

**MHSA FY 2019/2020 Annual Update  
COUNTY COMPLIANCE CERTIFICATION**

County: **Modoc**

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

Local Mental Health Director	Program Lead
Name: <b>Stacy Sphar, RN, BSN, PHN</b>	Name: <b>Michael Traverso</b>
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Local Mental Health Mailing Address: <b>441 N. Main Street Alturas, CA 96101</b>	

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 non-supplantation 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 June 25, 2019.

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

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

Stacy Sphar

Mental Health Director (PRINT)

Stacy Sphar

Signature

7/2/19

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 June 25, 2019:

1.a. Consideration/Action: Requesting approval and authorization for the Chair of the Board to sign the Fiscal Year 2019-2020 Mental Health Service Act (MHSA) plan update. (Behavioral Health)

**Motion by Supervisor Byrne, seconded by Supervisor Coe to approve and authorize the Chair of the Board to sign the Fiscal Year 2019-2020 Mental Health Service Act (MHSA) plan update. (Behavioral Health)**

Motion Approved:

**RESULT: APPROVED BY CONSENT VOTE [UNANIMOUS]**

**MOVER:** Geri Byrne, Supervisor District V

**SECONDER:** Ned Coe, Supervisor District I

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

**ABSENT:** Patricia Cullins, Supervisor District II


STATE OF CALIFORNIA

COUNTY OF MODOC

I, Tiffany Martinez, Clerk to the Board of Supervisors in and for the County of Modoc, State of California, do hereby certify that the above and foregoing is a full, true and correct copy of an ORDER as appears on the Minutes of said Board of Supervisors dated June 25, 2019 on file in my office.

WITNESS my hand and the seal of the Board of Supervisors this 26th day of June 2019.



  
Tiffany A. Martinez  
Clerk of the Board



**MHSA FY 2019/2020 Annual Update  
FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>**

County: **Modoc**

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

<p style="text-align: center;">Local Mental Health Director</p> <p>Name: <b>Stacy Sphar, RN, BSN, PHN</b></p> <p>Telephone Number: <b>530-233-6312</b></p> <p>E-mail: <b>stacysphar@co.modoc.ca.us</b></p>	<p style="text-align: center;">County Auditor-Controller</p> <p>Name: <b>Stephanie Wellemeyer</b></p> <p>Telephone Number: <b>530-233-6204</b></p> <p>E-mail: <b>stephaniewellemeyer@co.modoc.ca.us</b></p>
<p>Local Mental Health Mailing Address:</p> <p style="text-align: center;"><b>441 N. Main Street Alturas, CA 96101</b></p>	

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.

Stacy Sphar  
Mental Health Director (PRINT)

Stacy Sphar      7/2/19  
Signature      Date

I hereby certify that for the fiscal year ended June 30, 2018, 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 2015/2016. I further certify that for the fiscal year ended June 30, 2018, 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.

S. Wellemeyer  
County Auditor-Controller (PRINT)

Stephanie Wellemeyer      7/2/19  
Signature      Date

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

## **MHSA Annual Update FY 19/20 and Three-Year PEI Evaluation Report FY 16/17-17/18**

### **MHSA Community Program Planning and Local Review Process**

#### **COUNTY UPDATE AND EVALUATION REPORT OVERVIEW**

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

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

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

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 and 17/18 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.

Data is reported as per the DHCS De-identification Guidelines (DDG) which state “Table cells should be based on a minimum of 11 individual participants (numerator); these participants are drawn from the larger population of potential program participants. This population number should be a minimum of 20,000 individuals (denominator).”<sup>1</sup> Because Modoc County has a population less than 20,000 all demographic information found in Appendices B and C is treated as confidential and redacted in all public materials. It is included in confidential files uploaded to the MHSOAC.

We are not reporting on a selected appropriate negative outcome because this requirement was not a mandated part of FY 17/18-19/20 Three-Year Plan or the FY 18/19 Annual Update for counties with population <100,000.

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<sup>1</sup> Slide 68 of *Methods for Complying with Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Regulations for Data Collection and Reporting*, Nov. 30, 2017.

## **THREE-YEAR PEI EVALUATION REPORT**

In addition to the Fiscal Year 19/20 Annual Update, this document includes the MHSA Three-Year PEI Evaluation Report. Data from FY 17/18 (mandated) is included along with FY 16/17 (if data is available).<sup>2</sup> Evaluation data is incorporated within the document rather than as a separate section.

## **COMMUNITY PROGRAM PLANNING (CPP)**

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

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

For the planning process of the FY 19/20 Annual Update, we sought input from stakeholders regularly at our Behavioral Health Advisory Board Meetings (8/23/17, 9/27/17, 11/16/17, 1/24/18, 3/5/18, 4/30/18, 5/14/18, 6/28/18); Modoc County Prevention Collaborative meetings (8/22/17, 9/19/17, 10/24/17, 11/29/17, 1/23/18, 2/27/18, 3/27/18, 4/24/18, 5/15/18); along with focus groups and interviews with key informants (11/26/18, 11/27/18, 12/3/18 and April 29, 2019) in Alturas and Newell/Tulelake. 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 well designed for our county. The overall goals of the MHSA are still valid and provide an excellent guide for maintaining and enhancing our MHSA services for FY 19/20.

We also reviewed data on our 47 Full Service Partnership (FSP) clients to ensure that FSP participants are achieving positive outcomes. Outcome and service utilization data is regularly reviewed by the clinical team to monitor clients' progress over time. This data has helped us understand service utilization and evaluate client progress, and has been instrumental in our planning process to continually improve FSP services.

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<sup>2</sup> As indicated in the Prevention & Early Intervention (PEI) Regulations Amendments effective July 2018, September 6, 2018 webinar, slide 6.

