MHSA COUNTY COMPLIANCE CERTIFICATION

County: **Modoc**

√ Annual Update
√ AB114 Reversion Plan

Local Mental Health Director	Program Lead
Name: Karen Stockton, RN, PhD	Name: Michael Traverso
Telephone Number: 530 233-6312	Telephone Number: 530 233-6312
E-mail: karenstockton@co.modoc.ca.us	E-mail: michaeltraverso@co.modoc.ca.us
Local Mental Health Mailing Address: Modoc County Mental Health Services 411 N. Main Street Alturas, CA 96101-3457	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this 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 5/22/18.

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.

Karen E. Stockton, PhD, MSW, BSN — Mental Health Director (PRINT)

Karen E. Stockton — Signature

6/4/18 — Date

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

Modoc County Board of Supervisors

MINUTE ORDER

The following action was taken by the Modoc County Board of Supervisors on May 22, 2018:

12.a. Consideration/Action: Requesting approval and authorization for the Chair of the Board to sign the Modoc County Mental Health Services Act (MHSA) Fiscal Year 2018- 2019 Annual Update and AB 144 Reversion Plan. (Behavioral Health)

Motion by Supervisor Rhoads, seconded by Supervisor Cavasso to approve and authorize the Chair of the Board to sign the Modoc County Mental Health Services Act (MHSA) Fiscal Year 2018- 2019 Annual Update and AB 144 Reversion Plan. (Behavioral Health)

Motion Approved:
RESULT: **APPROVED [UNANIMOUS]**
MOVER: Kathie Rhoads, Supervisor District III
SECONDER: Elizabeth Cavasso, Supervisor District IV
AYES: David Allan, Supervisor District I, Patricia Cullins, Supervisor District II, Kathie Rhoads, Supervisor District III, Elizabeth Cavasso, Supervisor District IV, Geri Byrne, Supervisor District V

STATE OF CALIFORNIA

COUNTY OF MODOC

I, Tiffany Martinez, Deputy 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 May 22, 2018 on file in my office.

WITNESS my hand and the seal of the Board of Supervisors this 23rd day of May 2018.

Tiffany A. Martinez
Deputy Clerk of the Board

MHSA FY 2018/2019 Annual Update
FISCAL ACCOUNTABILITY CERTIFICATION[1]

County: **Modoc**

√ Annual Update
√ AB114 Reversion Plan

Local Mental Health Director	County Auditor-Controller
Name: Karen Stockton, RN, PhD	Name: Michael Traverso
Telephone Number: 530 233-6312	Telephone Number: 530 233-6312
E-mail: karenstockton@co.modoc.ca.us	E-mail: michaeltraverso@co.modoc.ca.us
Local Mental Health Department Mailing Address: Modoc County Mental Health Services 441 N. Main Street Alturas, CA 96101-3457	

I hereby certify that the Annual Update 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.

Karen Stockton
Mental Health Director (PRINT)

Signature

6/4/18
Date

I hereby certify that for the fiscal year ended 17/18, 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 for the fiscal year ended 13/14, I further certify that for the fiscal year ended 17/18, 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 Wellemeyer
County Auditor-Controller (PRINT)

S. Wellemeyer
Signature

5/31/18
Date

[1]Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
EDMUND G. BROWN JR., Governor

JOHN BOYD, PsyD
Chair
KHATERA ASLAMI-TAMPLEN
Vice Chair
TOBY EWING
Executive Director

June 5, 2018

Karen Stockton, Ph.D.
Director- Modoc County Health Services
441 North Main Street
Alturas, CA 96101

Dear Ms. Stockton,

Congratulations, the Commission approved the Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions Innovation Plan on April 26, 2018 in the amount of $270,000 for three (3) fiscal years.

As a reminder, the Commission requested information on the following: vendor procurement process, the evaluation, and the coordination of the multi-county aspect of this project as soon as the information is available.

Modoc County indicated that the innovation budget of $270,000 is made up of the following FY funds:

- FY 2008-09 $60,102 (subject to reversion)
- FY 2013-14 $14,510 (subject to reversion)
- FY 2018-19 $59,791
- FY 2019-20 $100,303
- FY 2020-21 $35,294

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me sharmil.shah@mhsoac.ca.gov or your county liaison, Reem Shahrouri Reem.Shahrouri@MHSOAC.ca.gov.

Sincerely,

Sharmil Shah, Psy.D
Chief-Program Operations

Copy: Rhonda Bandy, MHSA Coordinator

MODOC COUNTY BEHAVIORAL HEALTH

Mental Health Services Act (MHSA)
FY 2018/2019 Annual Update and AB114 Reversion Plan

POSTED FOR PUBLIC COMMENT

April 13, 2018 through May 13, 2018

To review online, please go to:
http://modochealthservices.org/index.php/MHSA

The MHSA FY 18/19 Annual Update and AB114 Reversion Plan was available for public review and comment from April 13, 2018 through May 13, 2018. The Plan was 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 Monday, May 14, 2018.

Public Hearing Information:
Monday, May 14, 2018 at 3:30 pm
Modoc County Health Services
Large Conference Room
441 N. Main Street, Alturas, CA 96101

Comments or Questions? Please contact:
Karen Stockton or Michael Traverso
MHSA FY 18/19 Annual Update and
AB114 Reversion Plan Feedback
Modoc County Behavioral Health
441 North Main Street, Alturas, CA 96101
Phone: (530) 233-6312; Fax: (530) 233-6339
karenstockton@co.modoc.ca.us
michaeltraverso@co.modoc.ca.us

Thank you!

Exhibit A

MHSA Community Program Planning and Local Review Process For MHSA FY 18/19 Annual Update and AB114 Reversion Plan

County: MODOC **30-day Public Comment period dates:** 4/13/18 – 5/13/18
Date: May 22, 2018 **Date of Public Hearing:** Monday, May 14, 2018

COUNTY DEMOGRAPHICS AND DESCRIPTION

Modoc County is a small, frontier county in the northeastern corner of California, bordering Oregon to the north and Nevada to the east. According to 2016 U.S. Census Bureau estimates, the population in Modoc County is believed to be 8,795, compared to a 2010 Census of 9,686, indicating that the population in Modoc county has decreased by 9.2%, continuing a downward trend from the loss of 7.4% in 2015. This stands in contrast to a population increase of 5.4% in California according to U.S. Census estimates in 2016 and 5.1% in 2015. (www.census.gov/quickfacts/table/PST045215/06049,06)

Modoc County has only one incorporated city, Alturas, the County seat, with a population of just over 2,600 people (https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF). 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, and Fort Bidwell; in the northern part of the county are Davis Creek and New Pine Creek; to the west and northwest are Day, Canby, Newell/Tulelake, 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 March 2017 was 9.7% compared to the unemployment rate for California of 5.1% (http://www.labormarketinfo.edd.ca.gov/file/lfmonth/countyur-400c.pdf). 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 $37,860 in 2015, compared to $61,818 in California the same year. The county has a high percentage of population living under the poverty level (20.3%, standing above the statewide average of 15.3%) with a density of 2.5 people per mile (www.census.gov/quickfacts/table/PST045215/06049,06). More than 50% of students are receiving free or reduced lunches (Source: www.cde.ca.gov). The County Health Rankings & Roadmaps for 2016 identifies 31% of children living in poverty in Modoc County as compared to 23% in California.

Approximately 4% of the county population is under 5 years of age; 18% is ages 6-19; and 55% is ages 20-64. Nearly 23% of the county population is 65 years of age or older; that percentage is more than double the statewide older adult population of 11.4%. Females represent 49% of the population. 78% of Modoc County residents identify themselves as White; nearly 15% are Hispanic. American Indians comprise about 3.5% of residents, but are a significant voice in this community. Very small numbers of Asian/Pacific Islanders and African-Americans also live in Modoc. (https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF) 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. (*Source: 2015 American Community Survey.)*

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 87% of persons in Modoc County aged 25 years or older have graduated from high school or have some college education (California rate is 82%), whereas those of the same age group with a bachelor's degree or graduate studies are an

estimated 18% (California rate 31%) (www.census.gov/quickfacts/table/PST045215/06049,06). 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. The county has a significant population of Hispanic and Native American residents. 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.

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.

These services are integrated under the umbrella of Modoc County Behavioral Health and funded through Federal Medicaid/MediCal, California State Realignment and Mental Health Services Act (MHSA) Funding. The Mental Health Services Oversight and Accountability Commission (MHSOAC) is responsible for oversight of MHSA services, particularly the Prevention and Early Intervention (PEI) and Innovations Components. The MHSOAC created PEI and Innovations regulations to ensure that all counties are meeting the requirements within their services. 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."

Therefore, since the population of Modoc County is less than 100,000, to ensure participant privacy, the demographic information collected and reported for Modoc County in FY 16/17 is presented to include participants across all PEI services. It is understood that participation in completing demographic information is voluntary and participant anonymity has been respected.

We have reported our data as per the DHCS De-identification Guidelines (DDG) (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*): "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)." Demographic data that may be potentially perceived as identifiable information, and place a participant at risk of being recognized, is not included.

