



## **MODOC COUNTY BEHAVIORAL HEALTH**

### **Mental Health Services Act (MHSA) MHSA FY 20/21, 21/22, 22/23 Three-Year Plan and PEI Evaluation Report FY 18/19**

### **POSTED FOR PUBLIC COMMENT December 18, 2019 through January 18, 2020**

To review online, please go to:

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

The MHSA FY 20/21, 21/22, 22/23 Three-Year Plan and FY 18/19 Annual PEI Evaluation Report is available for public review and comment from December 18, 2019 through January 18, 2020. The documents are 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 is available upon request. We welcome feedback via phone, in person, or in writing. Comments are also invited during the Public Hearing to be held on Thursday, January 23, 2020.

#### **Public Hearing Information**

Thursday, January 23, 2020 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-FY 22/23 Plan 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](mailto:stacysphar@co.modoc.ca.us)  
[michaeltraverso@co.modoc.ca.us](mailto:michaeltraverso@co.modoc.ca.us)

*Thank you!*

**MHSA Community Program Planning and Local Review Process  
For MHSA FY 20/21, 21/22, 22/23 Three-Year Plan  
and FY 18/19 Annual PEI Evaluation Report**

**County:** Modoc      **30-day Public Comment Period:** Dec. 18, 2019 – Jan. 18, 2020  
**Date:** 12/18/19      **Date of Public Hearing:** Thursday, January 23, 2020

## **COUNTY DEMOGRAPHICS AND DESCRIPTION**

Modoc County is a geographically large, sparsely populated, frontier county in the northeastern corner of California, bordering Oregon to the north and Nevada to the east. According to the 2019 World Population Review, the “estimated population is 8,848 with a growth rate of -0.97% in the past year. . . . Modoc County, California, is the 56<sup>th</sup> largest county in California”<sup>1</sup>. This negative growth rate trend is consistent with information from the US Census based on the April 2010 census to July 2018, which shows a population decrease of -9.4%<sup>2</sup>.

Modoc County has only one incorporated city, Alturas, the County seat, with a population of just over 2,600 people<sup>3</sup>. Major metropolitan areas are outside the county, or outside the state, 150-180 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, 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 fifteen 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 October 2019 was 4.6%<sup>4</sup> compared to the unemployment rate for California of 3.7%.<sup>5</sup> Modoc’s unemployment rate has been consistently higher than the state’s rate since 1990.

Modoc County has one of the lowest median incomes of households in the state at \$39,296 in 2017, compared to \$67,169 in California the same year. The county has a high percentage of population living under the poverty level (19.2%, standing above the statewide average of 13.3%) with a density of 2.5 people per mile.<sup>6</sup> Sixty-five percent of students are receiving free or

---

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

<sup>2</sup> [www.census.gov/quickfacts/table/PST045215/06049,06](http://www.census.gov/quickfacts/table/PST045215/06049,06)

<sup>3</sup> <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

<sup>4</sup> <http://www.labormarketinfo.edd.ca.gov/geography/modoc-county.html>

<sup>5</sup> <https://fred.stlouisfed.org/series/CAURN>

<sup>6</sup> <https://www.census.gov/quickfacts/fact/table/modoccountycalifornia,ca/PST045218>

reduced lunches.<sup>7</sup> The County Health Rankings & Roadmaps for 2016 identifies 31% of children living in poverty in Modoc County as compared to 23% in California.

Approximately 5% of the county population is under 5 years of age; 19% are ages 6-18; and 49% are ages 20-64. Nearly 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 Asian/Pacific Islanders and African-Americans also live in Modoc.<sup>8</sup>

It is estimated that about 13% of the population of Modoc County speaks a language other than English at home. Spanish is the only threshold language in Modoc County. There are an estimated 886 veterans, which represent about 10% of the population.<sup>9</sup>

Modoc County is a rural, sparsely populated, isolated county of over 7,800 square miles. 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 (2.5 persons/square mile). Though density is sparse, Modoc County boasts scenic beauty and abundant natural resources. There are small towns, ranches, farmlands, lava beds, wildlife refuges, caverns, and forests within the borders of Modoc County.