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

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

## **STAKEHOLDER INVOLVEMENT AND INPUT**

A variety of stakeholders were involved in the CPP process. Consumers and family members were involved in many formats, including through Sunrays of Hope, the consumer-operated, nonprofit Wellness Center. Consumers and/or family members also serve as members of the Behavioral Health Advisory Board, the Quality Improvement Committee and the Cultural Competence Committee. The following agencies/organizations were represented in our CPP process: 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, Modoc Medical Center, 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, and RISE (Resources for Indian Student Education).

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

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

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

As expected in a geographically-isolated frontier county, the perceived level of need was high overall. Common themes in the focus groups, collaborative meetings and key informant interviews included concern over the high levels of depression, anxiety, and anger issues. Other recurrent themes included the total absence of badly-needed safe, sober housing to address

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

We also received validation, in general, for our individualized, client/family-focused service delivery plan, especially in partnership with schools, peer support groups and the Promotores program in Tulelake/Newell, along with some suggestions related to outreach and improving access to residents of the more isolated communities. Participants of focus groups expressed appreciation of improving open communication between MCBH and the community. They expressed support for development of increased jail services and exploring an in-house mental health and step down unit with Modoc Medical Center. Generally, confidence was verbalized regarding continuation of the innovation suite of technology devices; however, concern was expressed that 7Cups be thoroughly vetted to address safety concerns. This concern was taken seriously and 7Cups full implementation is being delayed until safety concerns are alleviated.

Appendix B includes tables with stakeholder demographics from FY 17/18 and FY 18/19 respectively. Earlier years did not require demographic collection in this format. As stated above, because this information is identifiable, Appendix B was not posted for public viewing.

## **LOCAL REVIEW PROCESS AND PUBLIC HEARING**

This proposed MHSA FY 19/20 Annual Update and Three Year PEI Evaluation Report was posted for a 30-day public review and comment period from May 9, 2019 through June 9, 2019. 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 MHSA FY 19/20 Annual Update and the Three-Year PEI Evaluation Report were distributed to all members of the Behavioral Health Board; consumers (on request); staff (on request); and Sunray's of Hope Wellness Center. The Update and Evaluation Report was sent electronically to the Community Partnership Group/partner agencies and other stakeholders.

A public hearing was conducted on Thursday, June 13, 2019, at 3:30 pm, at Modoc County Health Services, 441 N. Main Street, Alturas, CA, in the large conference room. Seven (7) individuals participated, including Behavioral Health Board members, MCBH staff, and other community stakeholders. No substantive input was received.

Minor corrections were made to the posted plan prior to County Board of Supervisors (BOS) review, including the inclusion of the required Prudent Reserve Assessment and an updated Budget Summary to reflect the correct Prudent Reserve transfer amount. No other changes were made to the posted document.

The final document was approved by the BOS on June 25, 2019; and has been submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.



## COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

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

### *Integrated FSP Program*

- **Full Service Partnerships.** Services include, but are not limited to, one-on-one intensive case management, housing support, transportation, advocacy, and assistance navigating other health care and social service systems, child care, and socialization opportunities. Additionally, MCBH supports FSP clients’ short-term acute inpatient costs in times of crisis. In FY 17/18, we served 47 partners as compared to 41 in FY 16/17.

### *Integrated Non-FSP Programs*

- **Outreach and Engagement.** Services are provided, to the extent possible, through agreements with two neighboring counties (Lassen and Siskiyou); a consumer-operated drop-in center (Sunrays of Hope); collaboration with partner agencies and organizations to provide coordinated and/or integrated services in underserved areas; collaboration with organizations providing services to the Native American and Hispanic communities; and one-on-one contacts with individuals with serious mental illness, family members, community leaders, faith-based, and school personnel. In addition, we are partnering with Public Health to have a Promotora available in Newell and the surrounding areas, which has led to increased outreach and engagement.
- **Integrated Clinical Service Teams.** Treatment teams are employed on an as-needed basis for individuals and families with mental health issues. Services include comprehensive assessments; individualized wellness and recovery action planning; case management services; individual and group mental health services; crisis services; linkages to needed services; and housing support.
- **Continuum of Services Treatment.** These continuum of care plans are designed to address the mental health and substance use disorder needs of children and youth, adults, and/or offenders. The Children and Youth Continuum of Care is designed in close collaboration with the educational system stakeholders. The Criminal Justice Continuum of Care is designed for offenders who have been arrested, charged with or convicted of a criminal offense and have a history of mental health or substance use disorders, with an emphasis on providing services to clients who are homeless and clients in the outlying area of the county post-release. The plan activates from the time of arrest through adjudication and release. The treatment team, comprised of all direct service providers, meets semi-monthly to review cases and look at all available service options to ensure



that a client-focused/client-centered holistic approach is used. This is a collaborative system of care designed and delivered by the Community Corrections Partnership (CCP).

### ***Target Populations***

Our target populations include:

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

### ***CSS Achievements & Plans***

- 1) Modoc County continues to employ a collaborative model to strengthen outreach and engagement and service delivery to persons with serious emotional disturbance and serious mental illness in the unserved and underserved populations. We are utilizing a multi-agency response team on an as-needed basis to ensure that all community resources are available to assist individuals and families with mental health issues. The Community Corrections Partnership and Collaborative Treatment Courts Teams participate in the collaborative response team process for clients who we have in common.
- 2) Based on input from stakeholders, MCBH is developing a plan to increase staff with a Behavioral Health Navigator placed in Newell and the surrounding areas.
- 3) Sunrays of Hope, a consumer-operated, non-profit wellness center continues to be active in pursuing training opportunities to be provided locally for consumers and family members. Two members of Sunrays completed training with the California Association of Social Rehabilitation Agencies (CASRA), a training helping to build competency in leadership roles. They continue to participate as trainers in Peer Core Competency training for consumers and family members in Modoc County. In addition they provide trainings in cultural competency and technology-based supports for consumers. Three peers participated in Oversight and Accountability Meeting, advocating for approval of Modoc County's participation in the Tech Suite Innovation Project. Additionally, after OAC approval was granted, these peers participated in additional training of Tech Suite components and provide training seminars throughout the County for consumers. The peers are supported by MCBH in their participation with ACCESS California through NorCal MHSA.
- 4) We have made significant progress in engaging consumers and family members on our Behavioral Health Advisory board, Quality Improvement Committee, and Cultural Competence Committees.