Because Modoc County does not have a population pool of 20,000, the demographics for the various components of Modoc County Health Service's PEI services are reported in aggregated spreadsheet.

COMMUNITY PROGRAM PLANNING

Provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, Sections 3300 and 3315.

1. *Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2018-2019 Annual Update. Include the dates of meetings and other planning activities; describe methods used to obtain stakeholder input.*

The Modoc County Behavioral Health (MCBH) Community Program Planning (CPP) process for the development of the MHSA FY 2018-2019 Annual Update and AB114 Reversion Plan 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 18/19 Annual Update and AB114 Reversion Plan, we sought input from stakeholders regularly at our Behavioral Health Advisory Board Meetings (8/17/16, 9/21/16, 10/26/16, 1/18/17, 5/24/17, 6/30/17), Modoc County Prevention Collaborative meetings (9/13/16, 10/18/16, 9/29/16, 1/24/17, 2/28/17, 3/28/17, 4/25/17, 5/16/17) and the Community Corrections Partnership monthly meetings.

Focus groups and interviews with key informants were held January 9, 10, 11, 16 (two focus groups), 17, 18, 23 (three focus groups), 24, 25, 2018. These happened in Alturas as well as in Newell/Tulelake, and Adin. Input will also be obtained at an Advisory Board public hearing in Alturas on May 21, 2018. Additional input was sought from the Community Corrections Partnership monthly meetings, particularly as we 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 that is 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 and integrated system services in FY 18/19.

We also reviewed data on our 41 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 to understand service utilization and evaluate client progress, and has been instrumental in our planning process to continually improve FSP services.

The Annual Update and AB114 Reversion Plan integrates stakeholder input, survey results, and service utilization data to analyze community issues and determine the most effective way to further meet the needs of our unserved/underserved populations. In addition, the MHSA Annual Update and AB114 Reversion Plan 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; 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 Annual Update and AB114 Reversion Plan and the strategy to maintain and enhance services. No substantial public feedback was submitted during the public review process or public hearing. The Advisory Board voted unanimously (1 abstention) on May 14th, 2018 to approved submission to the Board of Supervisors. Minor changes to the reversion amounts were adjusted to reflect communication from the State Department of Healthcare Services regarding the Revenue and Expenditure Report Balances. Balances in the AB 114 Plan sections may reflect a range in the balances of funds subject to reversion (mending appeal/reconciliation so that we can ensure that the plan covers all potentially reverted funds to be expended by the June 30, 2020 deadline.

2. *Identify the stakeholders involved in the Community Program Planning (CPP) Process (e.g., agency affiliation, populations represented, ages, race/ethnicity, client/family member affiliation, primary languages spoken, etc.). Include how stakeholder involvement was meaningful.*

A number of different 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: Public Health, Social Services, Probation, Modoc Superior Court (judges, Chief Clerk and Collaborative Treatment Courts Coordinator), District Attorney's Office, Sunrays of Hope consumer-operated wellness center, Living in Wellness Center in Adin, Modoc County Sheriff's Office, Alturas City Police,

California Highway Patrol, Modoc County Office of Education, schools, TEACH, Inc. (non-profit), Modoc Crisis Center, Modoc Victim Witness program, Strong Family Health Center (formerly Modoc Indian Health Project), CalWORKs Welfare to Work Program, Ft. Bidwell Indian Tribe, 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, Hispanic residents, youth, transitional age youth, adults, older adults, veterans, and individuals whose primary language is either English or Spanish.

Modoc County Behavioral Health (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. Common themes in the focus groups, collaborative meetings and key informant interviews included concern over the high levels of depression, anxiety, and anger issues along with the need to find ways to intervene earlier and more effectively. Other recurrent themes included the total absence of badly-needed safe, sober housing to address homelessness and transitional housing, isolation, and the 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, with some suggestions related to outreach and improving access to residents of the more isolated communities. Participants of focus groups expressed support for development and testing of the use of web-based service delivery in addition to a suite of technology devices and the purchase of the current Health Services building to assist with increasing access to services and peer to peer outreach and support.

Stakeholder Input FY 2017-18 (MHSA: INN, Annual Update, AB114 Reversion Funds)
Period: January 2018

Organization: Modoc County Behavioral Health

Small County under 100,000 (actual population 8,795)

Total Participating in Stakeholder Events:	**117**	**1% of pop**	**Total Stakeholder/Key Informant Events:**	**12**	
Age Group	**# of people**		**Sexual Orientation**	**# of people**	
Children/Youth (0-15)	≤10		Gay or Lesbian	**≤10**	
TAY (16-25)	≤10		Heterosexual or Straight	**86**	74%
Adults (26-59)	57	49%	Bisexual	**≤10**	
Older Adults (60+)	34	29%	Questioning or unsure	**≤10**	
Decline to answer	≤10		Queer	**≤10**	
Total:	106	91%	Another sexual orientation	**≤10**	
			Decline to answer	**11**	
Ethnicity	**# of people**		**Total:**	98	84%
Hispanic or Latino as follows:					
Caribbean	≤10		**Gender**	**# of people**	
Central America	≤10		***Assigned sex at birth as follows:***		
Mexican/Mexican-American/Chicano	18	15%	Male	29	25%
Puerto Rican	≤10		Female	72	62%
South American	≤10		Decline to answer	≤10	

Other	≤10		**Total:**	103	88%
Decline to answer	≤10				
Hispanic or Latino Subtotal:	27	23%	**Current Gender Identity**	**# of people**	
Non-Hispanic or Non-Latino as follows:			Male	29	25%
African	≤10		Female	78	67%
Asian Indian/South Asian	≤10		Transgender	≤10	
Cambodian	≤10		Genderqueer	≤10	
Chinese	≤10		Questioning or unsure	≤10	
Eastern European	≤10		Another gender identity	≤10	
European	≤10		Decline to answer	≤10	
Filipino	≤10		**Total:**	108	92%
Japanese	≤10				
Korean	≤10		**Veteran Status**	**# of people**	
Middle Eastern	≤10		Yes	≤10	
Other	≤10		No	96	82%
Decline to answer	≤10		**Total:**	101	86%
Non-Hispanic/Non-Latino Subtotal:	16	14%			
More than one ethnicity	≤10		**Disability**	**# of people**	
Decline to answer	≤10		**Yes Disability (Note: Can select more than one)**		
Ethnicity Grand Total:	46	39%	***Communication Disability as follows:***		
			Difficulty seeing	17	15%
Race	**# of people**		Difficulty Hearing, or having speech understood	≤10	
American Indian or Alaska Native	≤10		Other	≤10	
Asian	≤10		**Communication Domain Subtotal:**	29	25%
Black or African American	≤10		***Mental*** (eg: Mental Illness, incl: learning, developmental, dementia…)		
Native Hawaiian or other Pacific Islander	≤10		*Physical/mobility*	15	13%
White	68	58%	*Chronic health condition (incl: chronic pain)*	11	
Other	≤10		*Other*	33	28%
More than one race	≤10		**Any Disability Subtotal:**	59	50%
Decline to answer	≤10		**No disability**	61	52%
Total:	77	66%	**Decline to answer**	≤10	
			Disability Grand Total:	151	129%
Primary Language	**# of people**				
English	80	68%	**Service Area**	**# of people**	
Spanish	17	15%	Modoc County	117	100%
Other	≤10		**Total:**	117	100%
Total:	102	87%			

LOCAL REVIEW PROCESS

1. *Describe methods used to circulate, for the purpose of public comment, the annual update. Provide information on the public hearing held by the local mental health board after the close of the 30 day review.*

This proposed MHSA FY 18/19 Annual Update and AB114 Reversion Plan was posted for a 30-day public review and comment period from April 13, 2018 through May 13, 2018. An electronic copy was available online at 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 Annual Update FY 18/19 and AB114 Reversion Plan were distributed to all members of the Behavioral Health Advisory Board; consumers (on request); staff (on request); and Sunray's of Hope Wellness Center. The Update and Reversion Plan was also sent electronically to the Community Partnership Group/partner agencies and other stakeholders.

A public hearing was conducted on Monday, May 14, 2018 at 3:30 pm, at Modoc County Health Services, 441 N. Main Street, Alturas, CA, in the large conference room.

2. *Include summary of substantive recommendations received during the stakeholder review and public hearing, and responses to those comments. Include a description of any substantive changes made to the 3-year plan that was circulated. Indicate if no substantive comments were received.*

Input on the MHSA FY18/19 Annual Update was reviewed and incorporated into the final document, as appropriate, prior to submitting to the County Board of Supervisors and the California Mental Health Services Oversight and Accountability Commission (MHSOAC). No substantive comments were received during the community planning process or times of stakeholder input into the Update and Reversion Plan before submitting to the County Board of Supervisors and the (MHSOAC).

