

Modoc County Behavioral Health:
The context of a very small, frontier
county as an integrated system
provider

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- A general perspective on our journey to date
- We succeed or fail together
- Moving forward as a team

Modoc BH Context Summary

- Demographics
 - 3rd smallest county with a population of about 9,100 it is
 - located in the extreme northeastern corner of the state with about 2.3 people per square mile.
 - About 21 percent of the residents are below the poverty level with an unemployment rate of 8.6%,
 - Modoc County has the lowest median income of any county in California.
 - Spanish is the only threshold language in Modoc – about 11.5% of the population indicate they are Hispanic/Latino with 8.8% report that Spanish their first language. About 4.5% of the population is Native American.

- There are 2 critical access hospitals – one in Alturas and one in the Surprise Valley with attached Rural Health Clinics. However, neither performs routine surgery or is licensed to deliver babies. Patients must go out of county to even get a mammogram.
- Including the 2 rural health clinics there are a total of 4 medical clinics in the county. Residents must go out of county (on average 2-3 hours minimum), and often out of state, for most specialty care or advanced medical procedures.
- There are no mental health in-patient crisis stabilization units, IMDs, or PHFs in Modoc County. All clients needing these must be transported a minimum of 3 hours (in good weather) to receive these services.

Client overview

– MH:

- Currently serving 220-250 MH unduplicated clients/month
- 396 unduplicated MH clients served in FY 14-15

– SUD

- Currently 33 open SUD client cases
- 90 unduplicated SUD clients FY 14-15

• Funding

- **PEI is only 6% of the total MH program revenue**

Client Demographics

- Mental Health - 396

- Ages:

- 0-18: 101
- 19-64: 278
- 65+: 21

- Gender:

- Female: 220
- Male: 176

- Ethnicity:

- Not Hispanic: 352
- Mexican/Mexican American: 3
- Other Hispanic/Latino: 8
- Unknown: 4

- Substance Use: 90

- Ages:

- 0-18: 3
- 19-64: 87
- 65+: 0

- Gender:>

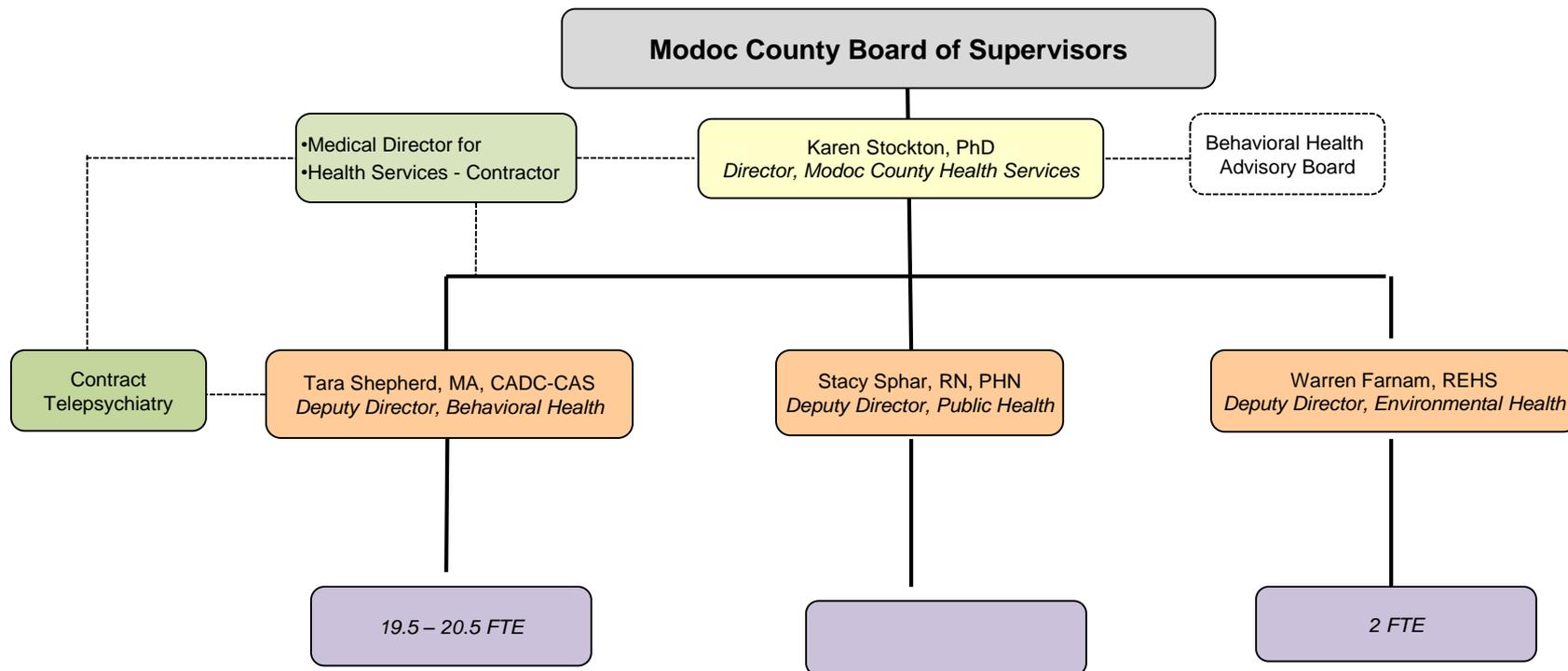
- Female: 44
- Male: 46

- Ethnicity:

- Not Hispanic: 78
- Mexican/Mexican American: 10
- Other Hispanic/Latino: 2

- Other than the primary care clinics offering telepsychiatry for mild to moderate MI treatment needs, and one MSW contracting with TEACH, Inc., the Community Corrections Partnership & Partnership Health Plan for mild to moderate MH benefits, there are no other active BH providers in the County other than those working for the school system.
- Modoc County Behavioral Health is virtually the provider of BH services in the county.

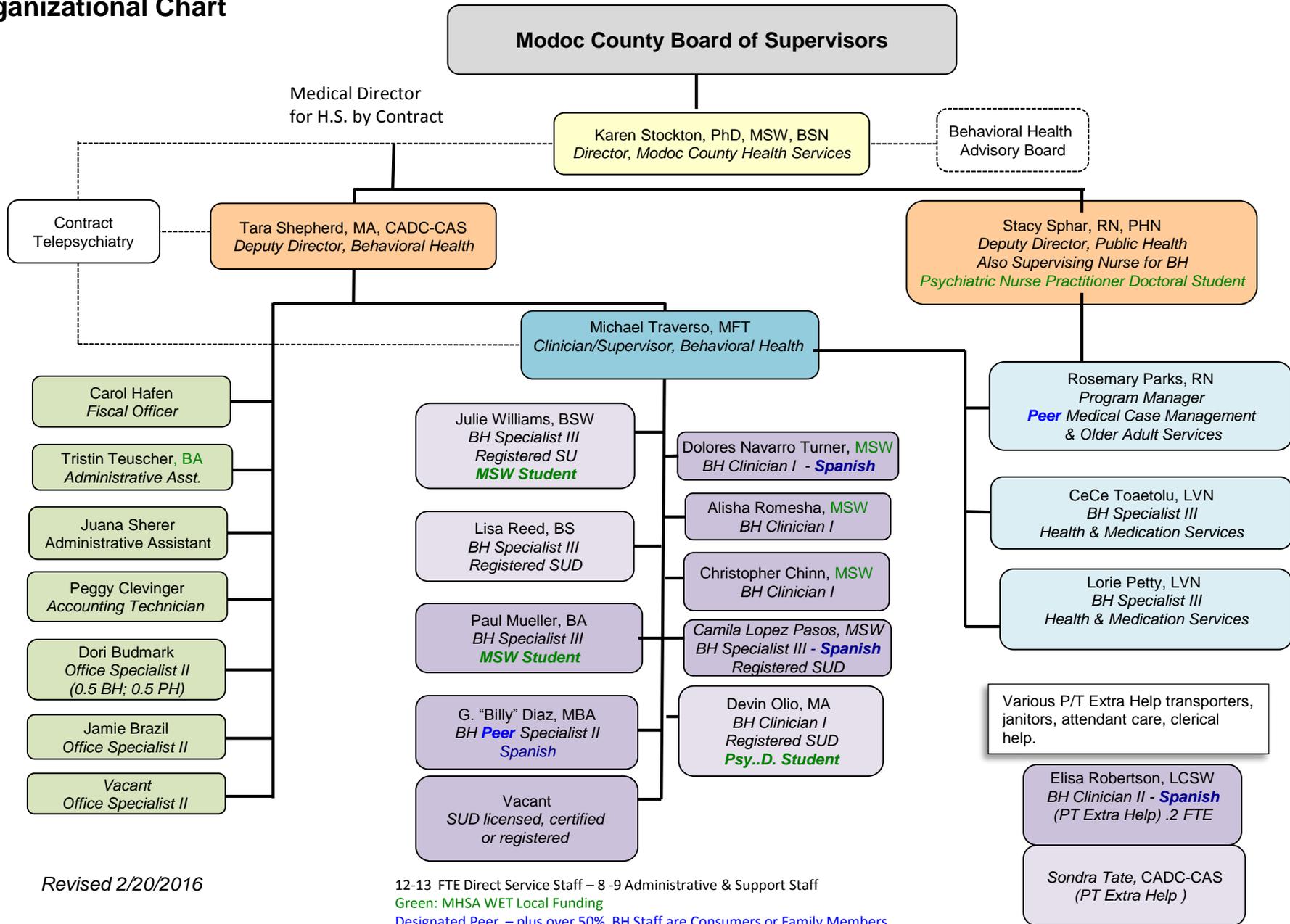
Modoc County Health Services Organizational Chart