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 17% (California rate 33%).<sup>10</sup> 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.

While those who live in Modoc County enjoy all the advantages of rural living, they also face the challenges of a 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.

---

<sup>7</sup> <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>

<sup>8</sup> <https://www.census.gov/quickfacts/fact/table/modoccountycalifornia,ca/PST045218>

<sup>9</sup> 2015 American Community Survey

<sup>10</sup> <https://www.census.gov/quickfacts/fact/table/modoccountycalifornia,ca/PST045218>

## **COUNTY THREE-YEAR PLAN AND 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).”<sup>11</sup> Because Modoc County has a population less than 20,000 all demographic information found in Appendices B and C is treated as confidential and redacted in all public materials. It is included in confidential files uploaded to the MHSOAC.

## **FY 18-19 PEI EVALUATION REPORT**

In addition to the MHSA 2020-2023 Three-Year Plan, this document includes the FY 18/19 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 2020-2023 Three Year Plan and the FY 18/19 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

---

<sup>11</sup> 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.

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 2020-2023 Three Year Plan, we sought input from stakeholders regularly at our Behavioral Health Advisory Board Meetings (8/23/18, 9/27/18, 1/31/19, 2/28/19, 3/28/19, 5/23/19, 6/13/19); Modoc County Prevention Collaborative meetings (9/11/18, 10/23/18, 11/13/18, 1/15/19, 2/19/19, 3/19/19, 4/16/19, 5/14/19); along with focus groups and interviews with key informants (9/26/19, 10/27/19, 11/5/19 and 11/6/19) in Alturas and Newell/Tulelake. 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.

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 2020-2023.

We also reviewed data on our 45 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 18/19 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 18/19 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 2020-2023 Three Year Plan and FY 19/20 PEI Evaluation Report and the strategies to maintain and enhance services.

## **STAKEHOLDER INVOLVEMENT AND INPUT**

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: 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, Big Valley Joint Unified School District, 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.

MCBH regularly interfaces with the multiple agencies involved with delivering quality services to our community through collaborative meetings and through one-on-one staff contact. In addition, MCBH reached out to key leaders from the Hispanic, Native American, and veterans' communities to provide input.

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

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, isolation, and lack of transportation, especially in the outlying areas of the county. There was strong 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 outreach and improving access to residents of the more isolated communities. Participants of focus groups 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.

Confidence was verbalized regarding continuation of the current innovations, Innovations and improvement through Data (IITD) and Help@Hand, including support for requesting additional funding from MHSOAC in order to extend the projects to five years for each project.

Appendix B includes stakeholder demographics for FY 18/19. 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 2020-2023 Three Year Plan and FY 18/19 PEI Evaluation Report was posted for a 30-day public review and comment period from Dec. 18, 2019 through January 18, 2020. An electronic copy was available online at [modochealthservices.org/index.php/MHSA](http://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 FY 2020-2023 Three Year Plan and FY 18/19 PEI Evaluation Report were distributed to all members of the Behavioral Health Board; consumers (on request); staff (on request); and Sunrays of Hope Wellness Center. The FY 2020-2023 Three Year Plan and FY 18/19 Evaluation Report was sent electronically to the Community Partnership Group/partner agencies and other stakeholders.

A public hearing was conducted on Thursday, January 23, 2020, at 3:30 pm, at Modoc County Health Services, 441 N. Main Street, Alturas, CA, in the large conference room.

There was no substantive input received at the Public Hearing on Jan. 23, 2020, regarding the MHSA FY 2020-2023 Three Year Plan and FY 18/19 PEI Evaluation Report. Small changes were made as requested at the Public Hearing: wording in demographic description; a typo; and corrected dates for the Innovation Projects.

The final document was approved by the County Board of Supervisors on February 11, 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 18/19, we served 45 partners as compared to 47 in FY 17/18.

