

MAYERS
MEMORIAL
HOSPITAL
DISTRICT

Strategic Planning Committee Meeting

Monday, June 12, 2017 (12:00pm)
Boardroom –Fall River Mills

Meeting called by: Mike Kerns, Chair **Type of meeting:** BOD Committee
Board Clerk: Valerie Lakey
Committee Members: Mike Kerns, Director, SPC Chair Louis Ward, CEO
Allen Albaugh, Director

Please read: May 15, 2017 Minutes

----- Agenda Topics -----		
Item	Presenter	Action
Meeting Called To Order	Chair Kerns	
Requests from audience to speak to issues/agenda items	Chair Kerns	
Approval of Minutes May 15, 2017 – (Attachment A)	Chair Kerns	Action
Surgery Department Follow-Up	Ward	Discussion
Discussion of Services	Kerns	Discussion
MVHC Collaboration/Clinic Follow-up	Chair Kerns	Discussion
Community Health Needs Assessment (Attachment B)	Ward	Discussion
JPIA Market Share Assessment	Ward	Discussion
Strategic Planning SMART Management Goals	Ward	Discussion
Strategic Plan Process Review	Chair Kerns	Discussion
Administrative Report/Other	Ward	Report
Board Education, Legislation, Advocacy		Report/Discussion
Meeting Wrap-Up – Future Topics	Chair Kerns	Discussion
Adjournment	Chair Kerns	

**MAYERS MEMORIAL HOSPITAL
STRATEGIC PLANNING COMMITTEE MEETING
MINUTES – MAY 15, 2017 – FALL RIVER MILLS**

BSPC Attendance: Mike Kerns
Allen Albaugh
Louis Ward

Staff Present: Valerie Lakey
Travis Lakey
Other:
Jim Billo
Dave Jones, MVHC
Dr. Watson

(These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.)

SUBJECT	DISCUSSION	
CALL TO ORDER	The meeting was called to order by Chair Kerns at 12:05 pm in Fall River Mills	
Requests Audience to Speak	None	
Minutes	April 10, 2017 Strategic Planning Committee meeting minutes. Approved (Albaugh, Ward) (no objections)	Approved
<p>MVHC Collaboration Follow-Up</p> <p>JPIA Market Assessment</p>	<p>Ward presented a market assessment from Kaufman Hall (see attached). The assessment used OSHPD, Nevada and Southern Oregon data. It was done by the JPIA. MMHD is very comparable to Lakeview in terms of services and financials. The report looked at Outmigration, Outpatient, etc.</p> <p>On notable finding was in Orthopedic surgeries. – patients are going back to Mercy Mt. Shasta for surgeries.</p> <p>Is the clinic staff vested in where the patient is going? Dr. Guthrie is sending patients back up to Mt. Shasta.</p> <p>There was discussion of the marketing of orthopedics and providing patient education.</p> <p>Ward needs to speak to Dr. Guthrie (Together with Dave Jones). MVHC bills for the clinic visits and pays Dr. Guthrie flat fee.</p> <p>MMHD can do more to provide better process and Dr. Watson feels it would make things better for Dr. Guthrie doing cases here at MMHD.</p> <p>There was discussion regarding data sharing between MVHC and MMHD in regard to referrals. Possibly a referral by provider report would be helpful.</p> <p>Put signs up at MVHC in the patient rooms showing what services are available at MMHD. Jones said that would be fine(Val Lakey will FOLLOW-UP WITH Dave Jones and meet with Jennifer Caravantes at MVHC)</p>	Discussion