- 5) We have been working to improve patient-centered care coordination between health staff, mental health clients and primary care providers that will result in improved health indicators (blood pressure, A1C, tobacco cessation).

### ***CSS Challenges or Barriers***

- 1) We have been unable to hire an on-site psychiatrist due to economy of scale issues, but we have been able to maintain stable tele-psychiatry services, albeit at a high cost.
- 2) The need to increase outreach and engagement efforts in underserved areas remains a barrier and a priority. MCBH is currently working to remodel office space in an old Adin school building. Due to a lack of contractor availability in the area, MCBH has not been able to implement the structure improvements needed to open the center. Modoc County Public Health will begin offering services in the building while intense efforts are extended to find a contractor able to build out the necessary private rooms needed for mental health services.
- 3) Due to limited resources in the county, it continues to be a challenge to fully implement interagency collaborative teams. However, the interest and engagement of all stakeholders has been growing. Since the same players are involved frequently, we have been trying to maximize our time together and establish ways to convene meetings as needed for the more challenging situations. To the extent staffing levels have allowed, we have been trying to write grants and leverage existing resources for our collaborative efforts. Our Katie A, CCP, and Drug and Family Court collaborative teams have built a good foundation for our interagency collaborative team approach. Since our Behavioral Health integration and the addition of a Public Health nurse to the Behavioral Health team, we have built a strong, interdisciplinary core team to build upon as necessary.
- 4) Implementation of Medi-Cal Managed care in the primary health care clinics, and Medi-Cal and Drug Medi-Cal expansion has created many challenges. Our strategies include staying current on each change; engaging with Partnership Health Plan and primary care providers to maximize opportunities for healthcare integration; engaging with other county colleagues to seek opportunities to provide regional services and create risk pools.
- 5) The inability to adequately collect, process and interpret data for outcomes measurement remains a barrier. 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. MCBH is continuing to work to implement the eBHS system and has implemented various measures that are being used in a dashboard-style to show an individual client's progress, including Milestones of Recovery Scale (MORS), Youth Outcomes Questionnaire (YOQ), Outcomes Questionnaire (OQ), Patient Health Questionnaire-9 (PHQ-9), and General Anxiety Disorder -7 (GAD-7). MCBH is also using an interactive fidelity tool that allows for client feedback about each session. We

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

***Proposed CSS Program Changes for FY 2019/2020***

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

In addition MCBH is incorporating Medically Assisted Treatment (MAT) into its Substance Use Disorder (SUD) treatment system. MCBH has a newly-contracted Physician's Assistant who will provide MAT services through MCBH.

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

## PRUDENT RESERVE ASSESSMENT

Per recent changes in state law, MCBH is now obligated to maintain its MHSA Prudent Reserve funding levels at no more than 33% of the average CSS allocations received in the preceding five years. MCBH is required to reassess this Prudent Reserve maximum level every five (5) years.

At the close of FY 18/19, the MCBH Prudent Reserve funding exceeded the current maximum level. As a result, in FY 19/20, MCBH will transfer the excess Prudent Reserve funding from the Prudent Reserve to CSS. This transfer is noted on the Summary budget included in this document.

The Prudent Reserve assessment calculations are included below. The required certification of this MHSA Prudent Reserve Assessment (DHCS form 1819) is included on the next page.

<b>Modoc County Behavioral Health</b>	
<b>Prudent Reserve Assessment</b>	
<i>Conducted</i>	<i>5/14/2019</i>
CSS Allocations by Fiscal Year	
FY 13/14	\$ 931,288
FY 14/15	\$ 1,303,590
FY 15/16	\$ 1,173,076
FY 16/17	\$ 1,220,994
FY 17/18	\$ 1,296,497
Total 5-Year Allocation	\$ 5,925,445
Average CSS Allocation (Total / 5)	\$ 1,185,089
<b>Maximum Prudent Reserve Amount (33% of Average)</b>	<b>\$ 391,079</b>
Prudent Reserve Amount*	\$ 815,114
<b>Amount in Excess (Transfer to CSS in 19/20)</b>	<b>\$ (424,035)</b>
<i>*Per FY 17/18 RER PR Balance</i>	



**MENTAL HEALTH SERVICES ACT  
PRUDENT RESERVE ASSESSMENT/REASSESSMENT**

County/City: Modoc County

Fiscal Year: FY 19/20

**Local Mental Health Director**

Name: Stacy Sphar, RN, BSN, PHN

Telephone: 530-233-6312

Email: stacysphar@co.modoc.ca.us

I hereby certify<sup>1</sup> under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Stacy Sphar

Local Mental Health Director (PRINT NAME)

  
Signature

2/2/19  
Date

<sup>1</sup> Welfare and Institutions Code section 5892 (b)(2)

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

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

- **Primary Intervention Programs (PIP)**, 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. In FY 17/18, the schools moved into full utilization of Capturing Kid's Hearts and School Wide Positive Behavioral Intervention Services, therefore rendering the Primary Intervention Programs duplicatory and unnecessary.
- **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. It continued in its second year in FY 17/18. The area of interest in this endeavor is mental health promotion for students. It centers on school climate change by building positive relationships with peers, teachers, staff and family. Specific culturally competent strategies are developed by each school, each teacher and each home, tailored to meet the needs of the students. Students at risk are referred to MCBH services for ongoing mental health support.
- **School Wide Positive Behavioral Intervention Services (PBIS)**, is a school climate change intervention implemented by the Big Valley Joint Unified School System in FY 16/17 and by Modoc County Office of Education in FY 17/18. Grounded in the behavioral and prevention sciences, it emphasizes a three-tiered support system framework. Tier 1, the primary prevention level gives support in positive behavioral interventions and supports for all students. Tier 2 is targeted group support for some students who struggle at some level. Tier 3 is individual support for a few students (usually 1%-5% of all students) and is provided by MCBH specialists and those best trained to support the students. 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 will be used to measure the effectiveness of the PBIS in Big Valley Joint Unified School System and Edu-CLIMBER software will be implemented in the three Modoc County School Districts in FY19/20.