### ***Integrated Non-FSP Programs***

**Outreach and Engagement.** Services are provided, to the extent possible, through 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 are also partnering with Public Health to provide a Promotora and a 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 Services 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 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) Based on input from stakeholders, MCBH increased staff by placing a Behavioral Health Navigator in Newell and the surrounding areas.
- 3) 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.

- 4) We have made significant progress in engaging consumers and family members on our Behavioral Health Advisory board, Quality Improvement Committee, and Cultural Competence Committees.
- 5) 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 is currently working to remodel office space in an old Adin school building. Due to a lack of contractor availability in the area, MCBH has not been able to implement the structure improvements needed to open the center. Modoc County Public Health is offering services in the building while efforts are extended to find a contractor able to build out the necessary private rooms needed for mental health services.
- 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 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 Public Health nurse and a Behavioral Health Navigator 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), Youth Outcomes Questionnaire (YOQ), Outcomes Questionnaire (OQ), 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 2020-2023 Plan***

MCBH will continue its current level of services while enhancing and building them out to be even more robust. 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 also planning to incorporate Medically Assisted Treatment (MAT) into its Substance Use Disorder (SUD) treatment system. MAT is provided through a newly-contracted provider, Bright Heart Health (BHH).

## **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 Big Valley Joint Unified School System in FY 16/17 and by 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 five of the seven schools during the FY 18/19 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.

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

The Healthy Kid's Survey and data provided by the use of SWIS Suite software was used to measure the effectiveness of the PBIS in Big Valley Joint Unified School System and EduClimber data software was implemented in the three Modoc County School Districts starting in FY19/20.

All teachers and staff have been trained this year in trauma informed practices and these series of trainings in coordination with the Modoc County Office of Education (MCOE) will be offered to all staff in FY 2020-2023 in addition to Youth Mental Health First Aid, Crisis Prevention Intervention, and crisis teams at each site trained in ASIST Suicide Prevention Program.

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 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.

- **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. Initial testing revealed 28% of 7<sup>th</sup> to 12<sup>th</sup> graders in Tulelake, Modoc Middle and Modoc High School ranked at "Adequate and Thriving." Future testing will reveal successful strategies to implement which will increase that percentage.

- **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, alternating years 4<sup>th</sup> through 9<sup>th</sup> 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."*)
- **Developing and Strengthening Assets in Youth:** Historically MHSA funds have been used to sponsor students (high school and middle school) from area schools to participate in the REACH Conference in Butte County, which strives to promote interpersonal and internal values. This program has been transferred to MCBH SUD prevention services.
- **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 four-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 Interim Director coordinates with local community agencies to complete the two-hour community service component.

- **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. 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 18/19 Healthy Beginnings served 100 unduplicated clients.
- **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 18/19 Empower served 79 unduplicated clients.
- **Nurturing Families** is an evidence-based program that is implemented through contract 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 18/19 Nurturing Families served 19 unduplicated clients.

### ***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 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:

**Penetration and Holzer Prevalence Rates**

<b>FY</b>	<b>Penetration Rates</b>	<b>Holzer prevalence Rates</b>
<b>18/19</b>	10.4%	78.3%

In FY 18/19 eighty-six percent of clients waited  $\leq 10$  business days from initial request to first offered appointment; seventy-eight percent of clients waited  $\leq 10$  business days from initial request to first kept appointment. Ninety-nine percent of the crisis calls in FY 2018-19 (765/766) were responded to within 15 minutes.

- 4) Stigma and Discrimination Reduction is delivered in collaboration with CalMHSA through Each Mind Matters (EMM) and Sunrays of Hope. In FY 18/19 a total of 4,837 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.<sup>12</sup> Modoc County received 4,006 English copies of the EMM materials and 831 copies in Spanish.