**MAYERS MEMORIAL HOSPITAL
STRATEGIC PLANNING COMMITTEE MEETING
MINUTES – MAY 15, 2017 – FALL RIVER MILLS**

	<p>Dave Jones invited Ward to next provider meeting to discuss challenges and issues that come up between the two entities.</p> <p>To Do:</p> <ul style="list-style-type: none"> • Meet with Dr. Guthrie and staff • Referral process • What are the issues with surgeries at MMHD • Ward to talk to provider group • Looking at ways to reduce costs to patients • Jones will pull data on surgery referrals 	
Physician Recruitment	<p>Dave Jones reported they have a physician they are recruiting from Texas. Trying to schedule a visit.</p> <p>Dr. Babb is still here There are a few other potential candidates. There are 4 locums at MVHC at the time Trying to have 5 physicians here in the 3 local clinics MMHD is paying half of the recruiting fees</p>	Discussion
AHA Conference Report	<p>Ward reported on the AHA Conference. Ward met with many different offices.</p> <p>New health care bill defunds a large portion of Medicaid (\$800 Billion) Uncompensated Care</p> <p>Probably won't make it to the Senate until August</p> <p>Ward had dinner with an OSHPD representative while in DC</p>	Discussion
Strategic Plan Process Review	<ul style="list-style-type: none"> • Nothing new to report 	

**MAYERS MEMORIAL HOSPITAL
STRATEGIC PLANNING COMMITTEE MEETING
MINUTES – MAY 15, 2017 – FALL RIVER MILLS**

Administrative Report/Other	<ul style="list-style-type: none"> • Survey went well – waiting for the 2567 to arrive (POC) • Building update – Financing will be about September – Need GMP first • There will be no gift shop in the new building. There has not been a lot of action in the last month on the building project. • Will meet on Wednesday to go over some interior finishes, etc. • SNF Refresh – OSHPD • Pharmacy renovation – plan is at OSHPD 	Report
Board Education, Legislation, Advocacy	<ul style="list-style-type: none"> • AB387 – Suspense • AB1728 – Moving forward 	Report/ Discussion
Meeting Wrap-up – Future Topics	<ul style="list-style-type: none"> • Surgery Department • Services 	Discussion
Adjournment	Meeting was adjourned at 1:23 pm	

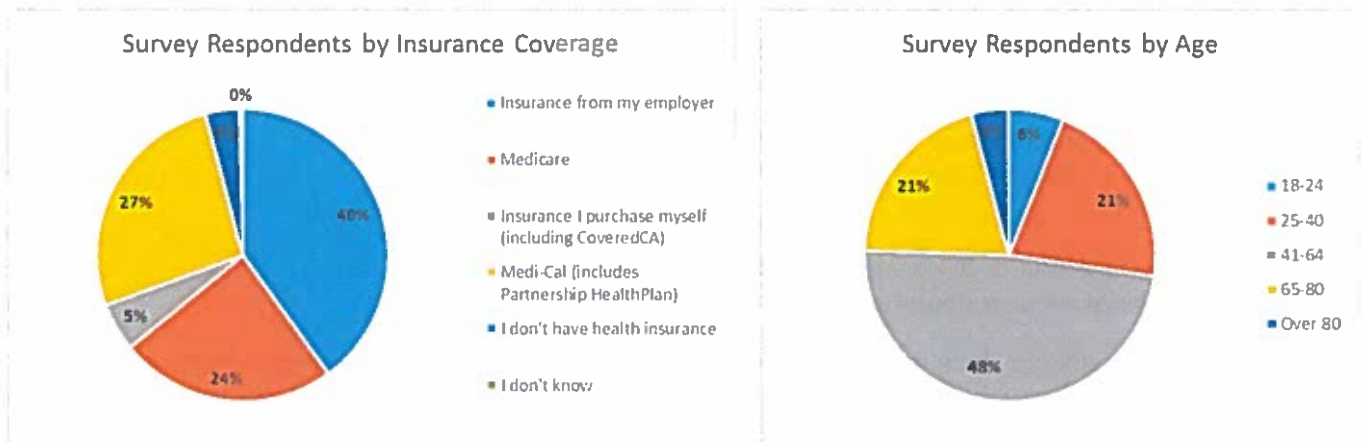
By: Valerie Lakey



CA299 Collaborative Patient Survey Results (May 15, 2017)