PBIS was not implemented until FY 17-18 and then it was a partial implementation. However, during that year there were 1,373 interactions with students referred for interventions with a total of 182 unduplicated students seen county-wide. The highest amounts of interactions were in first and second grades for a total of 64% of interventions in those grade levels. Second-grader interactions accounted for 43% of all interactions.

- **Empower** is a program for families with children 6-18 years of age. As a partnership with Public Health and MCBH, this program provides a public health nurse to families to provide general education, support, complete health assessments, ACE testing, positive parent-child interaction, and social and emotional development.
- **40 Developmental Assets**, an evidence-based program, coordinates training, outreach, and education on the Search Institute's 40 Developmental Assets, in order to support our community-wide effort to build child, youth, family, school, and community assets – assets that provide the building blocks of healthy development that help young people grow up healthy, caring, and responsible. Key elements of the program include:
  - Training on individual assets and their power to affect youth development;
  - Use of the Search Institute's 40 Developmental Assets survey in area schools to identify asset strengths and deficits;
  - Activities to identify assets that need strengthened and strategies to improve assets in young people;
  - Public education campaign, including media, to educate the general public on the 40 Developmental Assets, and strategies anyone can use to assist in the effort to improve individual, family and community assets;
  - Continued operation of the Prevention Collaborative to support and encourage asset development;
  - Expanded outreach to identify isolated or high risk young people and individuals/communities that can be brought together to support asset development in high risk youth.

The Modoc County Prevention Collaborative is the lead multi-agency body for planning and implementing activities designed to build and support child, youth and community

assets. Initial testing revealed 28% of 7<sup>th</sup> to 12<sup>th</sup> graders in Tulelake, Modoc Middle and Modoc High School ranked at “Adequate and Thriving.” Community outreach and education regarding the 40 Developmental Assets will be implemented in FY 19/20 and beyond.

- **Life Skills Training (LST)** is designed to promote a number of identified internal assets. MCBH presents the evidence-based LST curriculum in three school districts; Modoc, Surprise Valley, and Tulelake, alternating years 4<sup>th</sup> through 9<sup>th</sup> grades. Internal assets targeted by LST include positive values (*caring/helping others and responsibility*), social competencies (*planning/decision making, interpersonal competence – empathy, sensitivity and friendship skills, resistance skills – resisting negative peer pressure and dangerous situations, and peaceful conflict resolution*), and positive identity (*self-esteem and personal power – young person feels s/he has some control over “things that happen to me.”*)
- **Developing and Strengthening Assets in Youth:** Programs and activities promoting development and strengthening of assets in youth include, but are not limited to sponsoring students (high school and middle school) from area schools to participate in the REACH Conference in Butte County, which strives to promote interpersonal and internal values, i.e. *bonding to school and community, equality and social justice, cultural competence, empathy and respect.*
- **Youth Diversion Program (YDP):** The goal of the Modoc County Multi-agency (Probation, Schools and MCBH) YDP is to educate students and hold them accountable for poor choices to include substance use/abuse and/or continued poor behaviors. The YDP aims to deter from behaviors and choices that lead to academic instability, and provide an alternative opportunity to address their behavior without more serious implications, such as expulsion. Components of the YDP include:
  - 1) A four-week drug testing program provided by the Probation Department in which the participant must provide a clean urine test by the end of the four weeks in order to successfully complete the program,
  - 2) Four Substance Prevention and Education classes provided by MCBH; the classes are held on minimum day Wednesdays from 2:00pm - 3:00pm at the Public Health Department, and
  - 3) A Community Work Service Project. The Interim Director coordinates with local community agencies to complete the two-hour community service component.
- **Healthy Beginnings** continues to be a collaborative project between Behavioral Health and Public Health. The MCBH counselors have continuous dialogue with Public Health nurses regarding Healthy Beginnings clients who require their services in order to facilitate case management and ensure timely access to care. The target population for Healthy Beginnings is from 0-5. Healthy Beginnings seeks to improve birth outcomes by providing access and linkage to direct health and social services for pregnant women whose chances of having a healthy baby are hampered by poverty, limited access to health care, poor nutrition, age, substance use, homelessness, domestic violence and more. The system also seeks to reach young children exhibiting developmental or



behavioral issues that could hamper later school success. In FY 17/18 Healthy Beginnings served 111 unduplicated clients.

- **Nurturing Families** is an evidence-based program that is implemented through contract with Training, Employment and Community Help, Inc., (TEACH) to provide early intervention through convening and conducting two (2) Nurturing Families Program Sessions to include the following: Fifteen (15) weekly sessions, marketing, referrals, evaluations, attendance records and AAPI-2 Pre and Post scores. This program began in FY 18/19, so no data is reported in this evaluation.

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

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

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

In addition to building awareness and adding clinicians over the last year, we are planning implementation of the Child and Adolescent Needs and Strengths (CANS) in FY 19/20 so we can begin tracking outcomes for TF-CBT.

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

- MCBH “ReachOut” is integrated and infused throughout our system of care and our PEI services. The three primary strategies are to increase recognition of early signs of mental illness, provide timely access and effective linkage, and reduce stigma and discrimination through leveraging the CalMHSA program strategies. Implementation is as follows:
  - 1) MCBH and Sunrays of Hope use collaboration between staff/peer partners to reach out to community groups (e.g., Rotary, sororities, Chamber of Commerce, schools, partner agencies, tribal entities) to schedule presentations for the purpose of educating community members on understanding mental illness, recognizing early signs of mental illness, and what they can do to help. Inclusion of MCBH staff and trained peers active in Sunrays of Hope provides both a peer perspective and a professional perspective on recognizing early signs of mental illness.