AB114 PLAN FOR MHSA FUNDS SUBJECT TO REVERSION

Extensive stakeholder feedback and suggestions were collected in January 2018 while presenting the Annual Update and AB114 Reversion Plan. During the community planning and stakeholder feedback processes there developed unresolved discrepancies in the actual amounts of Modoc County MHSA funds possibly subject to reversion. Therefore, in accordance with the wishes of our stakeholders, where there is uncertainty as to the actual amount of funds subject to reversion a range of dollars to cover possible scenarios of what may become the final reconciled balances declared by the Department of Health Care Services was included and supported by the Advisory Board as a minor correction. This is done in order to stay committed to the process of community planning, stakeholder engagement including the 30-day public posting, acquiring Board of Supervisor approval and meet the mandated deadline of June 30, 2018 for submitting this AB 114 Reversion Plan. The Department of Healthcare services adjusted the Capital Facilities and Technological Needs Component, documented in an email enclosure on 5/15/2018 to reflect the $512,138 included in the original plan posting for expenditure, so including a range was not necessary to meet posting deadlines. It appears that at the date of Submission to the Board of Supervisors that with the CFTN adjustment, the other components will remain as originally posted as well (the dollar amount in bold where there is a range) .

Modoc County Behavioral Health intends to spend its reversion funds as follows:

Innovation funds are designated for our Innovation Projects and will be addressed in the Innovation portion of the Annual Update and AB114 Reversion Plan. PEI funds are designated to be spent on the PEI portion of our MHSA funding. All PEI programs mentioned below are explained more fully in PEI Services and PEI Proposed Changes. WET funds are designated to complete current staffing obligations and are explained more fully in Exhibit D, MHSA Program Component Workforce Education and Training. Capital Facilities Technology Funds are designated for purchase and renovation of our Health Services building and are explained more fully in Exhibit E, MHSA Program Component Capital Facilities/Technology.

PEI reversion funds ($260,401 **- 271,957) will be used to:**

1) support the Nurturing Families Program through TEACH,
2) provide ACE testing, resume the 40-Developmental Assets program in the schools, to enhance support for on-site school counselors, and support expansion of the PBIS programs,
3) partner with Public Health to provide the EMPOWER program.
4) expand efforts in suicide prevention and first break psychosis through an enhanced contract with CalMHSA.

Innovation reversion funds ($74,612 - $81,596) are:

1) Allocated to the Innovation II Proposal as described on page 22 and approval by the OAC on April 26, 2018.

WET reversion funds (up to $52,151) will be used to:

1) Provide career pathways financial incentive programs. It is expected that all WET funds allocated to MCBH will be spent by the end of FY 17/18. The plan update includes additional local WET funding so we plan to meet/exceed expenditures in the WET component.

CFTN reversion funds ($512,138) will be used to:

1) Purchase and renovate the existing building and land currently leased by Health Services. All CFTN funds allocated to MCBH are planned to be spent by June 30, 2019.

All funds subject to reversion will be expended, on a first in first out basis, before current funding is spent and are scheduled to be completely expended by June 30, 2020.

A full breakout of exact AB114 Reversion Fund Plan amounts is found in the table below sent from DHCS on April 24, 2018 followed an earlier notification to Modoc County from DHCS as to funds reported as subject to reversion. The CFTN funds were reconciled and adjusted by the DHCS in a email attachment dated 5/15/2018 (See below). Planned expenditures of these funds are found in the Annual Update and AB114 Reversion Plan budget at the end of this document.

Department of Health Care Services
MHSA Funds Subject to Reversion by Fiscal Year by Component
4/24/18

Modoc	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	$ -					$ -
FY 2006-07	$ -			$ 52,141		$ 52,141
FY 2007-08	$ -	$ 4,794			$ 697,845	$ 702,639
FY 2008-09	$ -	$ -	$ 60,102			$ 60,102
FY 2009-10	$ -	$ -	$ -			$ -
FY 2010-11	$ -	$ 24,317	$ -			$ 24,317
FY 2011-12	$ -	$ -	$ -			$ -
FY 2012-13	$ -	$ 177,138	$ -			$ 117,136
FY 2013-14	$ -	$ 65,710	$ 14,510			$ 80,220
FY 2014-15	$ -	$ -	$ -			$ -
Total	$ -	$ 271,957	$ 74,612	$ 52,141	$ 697,845*	$ 1,096,555
DHCS Correction 5/15/18 of MHSA Funds Subject to Reversion						
FY 2006-15	$ -	$ 271,957	$ 74,612	$ 52,141	$ 512, 138*	$ 910,848
*Modoc response to reconciliation and/or appeal received 5/15/18 – See above.						

$ - No Funds Subject to Reversion

Exhibit B

Services provided by Modoc County in FY 16/17
MHSA Program Community Services and Supports Component

Community Services and Supports (CSS)
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 individuals.

Services included in the CSS Program are as follows:

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.

Full Service Partnerships. Services include, but are not limited to, one-on-one intensive case management, housing support, transportation, advocacy, assistance navigating other health care and social service systems, child care, and socialization opportunities.

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. These continuums 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 services 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).

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:

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 who we have in common.

2) We expanded outreach efforts to individuals and groups in the County who serve as potential identifiers and referral sources for unserved on underserved residents. Individual clinicians, or teams of direct service staff, scheduled and completed visits with a number of partner entities, including both hospitals, all primary care clinics, all dental clinics, the Modoc County Senior Center, the Veteran's Services office, Strong Family Health Center, and various partner County agencies. Outreach was also provided to clinics in neighboring communities in Siskiyou and Lassen Counties. Information was provided on the range of services available for children and adults, with particular emphasis on our collaborative service approach, FSP services and intensive services available for youth, including Trauma-Focused CBT. Partners were encouraged to share their concerns, as well as ideas for improving or expanding services for individuals with serious mental illness. Various options for making referrals were provided, including business cards for all Behavioral Health clinical staff.

3) Several partners contacted through expanded outreach indicated they were pleasantly surprised by the array of services available through MCBH, and by the number of licensed therapists and Master's level interns employed by MCBH. Outreach efforts culminated with a well-publicized Behavioral Health Open House held from 10:00 am to 2:00 p.m. on June 17, 2016. A reporter from the *Modoc County Record* who attended the Open House published an article in the June 23rd edition of the newspaper describing the Behavioral Health array of integrated mental health and substance use services and how to access the services, as well as information on level of education, licensure, and/or certification of Behavioral Health staff.

4) MCBH management and supervisory staff investigated innovative options for improving outreach to underserved areas. Approval was granted through the Board of Partnership Health Plan of California to use Intergovernmental Transfer (IGT) funds to secure a mobile office for integrated Behavioral Health and Public Health services to be provided in outlying areas. After additional review and investigation, it was determined that the plan for a mobile office would be costlier than originally considered. However, the process of brainstorming outreach methods has led to additional avenues that will be pursued in FY 20/19/18, including collaborative approaches to travel and service delivery to outlying areas.

5) 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 a Peer Core Competency Training, and participated in the Training of Trainers curriculum for the Peer Core Competencies. Those Sunrays members, who completed the Peer Core Competency Training of Trainers, are now able to participate as trainers in Peer Core Competency training for consumers and family members in Modoc County.

6) We have made significant progress in engaging consumers and family members on our Behavioral Health Advisory board, Quality Improvement Committee, and Cultural Competence Committees.

CSS Challenges or barriers:

a. In FY 16/17 we remained understaffed in nursing services. At this point, the plan is to write new job descriptions at higher pay ranges, creating additional nursing classifications, allowing for movement up a career pathway with the completion of additional training and licensure (e.g., from an LVN to an RN). If we are able to secure support from county administration and the Board of Supervisors, it is hoped that implementing increased salaries and a career pathway will assist in our efforts to recruit nurses to MCBH. We have active recruitment, but have had significant difficulty recruiting qualified staff, particularly for the nursing and licensed clinician positions.

   The Health Services Leadership Team (Director, BH and PH Deputy Directors, and the BH Clinical Director) identified a need for additional program management staffing. There were key administrative and program leadership functions that were not being adequately addressed. A similar conclusion was reached by the review team during the 2015/16 EQR. In addition, the Leadership Team took into consideration the need for succession planning since the Director and the BH Deputy Director both plan retirement within the coming year or two. The Leadership Team has developed a draft organization chart to address the needs, with one new position recently filled at the Program Manager level. In addition, a Clinician II was moved to a Clinician III and is a Supervisory position.

b. 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.

c. The need to increase outreach and engagement efforts in underserved areas remains a barrier and a priority. Since other Modoc County agencies and programs experience a similar need, we plan to pursue collaborative approaches to travel to outlying areas for service delivery. For instance, partnering with Public Health, Probation, Veteran's Service Office, CalWORKs, Child Welfare Services and other agencies who have clientele in those same underserved areas could reduce travel costs, while simultaneously improving opportunities for collaboration and integration of services.

d. 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 to the Behavioral Health team, we have built a strong, interdisciplinary core team to build upon as necessary.

e. As a community, over the last few years, we have experienced some significant traumatic events that resulted in an increased need for services. Our strategies included providing opportunities for debriefing, creating priority access as needed, and providing Crisis Intervention Training for law enforcement and other first responders. In addition, as a result of traumas within their community, Native Americans are faced with reestablishing a cohesive structure and leadership. We, along with other stakeholders, are in the throes of rebuilding our historically very strong ties with stakeholders and collaborators within the Native American community.

f. 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.

g. The inability to adequately collect, process and interpret data for outcomes measurement remains a barrier. We tested the use of a client registry, but the system tested did not adequately meet our needs. MCBH, along with Nevada County Behavioral Health, have been accepted by the California Institute for Behavioral Health Solutions (CIBHS) as the first Counties to test the Electronic Behavioral Health System (eBHS), a more comprehensive and user-friendly registry, allowing for real-time information sharing across healthcare systems. We are hopeful as we move forward with testing the eBHS registry that we will have finally found an affordable, effective, user friendly system to measure outcomes at the consumer/client level, program, and population levels.