Response and Demographics

- The CA299 Patient Survey was administered between March and April 2017. Surveys were distributed by CA299 Collaborative partners, including Mountain Valleys Health Centers, Canby Family Practice, Modoc Medical Center and Mayers Memorial Hospital. Additionally, partners distributed a web link for patients to complete the survey on-line. Overall, 265 individuals completed surveys.
- 37% of respondents completed the survey online, 28% at Canby Family Practice, 21% at Modoc Medical Center, 12% at Mountain Valleys Health Center and 2% at Mayers Memorial Hospital.
- Of those who responded, 40% had employer-based insurance, 27% Medi-Cal and 24% Medicare. Only 4% of respondents said they did not have health insurance.
- 48% of survey respondents were aged 41-64 while 25% were aged 65+ and 27% were aged 18-40.



- 86% of survey respondents identified as White/Caucasian, 6% Asian/Pacific Islander and 5% Hispanic/Latino.

Source of Medical Care

- Overall, 69% of survey respondents reported that they had one doctor/clinic they go to, 17% said they had multiple doctors/clinics they go to and 12% said they have nowhere they regularly go. Less than 1% said they went to the emergency room. Significant differences did not exist between age groups or coverage types.

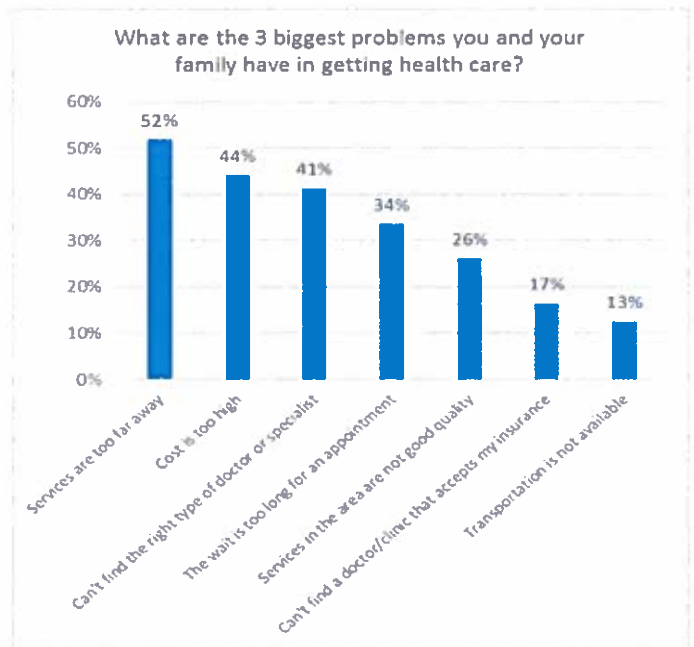
Access and Barriers to Care

Distance to services, cost and finding the right doctor/specialist are biggest barriers.

- When asked the biggest problems they have getting health care, respondents prioritized services being too far away (52%), cost too high (44%) and can't find the right type of doctor or specialist (41%). There were some important differences by age and insurance coverage.

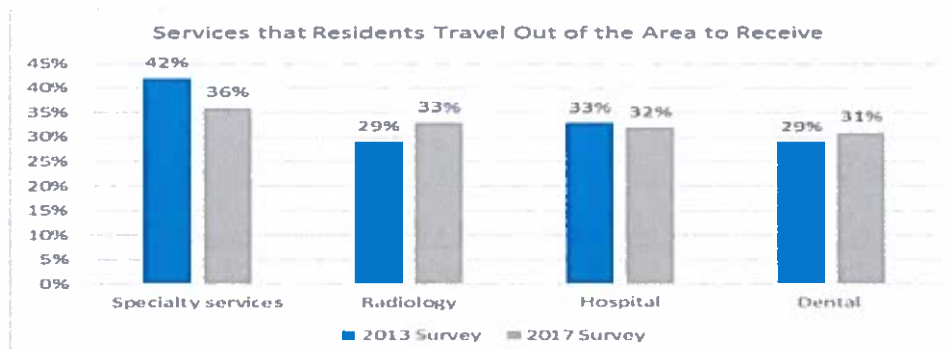
Barriers vary somewhat by coverage type and age.