**Each Mind Matters Materials Disseminated in Modoc County FY 18/19**

Lime Green Promotional Materials	2,725
EMM Educational Materials	1,812
Know the Signs Educational Materials	300
Total	4,837
English	4,006
Spanish	831
Total	4,837

In addition to the EMM materials distributed, Applied Suicide Intervention Skills Training (ASIST) was provided to school personnel, law enforcement and community members and Mental Health First was provided to the community.

- 5) The recent establishment of promotura 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:

---

<sup>12</sup> [www.emmresourcecenter.org](http://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)
- Sunrays of Hope, Inc.
- 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 18/19, the National Suicide Prevention Hotline (a phone number distributed through local efforts related to Each Mind Matters) was accessed by 37 Modoc County residents. Veteran calls went up to seven in FY 18/19 as compared to six in FY 17/18. General calls increased to 37 in FY 18/19 as compared to 27 in FY 17/18.

#### **Modoc County National Suicide Prevention Calls FY 18/19**

<b>FY 18/19</b>	<b>General</b>	<b>Veterans</b>	<b>Spanish</b>	<b>Total</b>
	30	7	0	37

### ***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. Recently two case managers were added to bolster the workforce. Economy of scale issues make it impossible to have staff dedicated solely to MHSA or to PEI.

### ***Proposed PEI Program Changes for FY 2020-2023***

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 will be 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.
2. As a response to stakeholder feedback, 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 2020 - 2023.

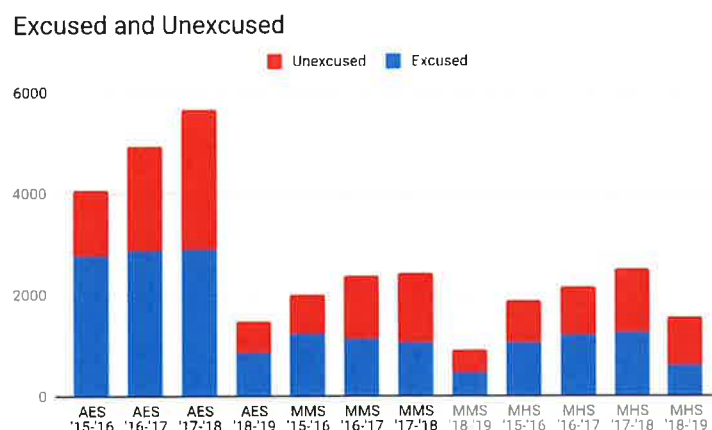
4. We continue to increase our programming in the schools by offering therapy and case management within the school sites, especially as they move into Tier 3 of their PBIS programs.
5. MCBH continues to work towards expanding to the outlying areas to better meet the needs of the community. MCBH is currently working to remodel office space in an old Adin school building. The center is now open to use by Modoc County Public Health; mental health services will follow when the building is fully remodeled to provide the appropriate treatment privacy.

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

In FY 19/20, MCBH will focus on improving school attendance as a strategy to reduce the negative outcome of school failure or dropout.<sup>13</sup> 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” is being implemented in AES, Modoc Middle School (MMS) and Modoc High School (MHS), using positive reinforcement when classrooms achieve 100% attendance for a total of ten days. This reinforcement repeats for every ten days in which the classroom achieves 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, 17/18, 18/19.

**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**



<sup>13</sup> MHSOAC PEI and INN Projects Regulations Amendments (effective July 2018), webinar slide 23 presented on September 6, 2018 referencing WIC Section 5840, subdivision (d).

Because Modoc County population is less than 20,000, in order to protect privacy and as allowed in MHSOAC 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 MHSOAC 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 18/19**

<b>PEI Reporting Requirements for Required Programs and Strategies</b> (Based on <i>Methods for Complying with Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Regulations for Data Collection and Reporting, Nov. 30, 2017, slides 15, 17</i> )	
FY 18/19	
<b><i>Outreach for Increasing Recognition of Early Signs of Mental Illness</i></b>	
Number of Potential Responders:	43 various groups comprised of multiple individuals
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
<b><i>Access and Linkage to Treatment</i></b>	
Number of individuals with serious mental illness referred to treatment:	74 children; 184 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:	Eighty-six percent of clients waited ≤10 business days from initial request to first offered appointment; seventy-eight percent of clients waited ≤10 business days from initial request to first kept appointment. Ninety-nine percent of the crisis calls in FY 2018-19 (765/766) were responded to within 15 minutes.
<b><i>Timely Access to Services for Underserved Populations</i></b>	
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	258