MHSA Program Prevention and Early Intervention Component

Primary Intervention Programs for students aged 0 – 15 in the schools linked children to PEI services in Modoc County in FY 16/17. This service was offered by the Modoc County Office of Education (MCOE) through a Memorandum of Understanding with MCBH. It was provided in three school districts: Modoc Joint Unified School District, Surprise Valley School District, and Tulelake School District. Educators in each district referred high-risk youth to the program, which was provided throughout the school year in each district. Key elements included:

- Specific site selection, selection of facilitators and monitoring by MCOE;
- Identification of school site in-kind resources to support the Primary Intervention Program;
- Development of referral protocols for culturally competent services at the classroom site, and that identify children at risk of school failure through Primary Intervention Program services;
- Development of parent involvement efforts to assure that parents/guardians and teaching staff supported children's participation and growth in the Primary Intervention Program;
- Development of referral protocols with Modoc County Mental Health for students and families who needed more intensive services;

- Administration of tracking and monitoring tools to determine effectiveness of the 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 was mental health promotion for youth and teens. It centers on school climate change by building positive relationships with peers, teachers, staff and family. Specific culturally competent strategies were developed by each school, each teacher and each home, tailored to meet the needs of the students. Students at risk were 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. These tiers, who they target and the prevention strategies are described below:

PBIS Multi-Tiered Support Systems		
Tier 1	Universal Supports, Primary Prevention	Preventing the development of new problem behaviors by implementing high quality learning environments for all students and staff and across all settings (i.e. school-wide, classroom, and non-classroom).
Tier 2	Targeted Supports, Secondary Prevention	Reducing the number of existing problem behaviors that are presenting high risk behaviors and/or not responsive to primary intervention practices by providing more focused, intensive and frequent small group-oriented responses in situations where problem behavior is likely.
Tier 3	Intensive Supports, Tertiary Prevention	Reducing the intensity and/or complexity of existing problem behavior that are resistant to and/or unlikely to be addressed by primary and secondary prevention efforts by providing most individualized responses to situations where problem behavior is likely.

The Healthy Kid's Survey and data provided by the use of SWIS Suite software, copyright 2017 through Educational & Community Support by the University of Oregon, will be used to measure the effectiveness of the PBIS in Big Valley Joint Unified School System and Modoc Joint Unified School District.

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.

Early Intervention

Trauma Focused Cognitive Behavioral Therapy 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.

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 presentation/meetings for the purpose of education community member 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.

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.

   Timeliness measures are incorporated and embedded in our electronic health records and will be embedded in our eBHS; they are reported on a system-wide basis as a very small county. The Penetration and Holzer Prevalence rates for FY 16/17 were 10.2% and 70.4% respectively. The full penetration report is included as an attachment.

   Data reported in Quality Improvement Committee Minutes for FY 16/17 indicates nearly two-thirds of clients were seen within 21 days, only one client waited more than 21 days and approximately one-third of clients triggered a wait greater than 21 days due to client no shows, client cancellations, or clients rescheduling their appointments.

	# Clients	% Clients
21 days	201	64%
> 21 days	1	0%
>21 days due to client no shows/cancellations/reschedules	113	36%
	315	100%

3) Stigma and Discrimination Reduction is delivered in collaboration with CalMHSA through Each Mind Matters and Sunray's of Hope. In FY 16/17 a total of 7,601 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 (www.emmresourcecenter.org).

Each Mind Matters Promotional Items	1,170
Each Mind Matters Educational Materials	1,200
SanaMente Materials	521
Know the Signs/El Suicidio Es Prevenible Educational Materials	4,605
Directing Change Materials	5

   MCBH regularly collaborates with Sunray's of Hope, with both entities providing mutual outreach and linkage between Sunray's of Hope and MCBH. Peers are hired to work with Sunray's of Hope, provide services with MCBH, and to serve as volunteer Mental Health Advisory Board members.

4) 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 on 17 of this report. They are also listed below:

Partners and Collaborator

- Dependency Drug Treatment Court
- County Welfare Services
- Early Head Start
- Drug Court Steering Committee
- Probation
- County Welfare Services
- Superior Court Judges

- Native Americans
- Community members
- Family Wellness Court
- Modoc Superior Court
- Child Welfare
- Strong Family Health Center
- Cal Works
- Probation
- Healthy Beginnings
- County Welfare Services
- Modoc County Public Health
- Modoc County Office of Education
- Modoc County Joint Unified School District
- Alturas Elementary School
- Modoc Middle School
- Modoc High School
- Boy Scouts
- Prevention Collaborative
- California Highway Patrol
- CalWORKs Employment Program
- CASA Program
- Child Abuse Prevention Council
- First 5 MODOC
- Independent Living Skills Program
- Modoc 4-H Youth Development Program
- Modoc County Behavioral Health (AOD and MH)
- Modoc Early Head Start
- Modoc High School
- Modoc County Office of Education
- Modoc County Public Health CHDP Program
- Modoc County Public Health Tobacco Education Program
- Modoc County Social Services – Adult and Child Protective Services
- Modoc County Teen Health Coalition
- Senior Peer Counseling Program
- Strong Family Health Center (Modoc Indian Health Project)
- Surprise Valley School District
- TEACH, Inc.
  Surprise Valley Joint Unified School District
- Elementary School
- Surprise Valley High School
  Tulelake Basin Joint Unified School District

PEI Reporting Requirements for Required Programs and Strategies (Based on *Methods for Complying with Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Regulations for Data Collection and Reporting, Nov. 30, 2017, slides 15, 17*)	
Outreach for Increasing Recognition of Early Signs of Mental Illness	
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 map on page 11; schools, churches, hospitals, jail, justice system, non-profits, government agencies, migrant centers, tribal clinics, senior centers, drop-in peer center
Access and Linkage to Treatment	
Number of individuals with serious mental illness referred to treatment:	79 children; 154 adults
Kind of treatment to which individual was referred:	Counseling, Trauma Focused Cognitive Behavioral Therapy, Parenting Education
Average duration of untreated mental illness:	N/A
Average interval between the referral and participation in treatment:	64% of clients waited 21 days or less, 36% of clients triggered a wait greater than 21 days due to client no shows/cancellations/reschedules; a total of 255 urgent calls were responded to within 15 minutes or less
Timely Access to Services for Underserved Populations	
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:	233
Number of individuals who followed through on the referral:	233
Average interval between referral and participation in services:	64% of clients waited 21 days or less, 36% of clients triggered a wait greater than 21 days due to client no shows/cancellations/reschedules; a total of 255 urgent calls were responded to within 15 minutes or less. One caller requested Spanish language which was provided.

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
Strategies that are Non-Stigmatizing and Non-Discriminatory	
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
Average Dollars of Service Received by Clients in FY 15/16	
CSS Clients	$3,109
FSP Clients	$10,487

Suicide Prevention

We have an agreement with CalMHSA to continue to fund the state-wide suicide prevention program and to provide additional support as our suicide prevention program. 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 calendar year 2016, the National Suicide Prevention Hotline (a phone number distributed through local efforts related to Each Mind Matters) was accessed by 32 Modoc County residents.

Individuals Served by MHSA PEI in FY 2016-17

Annual Report (July 1, 2016 - June 30, 2017)

Modoc County Behavioral Health

PEI Composite for Small County under 100,000 (actual population 8,795)

Total Unduplicated # Served in Year:	**1,536**		**% of county population served through PEI**	**17%**	
Age Group	**# of people**		**Sexual Orientation**	**# of people**	
Children/Youth (0-15)	742	48%	Gay or Lesbian	≤10	
TAY (16-25)	357	23%	Heterosexual or Straight	≤10	
Adults (26-59)	235	15%	Bisexual	≤10	
Older Adults (60+)	52	3%	Questioning or unsure	≤10	
Decline to answer	≤10		Queer	≤10	
Total:	1,386	90%	Another sexual orientation	≤10	
			Decline to answer	486	32%
Ethnicity	**# of people**		**Total:**	486	32%
Hispanic or Latino as follows:					
Caribbean	≤10		**Gender**	**# of people**	
Central America	≤10		***Assigned sex at birth as follows:***		
Mexican/Mexican-American/Chicano	156	10%	Male	206	13%
Puerto Rican	≤10		Female	280	18%
South American	≤10		Decline to answer	≤10	