- 48% of respondents with employer-based coverage cited cost compared to 44% of respondents overall and 33% of respondents with Medicare or Medi-Cal.
- 67% of seniors aged 65+ cited services being too far away as a barrier compared to 52% of all respondents.
- For respondents aged 18-24, cost (64%), can't find right doctor/specialist (46%) and services in the area not good quality (46%) were the biggest barriers cited.
- As a point of comparison, respondents to the 2013 survey also highlighted cost (53%) and services being far away (44%) as the two biggest problems but with cost as a more significant issue than in the 2017 survey.



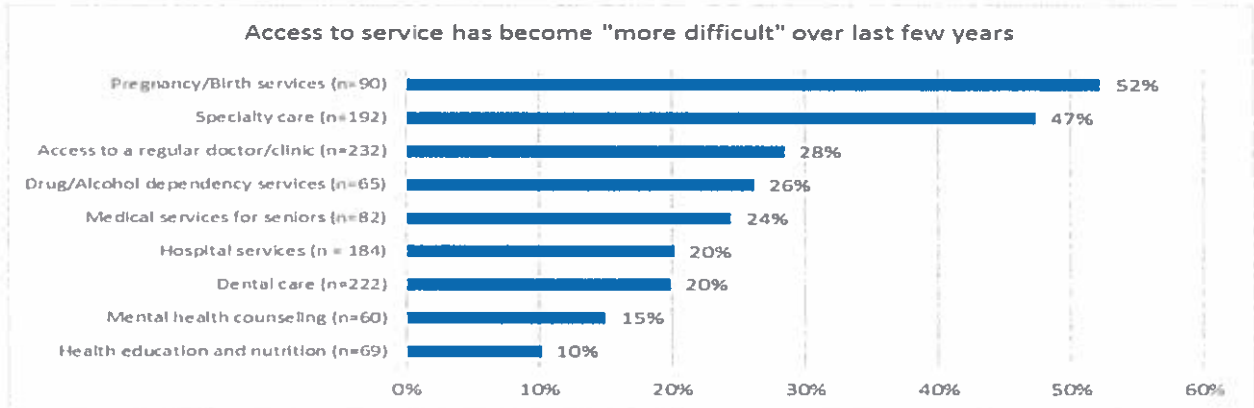
Residents travel out of the area for specialty, hospital, radiology and dental services.

- When asked which services they travel out of the area to receive, respondents pointed to specialty care (36%), hospital services (32%), radiology (33%) and dental care (31%). These findings are consistent with the responses to the 2013 survey where respondents were asked which services they travel 60 or more miles to receive.



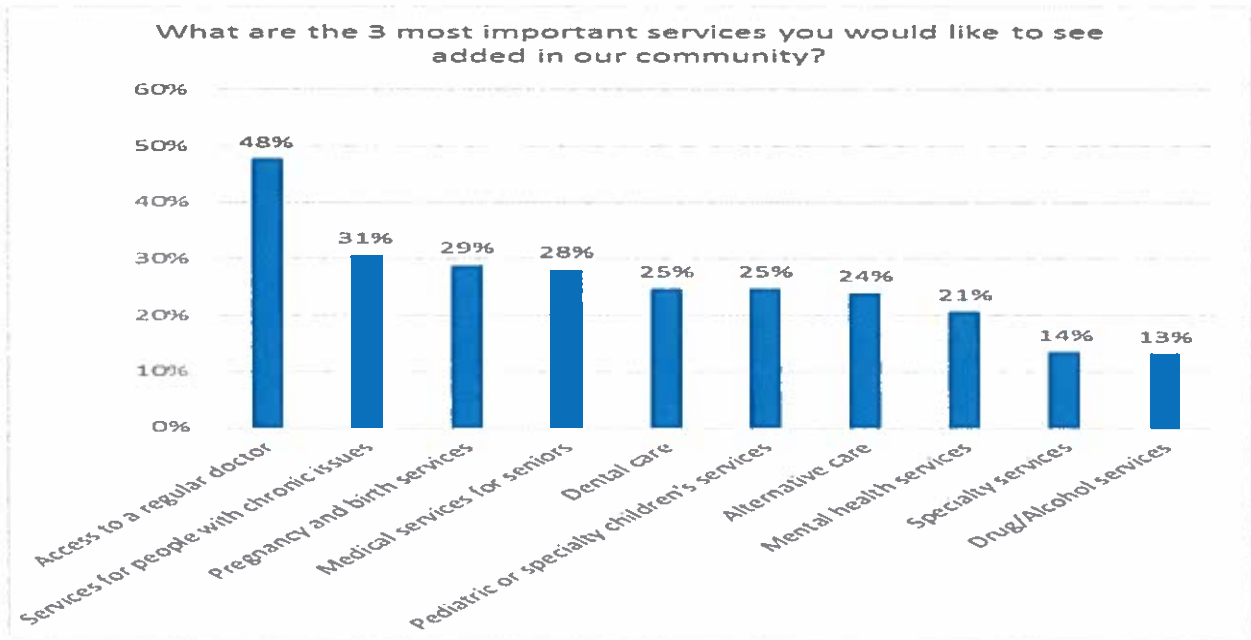
Pregnancy/Birth and specialty care services have become more difficult to access.