Intervention Program, and/or treatment beyond early onset:	
Number of individuals who followed through on the referral:	258
Average interval between referral and participation in services:	Eighty-six percent of clients waited $\leq 10$ business days from initial request to first offered appointment; seventy-eight percent of clients waited $\leq 10$ business days from initial request to first kept appointment. Ninety-nine percent of the crisis calls in FY 2018-19 (765/766) 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 $\leq 15$ -minute response time to crisis calls; home visitation; provide tele-medicine; worked closely with schools for comprehensive follow through on referrals
<b><i>Strategies that are Non-Stigmatizing and Non-Discriminatory</i></b>	
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, CalMSHA stigma reduction programs and materials
<b><i>Number of Clients and Average Dollars of Service Received by Clients</i></b>	
CSS Clients	471 Clients \$1,907
FSP Clients	45 Clients \$11,673

## **INNOVATION**

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

This project was approved on April 27, 2017, and is scheduled for termination on April 30, 2021.

#### ***INN Project #1 Description and Outcomes***

This project addresses the constant challenge to adequately collect, process, and interpret data for outcomes measurement. MCBH and Nevada County Behavioral Health were accepted by the California Institute for Behavioral Health Solutions (CIBHS) as the first counties to adopt eBHS, a more comprehensive and user-friendly registry, allowing for real-time information sharing across our healthcare systems.

MCBH continues to implement various measures in a dashboard-style to show an individual client's progress, including Milestones of Recovery Scale (MORS), Youth Outcomes Questionnaire (YOQ), Outcomes Questionnaire (OQ), 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.

#### ***INN Project #1 Challenges and Mitigation Efforts***

Modoc County is currently working with Cerner/KingsView to ensure that all necessary data will be available to support evaluation activities. 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 #1 – Anticipated Program Changes for FY 2020-2023***

MCBH is requesting that this INN Project be extended for one (1) fiscal year, until April 30, 2022. Additional funding for this extension has been added to the attached budget, pending MHSOAC review and approval. This extension will allow development of user dashboards that have not yet been implemented, due to difficulties encountered in vendor capacity. As described above, we will continue to work in collaboration with Cerner and KingsView on this implementation.



## ***INN Project #2: Help@Hand Collaboration Project***

The MHSOAC approved this project on April 26, 2018 and is scheduled for termination April 26, 2021.

### ***Help@Hand Description and Outcomes***

Modoc County Behavioral Health and its collaborative county and city partners is building a suite of technology-based mental health services and solutions which collect passive data to identify early signs and signals of mental health symptoms and then provide access and linkage to intervention. Technology-based services will be accessible to clients and public users through devices like computers and smartphones. The project will identify those in need of mental health care services through active online engagement, automated screening and assessment. Services are 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, is striving 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 collaborates with the other counties, vendors and CalMHSA in the ongoing development of this Innovation project.

### ***Help@Hand Challenges and Mitigation Efforts***

MCBH purchased smartphones to be used by mental health clients for digital health, however the technology is taking longer than expected to move into full implementation. In the meantime, while waiting for other counties to test and recommend specific application adoption through Help@Hand, MCBH is partnering with Kern County to develop a catalog of digital health applications that beneficiaries and the general community may use to support mental health.

Mindstrong will be reconsidered if the company enters into a new contract with Help@Hand, especially using Diary Cards developed for Los Angeles County with collaborative funding.