Other	30	2%	**Total:**	486	32%
Decline to answer	≤10				
Hispanic or Latino Subtotal:	194	13%	**Current Gender Identity**	**# of people**	
Non-Hispanic or Non-Latino as follows:			Male	206	13%
African	≤10		Female	280	18%
Asian Indian/South Asian	≤10		Transgender	≤10	
Cambodian	≤10		Genderqueer	≤10	
Chinese	≤10		Questioning or unsure	≤10	
Eastern European	≤10		Another gender identity	≤10	
European	≤10		Decline to answer	≤10	
Filipino	≤10		**Total:**	486	32%
Japanese	≤10				
Korean	≤10		**Veteran Status**	**# of people**	
Middle Eastern	≤10		Yes	30	2%
Other	≤10		No	1,356	88%
Decline to answer	≤10		**Total:**	1,386	90%
Non-Hispanic/Non-Latino Subtotal:	18	1%			
More than one ethnicity	≤10		**Disability**	**# of people**	
Decline to answer	334	22%	**Yes Disability (Note: Can select more than one)**		
Ethnicity Grand Total:	546	36%	***Communication Disability as follows:***		
			Difficulty seeing	34	2%
Race	**# of people**		Difficulty Hearing, or having speech understood	18	1%
American Indian or Alaska Native	58	4%	Other	≤10	
Asian	≤10		**Communication Domain Subtotal:**	52	3%
Black or African American	17	1%	***Mental*** (enl: Mental Illness, incl: learning, developmental, dementia…)		
Native Hawaiian or other Pacific Islander	≤10		*Physical/mobility*	49	3%
White	1,132	74%	*Chronic health condition (incl: chronic pain)*	≤10	
Other	30	2%	*Other*	212	14%
More than one race	≤10		**Any Disability Subtotal:**	261	17%
Decline to answer	≤10		**No disability**	170	11%
Total:	1,250	81%	**Decline to answer**	≤10	
			Disability Grand Total:	488	32%
Primary Language	**# of people**				
English	1,258	82%	**Service Area**	**# of people**	
Spanish	28	2%	Modoc County	1,536	100%
Other	≤10		**Total:**	1,536	100%
Total:	1,287	84%			

PEI Challenges and Mitigation Efforts

We experienced some implementation challenges in the past couple of years in the 40 Developmental Assets Program. Due to school staffing capacity, we were not able to evaluate this program annually. Through collaboration with the schools, they have identified evidence-based Capturing Kid's Hearts and School Wide Positive Behavioral Interventions and Supports (PBIS) programs as preventive interventions appropriate to the Modoc County population. We are collaborating to implement these programs at the school level, while providing individual and wrap-around services for students who enter Tier 3 of the PBIS program.

Staffing issues in very small counties continue to be a primary challenge. All employees take on multiple roles, wearing many hats. Economy of scale issues make it impossible to have staff that are dedicated solely to MHSA or to PEI. However, we have hired a part-time staff person to co-ordinate the PEI program to help expand our PEI program components and work jointly with a newly-hired promotora to expand access to PEI strategies to the outlying areas of Adin and Newell.

Proposed PEI Changes for FY 18/19

Significant changes to the PEI program are described above, to address the updates in the PEI regulations.

As a result of stakeholder feedback, the Primary Intervention Program (PIP) is being expanded, through use of **funds subject to reversion**, this fiscal year to increase the number of hours and programs offered. This program has been identified by our educational partners as the highest priority need and evidence-based practice cluster that they would like to implement. The PIP will be folded into two PEI components called Capturing Kid's Hearts, and Positive Behavior Intervention Supports, a multi-tiered system of support for a more comprehensive Prevention and Early Intervention Program for grades K -12. To further supplement those components, our educational partners have identified the need to resume the 40 Developmental Assets Program, including the evaluation piece. They also wish to support primary intervention efforts more fully through performing Adverse Childhood Experiences (ACE) testing as a strategy for early intervention.

Other changes are to:

1) collaborate with SUDS in community outreach media education,
2) contract with Training, Employment and Community Help, Inc., (TEACH) to provide early intervention through convening and conducting two (2) Nurturing Families Program Sessions to include the following: Fifteen (15) weekly sessions, marketing, referrals, evaluations, attendance records and AAPI-2 Pre and Post scores,
3) partner with Public Health to provide Empower, a program for families with children 6-18 years of age. 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.

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 Positive Behavioral Interventions and Supports programs.

Collaborative Relationships & Linkage	*Public Health*	*Social Services*	*Probation*	*Court*	*Alturas Police Dept.*	*Sheriff, Jail*	*District Attorney*	*TEACH, Inc.*	*Schools*	*CalWorks*	*Business Career Network*	*Migrant Center*	*Emergency Hospital Clinics*	*Partnership Health Plan*	*Tribal*	*Veterans Administration*	*Planning EH Air Quality Roads*	*Sunrays of Hope, Inc.*	*Early Head Start*	*County Welfare Services*	*Community*	*Parents*
Collaborative Courts																						
Drug Court			X	X			X	X								X			X	X		
Dependency Court	X		X	X			X	X														X
Juvenile Delinquency Court	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
Continuing Care Reform (Foster Care)																						
Prevention Collaborative	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																				
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	

Exhibit C

MHSA Program Component II
Innovation Projects

Innovation I: Electronic Behavioral Health Solutions (eBHS)
Innovations and Improvement Through Data (IITD)

INN Program I: Description and Outcomes

The Modoc County Behavioral Health (MCBH) Innovation Plan to implement the Electronic Behavioral Health System (eBHS) was approved by the Mental Health Services Oversight and Accountability Commission on April 27, 2017.

This innovation addresses our constant challenge to adequately collect, process and interpret data for outcomes measurement. We tested the use of a client registry, but the system tested did not adequately meet our needs. MCBH, along with 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.

We are hopeful as we move forward with development and implementation of the eBHS registry that we will have finally found an affordable, effective, user-friendly system to measure outcomes at the consumer/client level, program, and population levels.

INN Program I: Challenges and Mitigation Efforts
This innovation has taken longer to become functional than we had hoped. However, at this point we expect it will be up and running for the FY18/19. Not surprisingly, since we are a pilot project, we are encountering some hitches in cross-walking between our existing electronic health records and the eBHS program. These glitches are being address and we fully expect this Innovation, when fully developed and implemented, will help us collect more complete data for the PEI and Innovation components o MHSOAD annual reports and 3-year plans. Evaluation for the first year of the project will be available in the next update.

INN Program I: Changes from Prior Fiscal Year
There are no substantive changes in this Innovation project from the prior fiscal year.

Innovation II: MHSA INNOVATIVE COLLABORATION PROJECT – INCREASING ACCESS TO MENTAL HEALTH SERVICES AND SUPPORTS UTILIZING A SUITE OF TECHNOLOGY-BASED MENTAL HEALTH SOLUTIONS

This Innovation was posted for public comment (Feb. 1, 2018 – March 5, 2018) and approved by the Board of Supervisors (March 13, 2018). It was approved by the MHSA Oversight and Accountability Commission (OAC) on April 26, 2018.

Summary

Project Introduction

Modoc County Behavioral Health and its collaborative county partners intends to utilize a suite of technology-based mental health services and solutions which collect passive data that identifies early signs and signals of mental health symptoms and will then provide access and linkage to intervention. Technology-based services would be accessible to clients and public users through devices like computers, tablets, smartphones and other mobile devices. 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.

As a part of their MHSA Innovations pursuits, Los Angeles and Kern Counties joined forces to develop a collaborative approach to purchasing, deploying and advancing technology-based mental health supports and services. In light of the opportunity for greater purchasing power, shared learning and evaluation, and input into the evaluation of this technology, Modoc County Behavioral Health (MCBH) engaged with our stakeholders to determine if the collaborative could be leveraged to serve our local needs.

Based on feedback from stakeholders and in the spirit of collaboration for a state-wide perspective, Modoc County hopes to achieve the following goals by joining the MHSA Innovative Collaboration Project of utilizing a suite of technology-based mental health solutions:

Collaborative Goals:

1. Offer technology-based social support/engagement as an adjunct to traditional services and as an alternative to them.
2. Provide alternate modes of engagement, support and intervention.

Modoc County Specific Goals:

1. Detect mental illness, particularly first break psychosis and depression.
2. Expand and diversify capacity to overcome isolation (social, geographical, climatic, self-stigma, privacy).
3. Intervene earlier, especially with young adults to prevent mental illness and improve client outcomes.

The Need

Modoc County is a geographically large county of 4,200 square miles with a small population of 8,795 people. This sparse population qualifies the county to be designated as a "Frontier County" by the State of California. With a density of only 2.5 people per square mile, mental health service delivery is difficult due to the lack of enough population to support an adequate delivery system.

Our aim is to partner with, and financially contribute to, a collaborative of counties with varying capacities sharing resources aimed to support service delivery systems in all types of population densities. We share the aims of the collaboration while having our own unique aim which speaks to the stakeholder reoccurring prioritization of **the need to build access capacity to reduce isolation and lack of social support** in a way that is sensitive to the unique phenomena of individuals living in small well-acquainted communities who suffer from a lack of anonymity and privacy. Additionally, stakeholders continue to highlight the need to detect mental illness earlier and intervene more effectively, especially with youth.