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

**Penetration and Holzer Prevalence Rates**

<b>FY</b>	<b>Penetration Rates</b>	<b>Holzer prevalence Rates</b>
<b>16/17</b>	10.2%	70.4%
<b>17/18</b>	11.8%	80.5%

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.

QI data reported at the CalEQRO site review for FY 17/18 reflects the change in timeliness requirements instituted in California to provide a first offered appointment within ten business days or less. In FY 17/18 nearly one third of clients waited  $\leq 10$  business days from initial request to first offered appointment and 20% of clients waited  $\leq 10$  business days from initial request to first kept appointment. A total of 332 urgent calls were responded to within 15 minutes or less.

- 4) 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 7,501 physical, hardcopy materials across Each Mind Matters programs and initiatives were disseminated throughout Modoc County. That number was greatly increased through expanded outreach in FY 17/18 to 24,071. In addition, county contacts received numerous emails to access and share resources electronically via the Each Mind Matter Resource Center.<sup>3</sup>

**Each Mind Matters Stigma Discrimination and Reduction Materials**

<b>Physical, Hardcopy Materials</b>	<b>FY 16/17</b>	<b>FY 17/18</b>
Each Mind Matters Promotional Items	1,170	8,980
Each Mind Matters Educational Materials	1,200	7,745

<sup>3</sup> [www.emmresourcecenter.org](http://www.emmresourcecenter.org)

SanaMente Materials	521	0
Know the Signs/El Suicidio Es Prevenible Educational Materials	4,605	1,000
Directing Change Materials	5	6,346
<i>Total Physical, Hardcopy Materials</i>	<i>7,501</i>	<i>24,071</i>

- 5) MCBH collaborates with Sunray's of Hope; both entities provide mutual outreach and linkage. Peers are hired to work with Sunray's of Hope, provide services with MCBH, and to serve as volunteer Mental Health Advisory Board members.
- 6) Partnerships and collaborations across the spectrum of county services work together to provide timely access and linkage to mental health services for the underserved county population. A Collaborative Relationship & Linkage table with Potential Responders and how MCBH interacts with them is provided in Appendix A of this report. They are also listed below:

#### **Partners and Collaborators**

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Dependency Drug Treatment Court</li> <li>• County Welfare Services</li> <li>• Drug Court Steering Committee</li> <li>• Superior Court Judges</li> <li>• Alturas Police Department</li> <li>• Child Welfare Services</li> <li>• Native Americans</li> <li>• Community members</li> <li>• Family Wellness Court</li> <li>• Modoc Superior Court</li> <li>• Cal Works</li> <li>• Probation</li> <li>• Healthy Beginnings</li> <li>• Modoc County Public Health</li> </ul> | <ul style="list-style-type: none"> <li>• Modoc County Office of Education</li> <li>• Modoc County Joint Unified School District</li> <li>• Alturas Elementary School</li> <li>• Modoc Middle School</li> <li>• Modoc High School</li> <li>• Prevention Collaborative</li> <li>• Boy Scouts</li> <li>• California Highway Patrol</li> <li>• CASA Program</li> <li>• Child Abuse Prevention Council</li> <li>• First 5 MODOC</li> <li>• Independent Living Skills Program</li> <li>• Modoc 4-H Youth</li> </ul> | <ul style="list-style-type: none"> <li>Development Program</li> <li>• Modoc County Behavioral Health (AOD and MH)</li> <li>• Modoc Early Head Start</li> <li>• Modoc County Public Health CHDP Program</li> <li>• Modoc County Public Health Tobacco Education Program</li> <li>• Modoc County Social Services – Adult</li> <li>• Modoc County Teen Health Coalition</li> <li>• Senior Peer Counseling Program</li> <li>• Strong Family Health Center (Modoc Indian Health Project)</li> </ul> |
|---|---|--|

- Surprise Valley School District
- TEACH, Inc.
- Surprise Valley Joint Unified School District
- Surprise Valley Elementary School
- Surprise Valley High School
- Tulelake Basin Joint Unified School District

***PEI Program #4: CalMHSA JPA for Suicide Prevention***

- We have an agreement with CalMHSA to continue to fund the statewide suicide prevention program and provide additional support as our suicide prevention program provider. Due to very limited resources, MCBH does not provide a local-specific suicide prevention program. We continue, however, to partner with statewide efforts through collaborative CalMHSA activities and Each Mind Matter's media messages, and infuse suicide prevention efforts into our system continuum of care.

In FY 17/18, the National Suicide Prevention Hotline (a phone number distributed through local efforts related to Each Mind Matters) was accessed by 33 Modoc County residents. Veteran calls were down significantly at six in FY 17/18 as compared to 11 in FY 16/17. General calls increased to 27 in FY 17/18 as compared to 20 in FY 16/17.

**Modoc County National Suicide Prevention Calls FY 16/17 and FY 17/18**

	<b>FY 16/17</b>	<b>FY 17/18</b>
<b>General</b>	20	27
<b>Veterans</b>	11	6
<b>Spanish</b>	0	0
<b>Total</b>	<b>31</b>	<b>33</b>

***PEI Challenges and Mitigation Efforts***

Staffing issues in very small counties continue to be a primary challenge. All employees take on multiple roles, wearing many hats. Economy of scale issues make it impossible to have staff that are dedicated solely to MHSA or to PEI. However, in FY 18/19 one existing staff member earned her LCSW, thus building capacity in the MCBH department.



***Proposed PEI Program Changes for FY 2019/2020***

MCBH has increased collaboration with a Native American agency partner, Strong Families. Strong Families hosted a Suicide Prevention and Addiction Educational Summit for the community with a focus on Native American Families. Focal points of the summit were drugs and alcohol, grief and loss, and healthy relationships.