### ***Help@Hand – Anticipated Program Changes for FY 2020-2023***

MCBH will choose additional digital therapy applications once other county collaborators have conducted a selection and piloting process. In addition, MCBH has requested, along with the other counties and cities involved, a two-year extension of the Help@Hand project to April 26, 2023. To support this extension, MCBH will request additional innovation funding for this innovation.

## **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.

## **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 KingsView 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 band width 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 band width 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.

We have purchased smartphones as part of our TN plan, but cannot implement their use until digital wellness application contracts have been secured through CalMHSA, a process that has taken much longer to accomplish than originally expected. We plan to utilize the TN project to meet consumer/family access to technology to support their wellness and recovery.

### ***Proposed CFTN Program Changes for FY 2020-2023***

MCBH plans to transfer funds from CSS to TN in FY 20/21. With these funds, we will continue the TN project through the 1) development of and access to web-based services for consumers/family members; and 2) continue to explore ways to improve access to services with priority for clients who are isolated and lack resources for access to the web. We will also continue to work to support the data analytics begun through the Innovation plans for the implementation of enhanced electronic records to promote improved consumer access to real-time data for joint treatment planning with their providers.

**FY 2020-2021 Through FY 2022-2023 Three-Year Mental Health Services Act Expenditure Plan  
Funding Summary**

County: Modoc

Date: 12/17/19

	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
All MHSA funds are managed via "first in, first out."						
<b>A. Estimated FY 2020/21 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 3,004,272	\$ 1,042,084	\$ 202,589			
2. Estimated New FY 2020/21 Funding	\$ 1,402,085	\$ 358,271	\$ 94,750			
3. Transfer in FY 2020/21 <sup>a/</sup>	\$ (251,272)				251,272	
4. Access Local Prudent Reserve in FY 2020/21						
5. Estimated Available Funding for FY 2020/21	\$ 4,155,085	\$ 1,400,355	\$ 297,339		\$ 251,272	
<b>B. Estimated FY 2020/21 MHSA Expenditures</b>	\$ 964,080	\$ 390,988	\$ 104,532		\$ 20,000	
<b>C. Estimated FY 2021/22 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 3,191,005	\$ 1,009,367	\$ 192,807		\$ 231,272	
2. Estimated New FY 2021/22 Funding	\$ 1,458,168	\$ 372,602	\$ 98,540			
3. Transfer in FY 2021/22 <sup>a/</sup>						
4. Access Local Prudent Reserve in FY 2021/22						
5. Estimated Available Funding for FY 2021/22	\$ 4,649,174	\$ 1,381,969	\$ 291,347		\$ 231,272	
<b>D. Estimated FY 2021/22 Expenditures</b>	\$ 1,012,284	\$ 410,537	\$ 56,238		20,000	
<b>E. Estimated FY 2022/23 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 3,636,890	\$ 971,431	\$ 235,109		\$ 211,272	
2. Estimated New FY 2022/23 Funding	\$ 1,516,495	\$ 387,506	\$ 102,482			
3. Transfer in FY 2022/23 <sup>a/</sup>						
4. Access Local Prudent Reserve in FY 2022/23						
5. Estimated Available Funding for FY 2022/23	\$ 5,153,385	\$ 1,358,937	\$ 337,591		\$ 211,272	
<b>F. Estimated FY 2022/23 Expenditures</b>	\$ 1,062,898	\$ 431,064	\$ 59,050		20,000	
<b>G. Estimated FY 2022/23 Unspent Fund Balance</b>	\$ 4,090,487	\$ 927,873	\$ 278,541		\$ 191,272	

<b>H. Estimated Local Prudent Reserve Balance</b>		
1. Estimated Local Prudent Reserve Balance on June 30, 2020		392,497
2. Contributions to the Local Prudent Reserve in FY 20/21		0
3. Distributions from the Local Prudent Reserve in FY 20/21		0
4. Estimated Local Prudent Reserve Balance on June 30, 2021		392,497
5. Contributions to the Local Prudent Reserve in FY 21/22		0
6. Distributions from the Local Prudent Reserve in FY 21/22		0
7. Estimated Local Prudent Reserve Balance on June 30, 2022		392,497
8. Contributions to the Local Prudent Reserve in FY 22/23		0
9. Distributions from the Local Prudent Reserve in FY 22/23		0
10. Estimated Local Prudent Reserve Balance on June 30, 2023		392,497