Community Planning Process

The project was presented to over 117 stakeholders (a little more than 1% of the county population) in communities throughout Modoc County during thirteen presentations in January of 2018. Stakeholders were 15% Hispanic, 81% White and 4% Native American (as compared to the overall county demographics of 15% Hispanic, 80% White and 5% Native American, with other races represented being too few to show up statistically). The program proposal was posted on February 1, 2018 to allow for the 30-day public review period before the scheduled public hearing presentation held by the Behavioral Health Advisory Board on March 5, 2018. No additional substantive stakeholder feedback was received during the Public Review and Comment period or the Public Hearing.

This project was supported and deemed beneficial to Modoc County by the vast majority of stakeholders. During the Community Planning Process, stakeholders remarked on the possible benefits of the project: Older adults in Alturas indicated this type of program could help them with support because they are homebound and have little access to transportation. Resource providers and agencies working with local families indicated the project would work well in reaching youth who are technology savvy, but may not be ready to seek help with mental health issues.

Peers enthusiastically engaged in discussions regarding how they could support the project through modeling and case management. Their ongoing feedback regarding where and when it is best to use local peer support staff, depending on the product(s) selected, will be incorporated into the implementation process. We have included a budget line to increase peer support/case management services for this project. This feedback will continue to be a consideration during the implementation phase of this project. Budget consideration was given to a concern related to how individuals would be able to afford any necessary devices and/or internet access to participate.

The Response

In discussing the stakeholder feedback with the Modoc County Behavioral Health Advisory Board (MCBHAB), Director Karen Stockton, Health Services Director, proposed joining the other California counties in a technology-based Innovation project. The MCBH Advisory Board unanimously expressed their support to pursue the project to help reduce isolation, increase access to services, and sooner identify onset of mental illness. Peer members expressed their ongoing interest in supporting the project locally. Further, they eagerly offered to actively partner with MCBH staff to present the project to the Commissioners of the Mental Health Services Oversight and Accountability Commission (MHSOAC).

Because of positive stakeholder and peer feedback, Modoc County is seeking to partner with the innovative collaborative effort to bring the technology suite of products to our residents. We will work together with the other counties to contract with vendors for product development, provide peer and expert support, and contribute to evaluation strategies. This project will be funded through joining the collaborative financial pool for services contracted through CalMHSA, our local innovation budget, and other in-kind mental health funding streams as necessary.

On the Modoc County level, services will be targeted to three subsets of our population, as identified by our stakeholders:

1) Young adults (TAY): as members most amenable to technology and less likely to participate in traditional mental health services, "products" will be selected and offered to collect passive wellness data to identify illness earlier, especially for individuals with first break psychosis, in addition to products developed to connect them to peers and as alternatives to traditional services.
2) Isolated individuals: for those who live in remote areas geographically and climatically, the "suite of products" will be selected to connect them to peers and others in a "chat" situation, online treatment products and/or passive data collection devices as indicated.
3) Older adults: expected to be most challenged by technology, some have self-identified themselves as using technology to stay socially connected with family and friends, in addition to proudly sporting their personal "fitbits" to give them feedback on exercise, sleep habits, etc. As a group most likely to be challenged by lack of transportation and isolation, the products will be selected, as above, for isolated individuals and priority given to alternatives to traditional services for identification and treatment of depression.

Security and privacy will be provided subject to the online statement provided by CalMHSA (http://calmhsa.org/privacy-statement/) and local Modoc County security and privacy regulations.

Modoc County welcomes program ambiguity, especially in the initial stages of this innovation as significantly positive. Ambiguity allows for flexibility, maneuverability and the ability to connect generic pieces of the "suite of products" to the unique, localized perspective of Modoc County.

Learning Objectives and Evaluation

It is anticipated that as many as 75-100 individuals could utilize the technology-based suite in Modoc County. This estimation is based on the numbers of individuals we currently serve and county-wide penetration reports.

We hope to accomplish the following objectives through this innovation project:

Collaborative outcome learning objectives, learning questions and evaluation:

1. Expand and diversify capacity to overcome isolation, stigma, privacy and other social barriers to expand capacity to provide alternate modes of engagement, support and intervention.
2. Detect mental illness earlier, including depression, psychosis, and bipolar disorder.
3. Intervene earlier to prevent mental illness and improve client outcomes.
4. Utilization of technology-based behavioral health solutions which engage, educate and provide intervention to individuals experiencing symptoms of mental illness.
5. Use passive sensory data to engage, educate and suggest behavioral health activation strategies to users.
6. Create a strategic approach to access points to expose individuals to technology-based mental health solutions.
7. Develop method and conduct outcome evaluation of all elements of the project.

Modoc County specific learning objectives, learning questions and evaluation:

1) Detect mental illness earlier and utilize tools to intervene more effectively, particularly with first break psychosis and in depression (with a focus on older adults).
2) Intervene earlier in mental illness to prevent mental illness in young adults with first break psychosis and improve client outcomes.
3) Identify demographic information of those who use peer support through this technological platform.
4) Determine whether virtual chatting and peer-based interventions will result in greater social connectedness, reduction of symptoms related to mental illness and increase wellbeing.
5) Identify which virtual-based strategies are most helpful in compelling individuals to feel willing and capable of seeking necessary behavioral health care or services.
6) Determine whether passive data collected from smart phones or other mobile devices can accurately detect changes in mental health status and prompt behavioral change effectively.
7) Identify which, if any, digital data informs the need for mental health interventions and coordination of care.
8) Determine effective strategies to reduce the duration of untreated mental illness.
9) Additional goals will be addressed in Modoc's project as relevant to MCBH's selection of products based on our local needs.

Modoc County will be involved at every stage of the evaluation process by contributing funds toward a shared evaluation, participation in development of the evaluation plan, advocacy for inclusion of Modoc priority measures, data collection, data analysis and dissemination of outcomes.

Measures may include, but not be limited to, user demographic data, passive data, measures specific to first break psychosis and depression, participation and completion rates, satisfaction ratings, wellbeing measures, qualitative peer support data and feedback on implementation process, challenges, and barriers.

Budget

Modoc Behavioral Health anticipates their portion of the estimated cost of **project expenditures for three fiscal years shall not exceed $270,000**, with final budget detail determination prior to solicitation of the project. All funds utilized directly for this project will be MHSA Innovations Component funding.

Funds subject to reversion through FY 13-14	**$ 74,612**
Funds remaining unobligated & projected FY14/15 - FY19/20	$195,388
Total	$270,000

Budget elements are an approximation, and proportion of funds allocated to each element may change as finalization of contracts for services and evaluation are determined. It is anticipated the CalMHSA will be utilized as the fiscal agent for a portion of the program and the percentage funds they manage will be assessed. Minor budget adjustments within budget lines has been made from the original in this plan update to reflect changes in the collaborative processes and cost of travel and peer involvement.

As described in the total proposed budget table below, the funds will be divided between personnel costs, contract travel, contract costs for peer support, technology and equipment, evaluation, and administrative costs.

Total Proposed Budget Table:

Expenditures	FY17/18 Partial Year	FY 18/19	FY 19/20	FY 20/21 Partial Year	Total
Personnel Costs: Salaries	8,000	28,303	28,303	20,303	**84,909**
BH Peer Support Contract	4,000	8,000	8,000	3,000	**23,000**
Operating Costs: Travel	10,000	4,000	2,000	1,991	**17,991**
Non-reoccurring Costs: Technology-County Devices/Equipment & Web access		15,100	15,000		**30,100**
"Suite" or "Cafeteria" Products	10,000	35,000	35,000		**80,000**
Administrative costs:					
Local		5,000	5,000	3,500	**13,500**
CalMHSA		5,000	5,000	5,000	**15,000**
Promotion & Evaluation		2,000	2,000	1,500	**5,500**
Total:	**32,000**	**102,403**	**100,303**	**35,294**	**270,000**

Exhibit D

MHSA Program Component III
WORKFORCE EDUCATION AND TRAINING

WET Program Description and Achievements

The MCBH Workforce Education and Training (WET) program provides training components, career pathways, and financial incentive programs to staff, volunteers, clients, and family members. All WET funds allocated to MCBH will be spent by end of FY 17/18.

WET Project Support
Through FY 17/18 we continued to fund staff support to implement and coordinate training and related activities. As part of that effort, we identified ongoing staff education and training needs and paired them with training opportunities both locally and at a regional level.

Collaborative Partnership Training and TA
Through FY 17/18 we continued to provide training for staff, consumers, and partner agencies both locally and at a regional level. A recent focus was training in the delivery of evidence-based practices and integration of care. We recently offered Crisis Intervention Training for law enforcement and other first responders in our county. We continued to provide funding for peer support training and worked with consumers to provide peer certification training as part of the Superior Region WET Collaborative.

Career Pathways
We were successful in hiring a staff member who has a Bachelor's degree in Social Work, with a career pathway to LCSW, with a commitment to provide reimbursement for educational expenses. We also hired a nurse who is pursuing a nurse practitioner program, and a master's level psychology major who is enrolled in a Psychological Doctorate Program. We maintained outreach efforts to recruit consumers and family members interested in a career pathway in community mental health. We also provided funding for three full-time staff member/identified consumer(s) to work toward certification as substance use counselors in order to specialize in assisting clients with co-occurring mental health and substance use disorders.