As a result of stakeholder feedback, the Primary Intervention Program (PIP) has been 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.

As mentioned earlier, MCBH has participated in training all school personnel in trauma-informed care. The schools have implemented trauma-informed care throughout their systems. This increased awareness will help link students with MCBH for appropriate treatment in FY 19/20.

We continue to increase our programming in the schools by offering therapy and case management within the school sites, especially as they move into Tier 3 of their PBIS programs.

MCBH continues to work towards expanding to the outlying areas to better meet the needs of the community. MCBH is currently working to remodel office space in an old Adin school building. Due to the lack of contractors in the area, MCBH has not been able to implement the structure improvements needed to open the center.

In response to a request from stakeholders, we plan to hire a MCBH Navigator to work jointly with our promotora to expand access to PEI strategies to the outlying areas of Adin and Newell in FY 19/20.

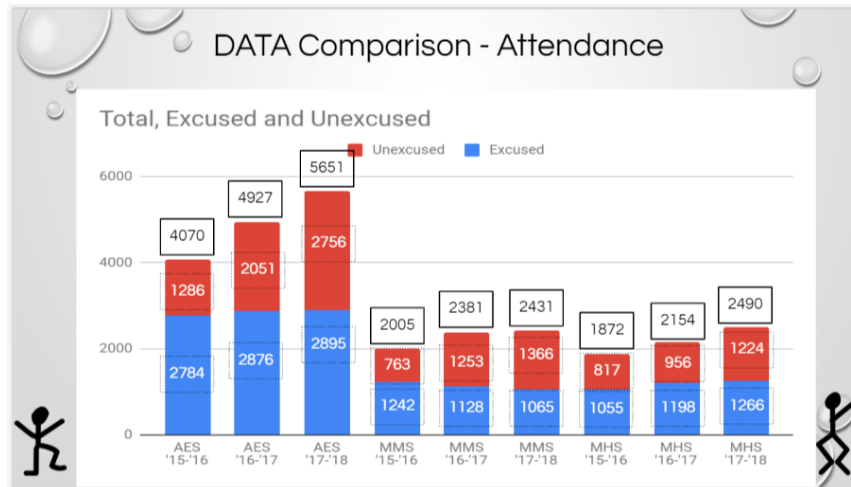
### ***PEI Evaluation Requirement for Populations Under 100,000***

Amendments to the PEI and INN Regulations became effective on July 2018. Therefore no negative outcomes measurements are identified in either the Three-Year Plan or the FY 18/19 Annual Update and hence no outcomes to report for FY 16/17 or FY 17/18.

In FY 19/20, MCBH will focus on improving school attendance as a strategy to reduce the negative outcome of school failure or dropout.<sup>4</sup> Attendance, especially at Alturas Elementary School (AES) is a major concern which has been addressed through letters to the editor of Modoc Record and community-wide meetings. As part of PBIS, an attendance initiative called “Buns in the Seat” is being implemented in AES, Modoc Middle School (MMS) and Modoc High School (MHS), using positive reinforcement when classrooms achieve 100% attendance for a total of ten days. This reinforcement repeats for every ten days in which the classroom achieves 100% attendance.

The graph below depicts attendance rates for Alturas Elementary School (AES), Modoc Middle School (MMS) and Modoc High School (MHS) for FY 15/16 – 17/18.

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



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

<sup>4</sup> MHSAAC PEI and INN Projects Regulations Amendments (effective July 2018), webinar slide 23 presented on September 6, 2018 referencing WIC Section 5840, subdivision (d).

***Required PEI Evaluation Reporting Table***

Below is the table required for the FY 16/17 PEI Evaluation report. FY 17/18 is included for ease of comparison.

**PEI Evaluation Reporting Requirements for Required Programs and Strategies  
FY 16/17 and FY 17/18**

<b>PEI Reporting Requirements for Required Programs and Strategies</b> (Based on <i>Methods for Complying with Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Regulations for Data Collection and Reporting</i> , Nov. 30, 2017, slides 15, 17)		
	<b>FY 16/17</b>	<b>FY 17/18</b>
<b><i>Outreach for Increasing Recognition of Early Signs of Mental Illness</i></b>		
Number of Potential Responders:	43 various groups comprised of multiple individuals	44 various groups comprised of multiple individuals
Settings in which the potential responders were engaged:	See Partners and Collaborators listed above and Potential Responder table in Appendix A; schools, churches, hospitals, jail, justice system, non-profits, government agencies, migrant centers, tribal clinics, senior centers, drop-in peer center	See Partners and Collaborators listed above and Potential Responder table in Appendix A; schools, churches, hospitals, jail, justice system, non-profits, government agencies, migrant centers, tribal clinics, senior centers, drop-in peer center
<b><i>Access and Linkage to Treatment</i></b>		
Number of individuals with serious mental illness referred to treatment:	79 children; 154 adults	98 children; 200 adults
Kind of treatment to which individual was referred:	Counseling, Trauma Focused Cognitive Behavioral Therapy, Parenting Education	Counseling, Trauma Focused Cognitive Behavioral Therapy, Parenting Education
Average duration of untreated mental illness:	N/A	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	31% of clients waited ≤10 business days from initial request to first offered appointment; 20% of clients waited ≤10 business days from initial request to first kept appointment. A total of 332 urgent calls were responded to within 15 minutes or less.
<b><i>Timely Access to Services for Underserved Populations</i></b>		
Specific underserved populations for whom the county intended to increase timely access to services:	Children, TAY, adults, older adults, families, American Indian, Hispanic/Latino	Children, TAY, adults, older adults, families, American Indian, Hispanic/Latino
Number of referrals of members of underserved	233	298

