May 1, 2022.

Description and Outcomes

This project addresses the constant challenge to adequately collect, process, and interpret data for outcomes measurement.

MCBH continues to implement various measures in a dashboard-style to show an individual client's progress, including Milestones of Recovery Scale (MORS), Child and Adolescent Needs and Strengths (CANS), Pediatric Symptom Checklist-35 (PSC-35), Patient Health Questionnaire (PHQ-9), and General Anxiety Disorder -7 (GAD-7). MCBH is also using an interactive fidelity tool that allows for client feedback about each session.

Challenges and Mitigation Efforts

Modoc County is currently completing a comprehensive interim evaluation with data from Cerner/Kings View. The project continues to receive implementation and evaluation support from CIBHS and will continue to track implementation and use of the fidelity tool and dashboards, and to work towards building sustainable data practices that will extend beyond the project period.

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

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

Description and Outcomes

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

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

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

Challenges and Mitigation Efforts

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

Though Modoc County is exiting from contracting with CalMHSA, the project has only been paused at the county level and with Mental Health Services Oversight and Accountability Commission (MHSOAC).

Anticipated Program Changes for FY 2021-2022

MCBH will exit from our H@H contract with CalMHSA on April 7, 2021. This project will be paused at the county level while exploring options with MHSOAC for discussion on financial and practical implementation.

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

Description and Outcomes

The National Institute of Mental Health (NIMH) in 2015 estimated over nine million adults in the United States are diagnosed with severe mental illness (SMI).¹⁹ Patients diagnosed with SMI have a higher prevalence of morbidity and mortality related to chronic diseases that is associated with modifiable risk factors such as obesity, smoking and high cholesterol levels. Healthcare for these patients is typically delivered in separate settings, one for mental health treatment and the other for physical health issues. This creates challenges in care coordination between the mental health provider and the primary care provider.

This project is to implement and evaluate an integrated approach to healthcare for beneficiaries with SMI prescribed antipsychotics which would include mental health care combined with physical health care in the Health Services building. Nutrition, exercise, smoking cessation, and substance use supports are envisioned to help individuals with risk factors such as high blood pressure, and obesity.

Modoc County is in discussion with MHSA to develop this project as a possible collaboration with other counties. In a stakeholder meeting, June 2020, this project was proposed by peers and has been in subsequent conversations while formulating a possible plan to increase access, and quality of care for patients with SMI prescribed antipsychotics.

Challenges and Mitigation Efforts

This project is in concept stage, so may take a while to fully develop. Due to the expected positive outcomes for clients, resources will be prioritized to expedite implementation.

Anticipated Program Changes for FY 2021-2022

Modoc County will continue to work with MHSA to explore this possibly collaborative Innovation Project, allocating resources to it upon approval.

¹⁹ National Institute of Mental Health. (n.d.b). Serious mental illness among U.S. Adults. Retrieved from <https://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml/index.shtml>

WORKFORCE EDUCATION AND TRAINING

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

The initial MCBH WET funding has been exhausted. Additional projects will be implemented in the future, as funding allows.

MCBH is currently part of a cohort of northern counties exploring a matching grant that may be forthcoming through the state for training in Behavioral Health careers. When that grant materializes, Modoc County will access any funding available for educational purposes.

CAPITAL FACILITIES/TECHNOLOGICAL NEEDS

CFTN Project Descriptions and Achievements

- 1) Capital Facilities (CF) project – Behavioral Health Building Purchase: Modoc County Health Services purchased its office building and will be making modifications to the interior and exterior to expand program areas and office space to meet the needs of staff and community members. This project was fully approved on May 8, 2018.
- 2) Technological Needs (TN) project: MCBH has implemented its Electronic Health Record for Modoc County Behavioral Health, and are taking steps toward a goal of eliminating our paper client records for a fully electronic record. We continue to work closely with Kings View in implementation and billing processes. There is strong support to expand consumer access to the web and web-based delivered services. As a result, our technology plan includes providing smartphones and WIFI technology, and continue to pilot ways to increase consumer access through the use of web-based services.

CFTN Challenges and Barriers

Our Capital Facilities funds were expended or encumbered prior to June 30, 2018. Any future funding will be determined at a later date.

The key technology barrier to the expansion of the project, development of, and access to web-based services is the bandwidth and internet infrastructure in Modoc County. Internet speed is very slow where it is available and there are many areas with only satellite service available, if at all. Our strategy at this point is to advocate for increased bandwidth access for the county, work with California Telehealth Network to increase our access, and to identify ways to establish WIFI connections through hubs or mobile connections where available.

Implementation Benchmarks and Delays

The goals for the CF project have been met; see above.

Proposed CFTN Program Changes for FY 2021-2022

The planned FY 20/21 transfer from Community Services and Supports (CSS) to CFTN did not occur because INN Project #1 (IITD) was extended for an additional year.