Financial Incentive Programs
Through FY 17/18 we continued to fund licensing supervision for our Spanish-speaking MSW and two other MSWs. All three MSWs are also approved for the loan assumption benefits. We recently developed policies to access tuition reimbursement and loan assumption benefits.

1. Describe any challenges or barriers, and strategies to mitigate. Identify shortages in personnel, if any.

We expect our one-time WET fund component funds will be fully expended by June 30, 2018 with any further local MHSA funding of WET to be done through allowable designation of funding from the CSS component. Our plan is to allocate a minimum of $70,000 (within the allowable percentage transfer) for FY 2018-19 and $35,000 for FY2019-20 to complete our current staff obligations. In light of the DHCS notifications (4/24/18) the $52,141 reverted and reallocated will be spent in FY 17/18 as per the AB 114 reversion plan described earlier in this document and on a first in first out basis.

2. List any significant changes from prior fiscal year in Annual Update, if applicable.

One time WET allocation is planned to be fully expended by the June 30, 2019.

Modoc Public Behavioral Health System
Mental Health Services Act
Workforce Education & Training (WET) Component
Outcomes for Workforce Development

WET BH Staffing Baseline (FY/2007-08)

Entity in Public Mental Health System	Position	FTE	Degree	License or Certification	WET Academic Program Enrolled or Completed	County WET Tuition Financial Incentive Recipient	County WET Loan Assumption Financial Incentive Recipient	State WET Loan Assumption Financial Incentive Recipient	Superior Region Collaborative Distributed Education Program Participant Recipient	County WET Licensure Supervision Participant
BH Direct Service Staff & Current Status										
Current	HS Director BH Director	.5	PhD MSW							
Transferred to Prison & Retired	MH Deputy Director	1	LMFT							
Retired	Psychologist	1	PhD							
Resigned	MH Specialist	1	AA							
Retired	MH Specialist	1		CAS						
Retired	Nurse	1		LVN						
Now telemedicine	Psychiatrist *[2]	.15	MD	MD/Psych						
Current	MH Clinician I	.2	MSW							
Retired	AOD Deputy Director	1	MA	CAS						
Retired	AOD Health Specialist	1		CAS						
Retired	AOD Health Specialist	1		CAS						

Entity in Public Mental Health System	Position	FTE	Degree	License or Certification	WET Academic Program Enrolled or Completed	County WET Tuition Financial Incentive Recipient	County WET Loan Assumption Financial Incentive Recipient	State WET Loan Assumption Financial Incentive Recipient	Superior Region Collaborative Distributed Education Program Participant Recipient	County WET Licensure Supervision Participant
Laid-off	AOD Health Specialist	1		CAS						
Retired	AOD Health Specialist	1		CAS						
Total		10.9								
Other										
MC Office of Education										
Current	Psychologist									
MC DSS										
Retired	LCSW									

*Psychiatry average of 6 hours per week. Please note that the above table only includes leadership and direct service staff. Due to making incentives available to support services staff, they are included in the table below to measure the overall system impact. Prior to implementation of the WET component, there were not workforce development incentives available except for a very small countywide union benefit for tuition reimbursement and limited supervision was provided.

WET - Current Staffing (January 2018)

Entity in Public Mental Health System	Position	FTE	Degree	License or Certification	WET Academic Program Enrolled or **Completed**	County WET Tuition Financial Incentive Recipient	County WET Loan Assumption Financial Incentive Recipient	State WET Loan Assumption Financial Incentive Recipient	Superior Region Collaborative Distributed Education Program Participant Recipient	County WET Licensure Supervision Participant
BH Direct Service Staff										
Current Leadership	HS Director BH Director	.5	PhD*[1] MSW					Yes		
Current Leadership	BH Branch Director	1	LMFT							
Current Leadership	PH Branch Director, Nursing Supervisor, QI/QA	.25	BSN	RN PHN	Psychiatric NP Doctoral Program	Yes				
Current Leadership	Health Program Manager	.5	PhD							
Subtotal		**2.25**			1	1		1		
Unduplicated Individual Impact	2 of 4 Leadership staff members (2.25 FTE) – 50% of the leadership staff benefited by at least one WET incentive									
Direct Services	Clinical Supervisor	1	MSW	**LCSW**	**MSW Completed**		Yes	Yes	Yes	Yes **Completed**
Direct Services	Clinical Supervisor	1	MSW	**LCSW**	**MSW Completed**		Yes		Yes	Yes **Completed**
Direct Services	BH Clinician II & LCSW Supervision	.2	MSW	LCSW						Yes, **Training to Provide LCSW** Supervision

Entity in Public Mental Health System	Position	FTE	Degree	License or Certification	WET Academic Program Enrolled or **Completed**	County WET Tuition Financial Incentive Recipient	County WET Loan Assumption Financial Incentive Recipient	State WET Loan Assumption Financial Incentive Recipient	Superior Region Collaborative Distributed Education Program Participant Recipient	County WET Licensure Supervision Participant
Direct Services	BH Clinician I	1	MA	CAS	PhD Program **Candidate**	Yes				
Direct Services	Clinician I	1	MSW	ASW CAS				Current Applicant	Yes	Yes
Direct Services	Clinician I	1	MFT	MFTI				Current Applicant		Yes
Direct Services	Program Manager	1	MA	CAS	PhD Program	Yes				
Direct Services	BH Peer Specialist	1	MA in BA	Peer Training Certificates	**Peer Training**					Yes
Direct Services	BH Specialist I	1	CAS		BSW	Yes			Yes	
Direct Services	BH Specialist III	1	BSW CAS		**MSW 5/18**	Yes			Yes	
Direct Services	BH Specialist III	1	BSW		**MSW 5/18**	Yes			Yes	
Direct Services	Nurse II	1	LVN		RN	Yes				
Direct Services	Nurse II	1	LVN							
Direct Services	Nurse I	1	LVN							
Direct Services	Nurse II	.2	RN							
Subtotal		13.4			9	6	2	1	5	6
Unduplicated * Individual Impact	11 of 15 Direct service staff members (13.4 FTE) – 73% of the staff benefited by at least one WET incentive *Currently Psychiatry is provided via telemedicine 3 days per week.									
Support Staff	Office Assistant II	1								
Support Staff	Office Assistant II	.5								
Support Staff	Fiscal Officer	1								

Entity in Public Mental Health System	Position	FTE	Degree	License or Certification	WET Academic Program Enrolled or **Completed**	County WET Tuition Financial Incentive Recipient	County WET Loan Assumption Financial Incentive Recipient	State WET Loan Assumption Financial Incentive Recipient	Superior Region Collaborative Distributed Education Program Participant Recipient	County WET Licensure Supervision Participant
Support Staff	Accounting Technician	1								
Support Staff	Admin Assistant	1			BSW	Yes				Yes
Support Staff	Admin Assistant	1								
Support Staff	Office Assistant III	1								
Subtotal		6.5			1	1				1
Unduplicated Individual Impact	1 of the 7 support staff members (6.5 FTE) – 14% of the support staff benefited by at least one WET incentive.									
Total BH Staff		22.2			11	8	2	2	5	7
Other										
MC Office of Education										
Current	Psychologist	1						Yes		
DSS		1			MSW				Yes	
Transferred to another county public MH/BH system										
Butte	Clinician I	1	MSW				Yes		Yes	Yes
LA	Psych NP	1	MSN	RN & NP					Yes	Yes
Subtotal		4					1	1	2	2
Four additional individuals benefited from WET incentives – 1 who serves in DSS and 1 in the schools and 2 who moved to serve in other counties in CA.										

Entity in Public Mental Health System	Position	FTE	Degree	License or Certification	WET Academic Program Enrolled or **Completed**	County WET Tuition Financial Incentive Recipient	County WET Loan Assumption Financial Incentive Recipient	State WET Loan Assumption Financial Incentive Recipient	Superior Region Collaborative Distributed Education Program Participant Recipient	County WET Licensure Supervision Participant
Total Workforce Impact: **14 out of 26 of the current Modoc County staff (54%) benefited** from at least one educational or financial workforce development incentive in the Modoc public mental health system. Also, 4 additional individuals, who either do not work for Modoc County Behavioral Health or have moved to other counties, benefited. A total of 18 individuals were impacted by this portion of the Modoc WET component at the end of the first 10 years. Additionally, WET funds were utilized to provided substantial training for Peers through Sun Rays of Hope, a peer owned and operated wellness and recovery center and county wide CIS and other MHSA focused staff and partner staff development training not included in this report. This report only addresses the significant impact of the WET component on financial incentives including tuition subsidy, loan assumption, and supervision for licensure or certification.										

Exhibit E

MHSA Program Component IV
CAPITAL FACILITIES/TECHNOLOGY

Considerable progress has been achieved related to purchase of possible capital facilities (CF). We're pleased we are closer to purchasing the building where we currently do business. This plan was well received during our stakeholder feedback events in January 2018. Our formal Capital Facilities Proposal was posted for public comment before being approved at the Public Hearing held on April 30, 2018. This Proposal was approved by the Board of Supervisors May 8, 2018. A summary of the proposal currently posted follows on page 31 of this Annual Update and Reversion Plan.