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populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset:		
Number of individuals who followed through on the referral:	233	298
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.	31% of clients waited ≤10 business days from initial request to first offered appointment; 20% of clients waited ≤10 business days from initial request to first kept appointment. A total of 332 urgent calls were responded to within 15 minutes or less. Five caller requested Spanish language, which was provided—all were test calls.
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	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
<b><i>Strategies that are Non-Stigmatizing and Non-Discriminatory</i></b>		
Required, but no data requirements	Materials printed in Spanish and English, Interpreters, peer participation, Sunray's services, traveling to out-lying areas to provide services, CalMSHA stigma reduction programs and materials	Materials printed in Spanish and English, Interpreters, peer participation, Sunray's services, traveling to out-lying areas to provide services, CalMSHA stigma reduction programs and materials
<b><i>Number of Clients and Average Dollars of Service Received by Clients</i></b>		
CSS Clients	410 Clients \$3,109	471 Clients \$3,498
FSP Clients	41 Clients \$10,487	47 Clients \$9,527

## **INNOVATION PROJECTS**

### ***Innovation Project I – Electronic Behavioral Health Solutions (eBHS) Innovations and Improvement through Data (IITD)***

#### ***INN Program Description and Outcomes***

The MCBH Innovation Plan to implement the Electronic Behavioral Health System (eBHS) was approved by the MHSAOAC 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 test did not adequately meet our needs. MCBH and Nevada County Behavioral Health were accepted by the California Institute for Behavioral Health Solutions (CIBHS) as the first counties to adopt eBHS, a more comprehensive and user-friendly registry, allowing for real-time information sharing across our healthcare systems.

MCBH continues to work to implement the eBHS system and has implemented various measures that are being used in a dashboard-style to show an individual client's progress, including Milestones of Recovery Scale (MORS), Youth Outcomes Questionnaire (YOQ), Outcomes Questionnaire (OQ), Patient Health Questionnaire (PHQ-9), and General Anxiety Disorder -7 (GAD-7). MCBH is also using an interactive fidelity tool that allows for client feedback about each session.

#### ***INN Program Challenges and Mitigation Efforts***

MCBH and CIBHS are in the final stages of completing our first comprehensive evaluation of the eBHS implementation, with a focus on the strengths and challenges of our implementation strategy thus far and how use of data for outcomes measurements has changed through the implementation.

eBHS/eCenter, after two years, has been unable to accurately pull client information and staff information from the electronic health records (EHR). Also, they are unable to upload data on a nightly basis, as promised. For these reasons and due to the very slow progress in the last two years, MCBH plans to move all information to Anasazi and work in collaboration with King's View and CIBHS for further implementation of this project. This move will allow MCBH to work toward a computerized system to capture all timeliness measurements. We anticipate the transition can easily be accomplished and the computerized capture of timeliness measurements will be running by the end of FY 19/20.

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 FY 19/20. When fully developed and implemented, this innovation will help us collect more complete data for the PEI and Innovation components of MHSAOAC annual reports and three-year plans.

#### ***Proposed INN #1 Program Changes for FY 2019/2020***

There are no substantial program changes for FY 19/20. As described above we will move from eBHS to Anasazi and work in collaboration with King's View.

***Innovation Project II – Collaboration Project  
Increasing Access to Mental Health Services and Supports Utilizing a Suite of  
Technology-Based Mental Health Solutions***

The MHSOAC approved this project on April 26, 2018.

***INN Program Description and Outcomes***

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

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

MCBH is currently in the “soft-launch” mode of implementing this project, which allows peers to test 7Cups and clients to test Mindstrong. MCBH fully collaborates with the other counties, vendors and CalMHSA in the ongoing development of this Innovation project.

***INN Program Challenges and Mitigation Efforts***

This approach has not previously been used in a public mental health care setting. Thus it is imperative that continuous rigorous testing be conducted. Neither of the applications chosen for early adoption have proved to be as “turn-key” as was expected. Therefore it is taking longer than anticipated to fully implement the apps. MCBH will consider the 7 Cups app at full-launch status when 7 Cups is fully tested and functional; it will then be advertised county wide.

Fewer clients than expected are using Mindstrong because of the need for additional training on how to use the app, and the need for additional labor-intensive training for clinicians in how to interpret results and how to support the clients in their use of the apps on their smartphones. MCBH will consider Mindstrong at full launch status when a contract is procured to provide smartphones to those who have not been able to access that level of care because of lack of equipment and clinicians/clients have received additional training.

***Proposed INN #2 Program Changes for FY 2019/2020***

No substantive changes are planned for FY 19/20.



## **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.

Our initial WET funding has been exhausted, but we are transferring funds from CSS to WET in FY 19/20 to continue one (1) WET project. Additional projects will be funded in the future, as feasible.

### **Financial Incentive Program**

We continue 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.

### ***WET Challenges and Barriers***

Our biggest challenge to utilizing WET funds has been the difficulty in recruiting staff and consumers, largely due to our very small population and remote location. In the last few years, we have made significant progress in this area.

### ***Proposed WET Program Changes for FY 2019/2020***

No significant changes are anticipated in WET projects for FY 19/20. Funding for the Financial Incentive Program will continue via a transfer of CSS monies to the WET component.

## **CAPITAL FACILITIES/TECHNOLOGICAL NEEDS**

### ***CFTN Project Descriptions and Achievements***

- 1) Capital Facilities (CF) project – Behavioral Health Building Purchase: Modoc County Health Services purchased its office building and will be making modifications to the interior and exterior to expand program areas and office space to meet the needs of staff and community members. This project was fully approved on May 8, 2018.
- 2) Technological Needs (TN) project: 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 smartphones and Wi-Fi technology, and pilot ways to increase consumer access through the use of web-based services.

### ***CFTN Challenges and Barriers***

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

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

### ***Implementation Benchmarks and Delays***

The goals for the CF project have been met—see above. We plan to expand the TN project to meet consumer/family access to technology to support their wellness and recovery.