**FY 2021/2022 Mental Health Services Act Annual Update
Funding Summary**

County: Modoc

Date: 1/19/21

	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 2021/2022 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 3,191,005	\$ 1,009,367	\$ 192,807			
2. Estimated New FY 2021/2022 Funding	\$ 1,458,168	\$ 372,602	\$ 98,540			
3. Transfer in FY 2021/2022 ^{a/}						
4. Access Local Prudent Reserve in FY 2021/2022						
5. Estimated Available Funding for FY 2021/2022	\$ 4,649,174	\$ 1,381,969	\$ 291,347			
B. Estimated FY 2021/2022 MHSA Expenditures^{b/}	\$ 1,012,284	\$ 410,537	\$ 217,462			
C. Estimated FY 2021/2022 Unspent Fund Balance	\$ 3,636,890	\$ 971,431	\$ 73,885			

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2021	\$ 392,497
2. Contributions to the Local Prudent Reserve in FY 2021/2022	
3. Distributions from the Local Prudent Reserve in FY 2021/2022	
4. Estimated Local Prudent Reserve Balance on June 30, 2022	\$ 392,497

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

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

**FY 2021/2022 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Modoc

Date: 12/1/20

	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
FSP Programs						
1. Integrated FSP Program	\$ 627,616	\$ 627,616				
Non-FSP Programs						
2. Integrated Non-FSP Program	\$ 283,440	\$ 283,440				
CSS Administration	\$ 101,228	\$ 101,228				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	\$ 1,012,284	\$ 1,012,284				
FSP Programs as Percent of Total	62.0%					

**FY 2021/2022 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Modoc

Date: 12/1/20

	Fiscal Year 2021/2022					
	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
All MHSA funds are managed via "first in, first out."						
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)	\$ 217,141	\$ 217,141				
2. Trauma-Focused CBT (EI)	\$ 76,171	\$ 76,171				
3. Outreach (O/A)	\$ 31,365	\$ 31,365				
4. CalMHSA-JPA (SR/SP)	\$ 44,807	\$ 44,807				
PEI Administration	\$ 41,054	\$ 41,054				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	\$ 410,537	\$ 410,537				

**FY 2021/2022 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Modoc

Date: 1/19/21

	Fiscal Year 2021/2022					
	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
All MHSA funds are managed via "first in, first out."						
INN Program						
1. IITD (<i>approved project extension</i>)	\$ 91,224	\$ 91,224				
2. Help@Hand	\$ 56,238	\$ 56,238				
3. New INN Project for SMI (<i>in development</i>)	\$ 70,000	\$ 70,000				
INN Administration						
Total INN Program Estimated Expenditures	\$ 217,462	\$ 217,462				

**FY 2021/2022 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: Modoc

Date: 12/1/20

	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
WET Programs						
<i>No WET projects at this time</i>						
WET Administration						
Total WET Program Estimated Expenditures						

**FY 2021/2022 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: Modoc

Date: 12/1/20

	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."						
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i> <i>No CFTN projects at this time</i>						
CFTN Administration						
Total CFTN Program Estimated Expenditures						

APPENDIX A: Collaborative Relationships & Linkage

Collaborative Relationships & Linkage	Potential Responders																										
	Public Health	Social Services	Probation	Court	Alturas Police Dept.	Sheriff, Jail	District Attorney	Police Department	TEACH, Inc.	Schools	CalWORKS	Business Career Network	Migrant Center	Emergency Hospital	Partnership Health Plan	Tribal	Veterans Administration	Planning EH Air Quality	Sunrays of Hope, Inc.	Early Head Start	County Welfare Services	Community	Parents	Modoc Medical Center	Mtn. Valley Health Svcs	Gooselake Medical Svcs	
Collaborative Courts																											
Drug Court			X	X			X	X	X								X			X	X						
Dependency Court	X		X	X			X	X	X														X				
Juvenile Delinquency Court	X		X				X	X	X														X				
Intergovernmental Transfers Special Projects																											
Newell Revitalization - Migrant needs	X	X	X	X			X		X				X		X	X		X					X	X			
Adin Center Emergency Services Health Services Education Center	X	X												X									X	X			
Migrant Engagement & Primary Care BH service	X	X												X													
CCP Continuum of Care/JAG grant	X	X	X	X	X	X	X	X	X	X	X	X		X													
Healthy Beginnings - Early Infant MH	X	X	X						X	X													X	X	X	X	
Continuing Care Reform (Foster Care)																											
Prevention Collaborative	X	X	X	X	X	X	X	X	X	X	X					X			X	X	X	X	X				
Positive Behavioral Intervention Support	X									X												X	X				
Primary Care Integration/Linkage	X	X																									
VA Services	X	X																						X			
BH Services--incl. MHSA, Specialty MH, Specialty SUDS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Peer Support Services																			X			X			X	X	

APPENDIX B: Community Program Planning Stakeholder Demographics

Community Program Planning Stakeholder Demographics for MHSA Annual Update FY 2021-2022 and MHSA FY 19/20 PEI Evaluation Report

Small County under 100,000 (Modoc population: 8,635)

Information redacted for privacy purposes.

APPENDIX C: Demographics of Individuals Served by PEI

Individuals Served by MHSA PEI in FY 19/20 PEI Composite for Small County under 100,000 (actual population 8,635)

Information redacted for privacy purposes.