We have completed implementation of the Technology (TN) plan. We have continued development of our technology infrastructure though use of other funding, particularly our Innovations Component projects. We were the recipient of a grant from the California Tele-Health Network (coordinated by Connecting to Care) to provide new computers and equipment for Telemedicine. We have implemented our 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. We are implementing a new integrated healthcare client registry/data analytics tool to facilitate better tracking of client outcomes and care integration with primary care. There is strong support to expand consumer access to the web and web-based delivered services. As a result, our technology plan includes acquiring tablets, smartphones, and Wi-Fi technology, and pilot ways to increase consumer access through the use of web-based services.

1. ***Describe any challenges or barriers, and strategies to mitigate.***

Capital Facilities (CF): Our major barrier to acquire CF has been financial, getting current appraisals and working out a viable purchase agreement. However, we have been able to leverage funding and are in the approval process to purchase our current facility as proposed.

Technological Needs: While our initial technological needs project is complete. We continue to develop our technological infrastructure through other funding. Our key technology barrier to the expansion of the project has been the 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.

2. ***Describe if the county is meeting/met benchmarks and goals, or provide the reasons for delays to implementation.***

The goals for the CF project are in the process of being met—see above. The TN project is complete. With the purchase of and repairs/improvements to the facility planned to be completed by June 30, 2019, the Capital Facilities and Technological Needs Component funds will be fully expended subject to AB114 by June 30, 2020.

3. ***List any significant changes in Annual Update, if applicable.***

We have allocated the balance of the Capital Facilities and Technological Needs Component resources to CF to purchase the currently rented building to support our service delivery system. The Technological Needs Project is complete.

MHSA CAPITAL FACILITIES PROJECT PROPOSAL NARRATIVE
(Posted for Public Review March 27, 2018 – April 26, 2018)

PROJECT SUMMARY

Health Services Facilities and Parking Purchase: MH Branch
441 N. Main Street, Alturas, CA 96101

We plan to purchase the facility that we have been leasing and expand to provide additional service areas and offices as necessary and as funds are available. We plan to continue to offer a full array of MHSA and Specialty Mental Health Services, but additional offices and group/meeting space is needed. Staff are currently sharing office space and booking meeting and group rooms is tight at times. We have been limited in the improvements that can be made as the County has not owned the space. Additionally, we would like to install better building security measures and improve the safety and handicap accessibility in the entrance and parking area. This purchase and subsequent improvements/renovations will provide additional offices and meeting space for services and increase capacity to house providers. It will also free up space currently utilized for administrative services for clinical office space and/or group space.

The priority population for the BH/MHSA portion of this building (service areas and administrative office space) serves all age groups. The primary target populations are Medical beneficiaries and indigent individuals that qualify MHSA, Specialty Mental Health, and Substance Abuse Disorder Services. The Public Health portion of this space will be utilized to provide public health services, many of which are integrated with BH services.

All improvements/renovations to the facility will be aligned with professional architectural and engineering plans as overseen by the Modoc County Public Works Department. They will be consistent with the State of California Department of Industrial Relations – Division of Labor Standards Enforcement Public Works Manual.

The intended purpose is to provide a full array of MHSA, Specialty Mental Health, and Substance Abuse Disorder Services as an integrated Behavioral Health system. The Public Health portion of this space will be utilized to provide public health services, many of which are integrated with BH services. Administrative support offices will also be co-located.

The County Board of Supervisors will enact a Resolution to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports for a minimum of twenty years. An “Asset Card” will further ensure that the facility (60%) is reserved as assigned to the Behavioral Health Branch of Health Services. The facility will be maintained by the ongoing BH and PH operating budgets.

Capital Facilities Purchase Budget

Budget Line	Category	Total
	A) Project Expenditures	
	Acquisition of Land and Structure	
7850	Acquisition of Land (including deposits)	150,000
7860	Acquisition of Existing Structures	600,000
7180	Appraisal	5,000
7180	Preliminary Title Report, Title, Closing, and Recording	800
	Subtotal	
	Rehabilitation/Improvements & Maintenance of Existing Structures	
7189	Architectural & Engineering (A&E) Expenditures	40,000
7861	Other Expenses (describe) Materials, supplies, etc.	57,764
	Subtotal	**853,564**
	Project Expenditures Total	
	B. Other Funding Sources (please list)	
	Public Health Realignment	341,426
	Total Other Funding Sources	**341,426**
Budget Line	**Category**	**Total**
	Total Costs (A)	$853,564
	Total Offsetting Revenues (B)	$341,426
	MHSA Funding Requirements (A-B)	**$512,138**

Budget Narrative:
Adjustment of budget lines will likely be necessary as plans are finalized and costs set, however, the total cost of this proposed project is not to exceed the $853, 564 indicated. Should additional rehabilitation of the facility be necessary, additional funds would need to be identified and approved by the Board of supervisors.

The facility will be maintained by the ongoing BH and PH operating budgets. Savings from the cost of the prior lease on the building should provide resources to maintain and update the facility.

The County Administrative Officer has agreed that he will assign the Public Works Department to work closely with the Health Services Team to plan, coordinate, and oversee maintenance and improvements consistent with current county policy and practice.

FY 2018/2019 Mental Health Services Act Annual Update and AB114 Reversion Plan
Funding Summary

County: **MODOC** Date: 4/12/18

	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 2018/2019 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	901,156	335,834	243,053	0	0	
2. Estimated New FY 2018/2019 Funding	1,401,325	350,337	92,194			
3. Transfer in FY 2018/2019[a/]	(248,447)					248,447
4. Access Local Prudent Reserve in FY 2018/2019						0
5. Estimated Available Funding for FY 2018/2019	2,054,034	686,171	335,247	0	0	
B. Estimated FY 2018/2019 MHSA Expenditures	1,325,238	604,500	203,140	0	0	
G. Estimated FY 2018/2019 Unspent Fund Balance	728,796	81,671	132,107	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	792,578
2. Contributions to the Local Prudent Reserve in FY 2018/2019	248,447
3. Distributions from the Local Prudent Reserve in FY 2018/2019	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	1,041,025

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 2018/2019 Mental Health Services Act Annual Update and AB114 Reversion Plan
Community Services and Supports (CSS) Funding

County: **MODOC** Date: 4/12/18

	Fiscal Year 2018/2019					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. System Transformation (FSP)	768,638	768,638				
2.	0					
Non-FSP Programs						
1. General System Development (80%)	286,251	286,251				
2. Outreach and Engagement (20%)	71,563	71,563				
3.	0					
CSS Administration	198,786	198,786				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	1,325,238	1,325,238	0	0	0	0
FSP Programs as Percent of Total	58.0%					

FY 2018/2019 Mental Health Services Act Annual Update and AB114 Reversion Plan
Prevention and Early Intervention (PEI) Funding

County: **MODOC** Date: 4/12/18

PEI funds subject to reversion (in the amount of $271,956) are included in the Total for PEI expenditures for FY18/19	Fiscal Year 2018/2019					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Integrated Prevention Through Asset Building						
a. Positive Behavior Interventions & Supports (PBIS)	210,000	210,000				
b. Primary Intervention (Children, Grades K-6)	80,000	80,000				
c. Nurturing Families	25,000	25,000				
d. Healthy Beginnings /Promotores/Empower	72,500	72,500				
Early Intervention						
2. Trauma-Focused CBT/Trauma Informed Care/1st Break Psychosis	85,000	85,000				
Outreach and Stigma Reduction						
3. PEI Coordinator	35,000	35,000				
4. CalMHSA Stigma Reduction & Suicide Prevention	25,000	25,000				
5. Outreach & Linkage (ReachOut - leverage & maximize CalMHSA Programs for Modoc PEI)	25,000	25,000				
PEI Administration	47,000	47,000				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	604,500	604,500	0	0	0	0

FY 2018/2019 Mental Health Services Act Annual Update and AB114 Reversion Plan
Innovations (INN) Funding

County: **MODOC** Date: 4/12/18

Innovation funds subject to reversion (in the amount of $74,612) are included in the Total Innovation expenditures for FY18/19	Fiscal Year 2018/2019					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Inn I: CIBHS eBHS Project	97,737	97,737				
2. Inn II: Tech-Suite Plan	105,403	105,403				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	203,140	203,140	0	0	0	0

FY 2017/2018 Mental Health Services Act Annual Update and AB114 Reversion Plan
Workforce, Education and Training (WET) Funding

County: **MODOC** Date: _____

WET funds subject to reversion are included in the WET expenditures for FY17/18	Fiscal Year 2017/2018					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. AB 114 Reversion Funds	52,141	52,141				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	52,141	52,141	0	0	0	0

FY 2017/2018 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: **MODOC** Date: _____

CFTN funds subject to reversion ($512, are included in the Total CFTN expenditures for FY17/18	Fiscal Year 2017/2018					
	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
CFTN Programs - Capital Facilities Projects						
1. AB 114 Reversion Funds	$512,138	$512,138				
2.	0					
CFTN Programs - Technological Needs Projects						
3. No funds available	0					
4.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	$512,138	0	0	0	0