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

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Modoc

Date: 12/9/19

	<b>Fiscal Year 2020/2021</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHSA funds are managed via "first in, first out."						
<b>FSP Programs</b>						
1. Integrated FSP Program	\$ 597,730	\$ 597,730				
<b>Non-FSP Programs</b>						
2. Integrated Non-FSP Program	\$ 269,942	\$ 269,942				
<b>CSS Administration</b>	\$ 96,408	\$ 96,408				
<b>CSS MHSA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	\$ 964,080	\$ 964,080				
<b>FSP Programs as Percent of Total</b>	62.0%					

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Modoc

Date: 12/9/19

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

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Modoc

Date: 12/9/19

	<b>Fiscal Year 2022/2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHSA funds are managed via "first in, first out."						
<b>FSP Programs</b>						
1. Integrated FSP Program	\$ 658,997	\$ 658,997				
<b>Non-FSP Programs</b>						
2. Integrated Non-FSP Program	\$ 297,611	\$ 297,611				
<b>CSS Administration</b>	\$ 106,290	\$ 106,290				
<b>CSS MHSA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	\$ 1,062,898	\$ 1,062,898				
<b>FSP Programs as Percent of Total</b>	62.0%					



**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Modoc

Date: 12/17/19

	<b>Fiscal Year 2020/2021</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHSA funds are managed via "first in, first out."						
<b>PEI Programs</b>						
<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)	\$ 206,801	\$ 206,801				
2. Trauma-Focused CBT (EI)	\$ 72,544	\$ 72,544				
3. Outreach (O/A)	\$ 29,871	\$ 29,871				
4. CalMHSA-JPA (SR/SP)	\$ 42,673	\$ 42,673				
<b>PEI Administration</b>	\$ 39,099	\$ 39,099				
<b>PEI Assigned Funds</b>						
<b>Total PEI Program Estimated Expenditures</b>	<b>390,988</b>	<b>390,988</b>				

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Modoc

Date: 12/17/19

	<b>Fiscal Year 2021/2022</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHSA funds are managed via "first in, first out."						
<b>PEI Programs</b>						
<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				
<b>PEI Administration</b>	\$ 41,054	\$ 41,054				
<b>PEI Assigned Funds</b>						
<b>Total PEI Program Estimated Expenditures</b>	<b>410,537</b>	<b>410,537</b>				

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Modoc

Date: 12/17/19

	<b>Fiscal Year 2022/2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHSA funds are managed via "first in, first out."						
<b>PEI Programs</b>						
<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)	\$ 227,999	\$ 227,999				
2. Trauma-Focused CBT (EI)	\$ 79,980	\$ 79,980				
3. Outreach (O/A)	\$ 32,933	\$ 32,933				
4. CalMHSA-JPA (SR/SP)	\$ 47,047	\$ 47,047				
<b>PEI Administration</b>	\$ 43,106	\$ 43,106				
<b>PEI Assigned Funds</b>						
<b>Total PEI Program Estimated Expenditures</b>	<b>431,064</b>	<b>431,064</b>				

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Innovation (INN) Component Worksheet**

County: Modoc

Date: 12/16/19

	<b>Fiscal Year 2020/2021</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHSa funds are managed via "first in, first out."						
<b>INN Programs</b>						
1. IITD	\$ 50,972	\$ 50,972				
2. Help@Hand	\$ 53,560	\$ 53,560				
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>	\$ 104,532	\$ 104,532				

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Innovation (INN) Component Worksheet**

County: Modoc

Date: 12/16/19

	<b>Fiscal Year 2021/2022</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHSA funds are managed via "first in, first out."						
<b>INN Programs</b>						
2. Help@Hand	\$ 56,238	\$ 56,238				
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>	\$ 56,238	\$ 56,238				