### ***Proposed CFTN Program Changes for FY 2019/2020***

We have used CF resources to buy our once-rented building to support our service delivery system. We plan to expand the TN project through the 1) development of and access to web-based services for consumers/family members; and 2) purchase of smartphones for consumer use and improve access to services with priority for clients who are isolated and lack resources for access to the web. We also plan to expand data analytics through the Innovations Plan for the implementation of enhanced electronic records to promote improved consumer access to real-time data for joint treatment planning with their clinician.

**FY 2019/2020 Mental Health Services Act Annual Update****Funding Summary**

County:	Modoc					Date:	6/17/19
		<b>MHSA Funding</b>					
		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
		<b>Community Services and Supports</b>	<b>Prevention and Early Intervention</b>	<b>Innovation</b>	<b>Workforce Education and Training</b>	<b>Capital Facilities and Technological Needs</b>	<b>Prudent Reserve</b>
<b>A. Estimated FY 2019/2020 Funding</b>							
1.	Estimated Unspent Funds from Prior Fiscal Years	\$ 1,557,269	\$ 736,853	\$ 217,484	\$ -	\$ -	
2.	Estimated New FY 2019/2020 Funding	\$ 1,322,557	\$ 330,639	\$ 87,010			
3.	Transfer in FY 2019/2020 <sup>a/</sup>	\$ (35,000)			\$ 35,000	\$ -	
4.	Access Local Prudent Reserve in FY 2019/2020	\$ 424,035	\$ -				\$ (424,035)
5.	Estimated Available Funding for FY 2019/2020	\$ 3,268,861	\$ 1,067,492	\$ 304,494	\$ 35,000	\$ -	
<b>B. Estimated FY 2019/2020 MHSA Expenditures<sup>b/</sup></b>		\$ 1,301,053	\$ 565,225	\$ 155,140	\$ 35,000	\$ -	
<b>C. Estimated FY 2019/2020 Unspent Fund Balance</b>		\$ 1,967,809	\$ 502,267	\$ 149,354	\$ -	\$ -	
<b>D. Estimated Local Prudent Reserve Balance</b>							
1.	Estimated Local Prudent Reserve Balance on June 30, 2019	\$ 808,144					
2.	Contributions to the Local Prudent Reserve in FY 2019/2020	\$ -					
3.	Distributions from the Local Prudent Reserve in FY 2019/2020	\$ (424,035)					
4.	Estimated Local Prudent Reserve Balance on June 30, 2020	\$ 384,109					
<i>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.</i>							
<i>b/ All MHSA funds are spent via "first in, first out."</i>							

FY 2019/2020 Mental Health Services Act Annual Update						
Prevention and Early Intervention (PEI) Funding						
County: Modoc					Date:	4/29/19
All MHSA funds are managed via "first in, first out."	Fiscal Year 2019/2020					
	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
<b>PEI Programs</b>						
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>						
1. Integrated Prevention through Development Assets (P)	\$ 301,979	\$ 301,979				
2. Trauma-Focused CBT (EI)	\$ 105,931	\$ 105,931				
3. Outreach (O/A)	\$ 43,619	\$ 43,619				
4. CalMHSA-JPA (SR/SP)	\$ 62,312	\$ 62,312				
5.						
<b>PEI Administration</b>	\$ 51,384	\$ 51,384				
<b>PEI Assigned Funds</b>						
<b>Total PEI Program Estimated Expenditures</b>	\$ 565,225	\$ 565,225				

FY 2019/2020 Mental Health Services Act Annual Update							
Innovations (INN) Funding							
County:	Modoc					Date:	4/29/19
		Fiscal Year 2019/2020					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out."							
<b>INN Program</b>							
1.	CIBHS eBHS Project	\$ 49,737	\$ 49,737				
2.	Increase Access to MH (Tech Suite)	\$ 105,403	\$ 105,403				
<b>INN Administration</b>							
<b>Total INN Program Estimated Expenditures</b>		155,140	\$ 155,140				

**FY 2019/2020 Mental Health Services Act Annual Update****Workforce, Education and Training (WET) Funding**

County:	Modoc					Date:	5/8/19
All MHSA funds are managed via "first in, first out."		<b>Fiscal Year 2019/2020</b>					
		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
		<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>							
1.	Financial Incentive Program		\$ 35,000				
2.							
3.							
4.							
5.							
<b>WET Administration</b>							
<b>Total WET Program Estimated Expenditures</b>			\$ 35,000				



**FY 2019/2020 Mental Health Services Act Annual Update****Capital Facilities/Technological Needs (CFTN) Funding**

County:	Modoc					Date:	4/29/19
All MHSA funds are managed via "first in, first out."		<b>Fiscal Year 2019/2020</b>					
		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
		<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs</b>							
<i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i>							
1.	<i>None/not applicable</i>						
2.							
3.							
4.							
5.							
<b>CFTN Administration</b>							
<b>Total CFTN Program Estimated Expenditures</b>							

**APPENDIX A: COLLABORATIVE RELATIONSHIPS & LINKAGE**

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

## **APPENDIX B: COMMUNITY PROGRAM PLANNING STAKEHOLDER DEMOGRAPHICS**

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### **Community Program Planning Stakeholder Demographics in FY 17/18**

**MHSA: INN, Annual Update, Reversion Funds; Substance Use Prevention Plan**

**Period: Input for Fiscal Year 18/19**

**Organization: Modoc County Behavioral Health  
Small County under 100,000 (Modoc population: 8,795)**

### **Community Program Planning Stakeholder Demographics for FY 18/19**

**MHSA Annual Update and MHSA 3-Year PEI Evaluation Plan**

**Period: Input for Fiscal Year 2019/2020**

**Small County under 100,000 (Modoc population: 8,859)**

Information redacted for privacy purposes.

## **APPENDIX C: DEMOGRAPHICS OF INDIVIDUALS SERVED BY PEI**

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**Individuals Served by MHSA PEI in FY 2016-17**

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

**Individuals Served by MHSA PEI in FY 2017-18**

**PEI Program: PEI Composite for Small County under 100,000 (actual population 8,859)**

Information redacted for privacy purposes.