Sun Rays of Hope - a consumer owned and operated BH recovery and wellness center – contract. Our BH Peer Support Specialist is liaison to this organization and is actively involved with and provides support for this organization.

Our working agency mission is to “promote whole person health and wellness through teamwork.” HS Staff are actively involved collaborative teams: Prevention Collaborative, Drug, Family Wellness, Juvenile Dependency Court Treatment Teams, and the Community Corrections Partnership, as well as others that are related to children and youth involved with foster care and the school system, targeted health initiative, & disaster response teams,

Modoc County Behavioral Health Organizational Chart



Revised 2/20/2016

12-13 FTE Direct Service Staff – 8-9 Administrative & Support Staff

Green: MHSA WET Local Funding

Designated Peer – plus over 50% BH Staff are Consumers or Family Members

- Direct Services Staff Responsibility
 - 24/7 crisis response services including 5150, hospitalization, and transport
 - Placement out of county for PHP, Crisis stabilization, IMD or SNF
 - MI and SUD Outpatient services
 - Drug, Family Dependency, & Juvenile Delinquency Court Team participation
 - Katie A Team
 - Community Corrections Partnership participation and SUD groups in jail

- Congregate Care Reform Bill responsibilities for expanded MI treatment locally
- MHSA programs & FSP services
- Participation in program planning, implementation, quality improvement, and outcomes measurement
- Cultural competency training
- Community outreach and school services including PEI programs & Innovation projects

- Oversight Entities & Reviews or Evaluations
 - Tri-Annual MediCal Review – Mental Health
 - Annual Cost Reports and Audits
 - EQRO – Annual
 - PIPs
 - HEDIS measures, timeliness, access, re-hospitalization, penetration, client satisfaction, quality improvement measures, etc.
 - Drug MediCal Review
 - Drug & Alcohol Program Review
 - Annual Cost Reports
 - MHSA- Annual plans, cost reports & evaluation, audits
 - PEI/Innovation – Plans, evaluation, audits
 - Mental Health Council and other public information demands.

Access & Linkage

- Referral Strategies
 - Regulations based on false assumptions:
 - Silos
 - Multiple providers
 - Multiple PEI programs
- Demographic data requirements for potential responders – cultural sensitivity, ethical considerations

Barriers to Measurement

- Already have multiple redundant tracking systems for demographic reporting that do not talk to each other:
 - CSI, DCR, eBHS, CalOHMS & EHR: Anasazi
- Data elements are not consistent with CSI
- In very small counties, even with “personally identifiable information” (PHI) removed there is significant likelihood of a HIPPA breach.