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Innovation (INN) Component Worksheet**

County: Modoc

Date: 12/16/19

	<b>Fiscal Year 2022/2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHSA funds are managed via "first in, first out."						
<b>INN Programs</b>						
2. Help@Hand	\$ 59,050	\$ 59,050				
<b>INN Administration</b>						
<b>Total INN Program Estimated Expenditures</b>	\$ 59,050	\$ 59,050				

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Workforce, Education, and Training (WET) Component Worksheet**

County: Modoc

Date: 12/9/19

	<b>Fiscal Year 2020/2021</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b> <i>None at this time</i>						
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>						



**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Workforce, Education, and Training (WET) Component Worksheet**

County: Modoc

Date: 12/9/19

	<b>Fiscal Year 2021/2022</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b> <i>None at this time</i>						
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>						

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Workforce, Education, and Training (WET) Component Worksheet**

County: Modoc

Date: 12/9/19

	<b>Fiscal Year 2022/2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b> <i>None at this time</i>						
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>						

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Modoc

Date: 12/16/19

	<b>Fiscal Year 2020/2021</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
All MHSa funds are managed via "first in, first out."						
<b>CFTN Programs - Capital Facilities Projects</b> <i>None at this time</i>						
<b>CFTN Programs - Technological Needs Projects</b> 1. Billing & EHR System Upgrades	20,000	20,000				
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>	20,000	20,000				

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Modoc

Date: 12/16/19

	<b>Fiscal Year 2021/2022</b>					
		<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs - Capital Facilities Projects</b> <i>None at this time</i>		0				
<b>CFTN Programs - Technological Needs Projects</b> 1. Billing & EHR System Upgrades	20,000	20,000				
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>	20,000	20,000				

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Modoc

Date: 12/16/19

	<b>Fiscal Year 2022/2023</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs - Capital Facilities Projects</b> <i>None at this time</i>						
<b>CFTN Programs - Technological Needs Projects</b> 1. Billing & EHR System Upgrades	20,000	20,000				
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>	20,000	20,000				

## 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	Min. Valley Health Svcs	Gooselake Medical Svcs	
Collaborative Courts			X	X			X	X	X								X			X	X						
	X		X	X			X	X	X														X				
	X	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													
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																				X	X				
VA Services	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		
Peer Support Services																			X	X	X	X			X	X	

## **APPENDIX B: Community Program Planning Stakeholder Demographics**

---

### **Community Program Planning Stakeholder Demographics for MHSA 3-Yr Plan FY 2020-2023 and MHSA FY 18/19 PEI Evaluation Report**

**Small County under 100,000 (Modoc population: 8,848)**

Information redacted for privacy purposes.

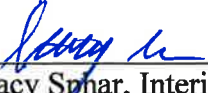
## **APPENDIX C: Demographics of Individuals Served by PEI**

---


### **Individuals Served by MHSA PEI in FY 18/19 PEI Composite for Small County under 100,000 (actual population 8,859)**

Information redacted for privacy purposes.

**IN WITNESS WHEREOF**, the parties have executed the approved Substance Services Agreement between the Modoc County Department of Health Services and California Institute For Behavioral Health Solution (CIBHS) on the date and year set forth below:

  
\_\_\_\_\_  
Stacy Spnar, Interim Director  
Modoc County Health Services

2/27/20  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Elizabeth Cavasso, Chair  
Modoc County Board of Supervisors

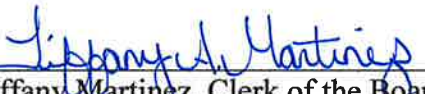
FEB 11 2020  
\_\_\_\_\_  
Date

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Margaret Long, County Counsel

FEB 11 2020  
\_\_\_\_\_  
Date

**ATTEST:**

  
\_\_\_\_\_  
Tiffany Martinez, Clerk of the Board

FEB 11 2020  
\_\_\_\_\_  
Date