- Survey respondents were also asked if access to different services had gotten easier, about the same or more difficult over the last few years. 52% of those who responded to the question said access to pregnancy/birth services had gotten more difficult while 47% said that access to specialty care had gotten more difficult.



Access to a regular doctor is the most important service respondents want to see added, but priorities vary widely by respondent age and insurance categories.

- Survey respondents were asked about the 3 most important services they would like to see added in the community. Overall, 48% of respondents prioritized access to a regular doctor. This was the top priority among most insurance coverage and age categories though other priorities varied. In comparison, only 32% of respondents to the 2013 survey highlighted access to a regular doctor as an important service to add.



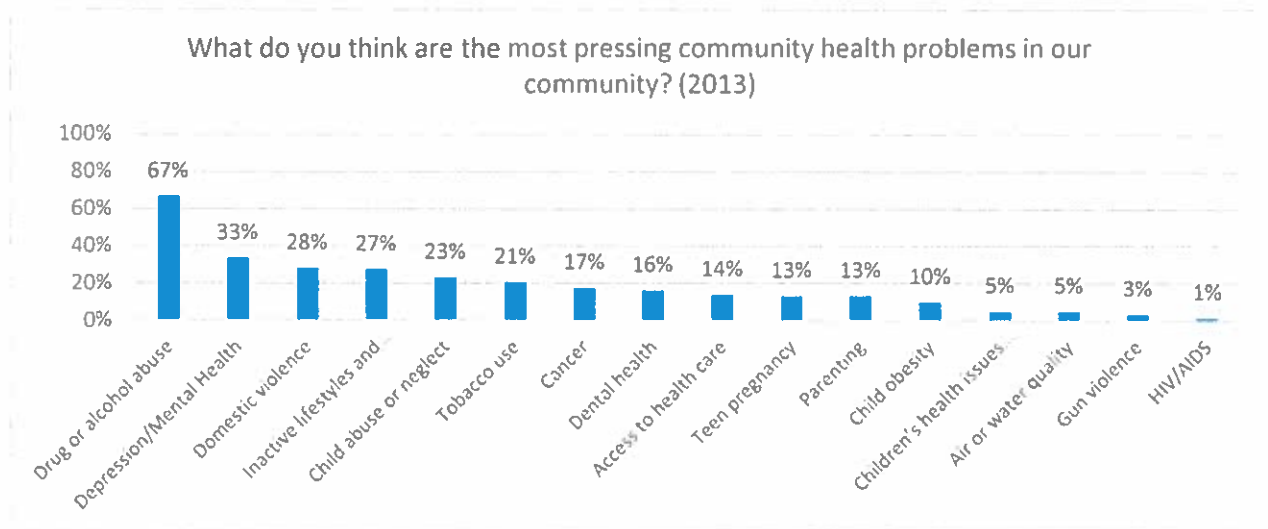
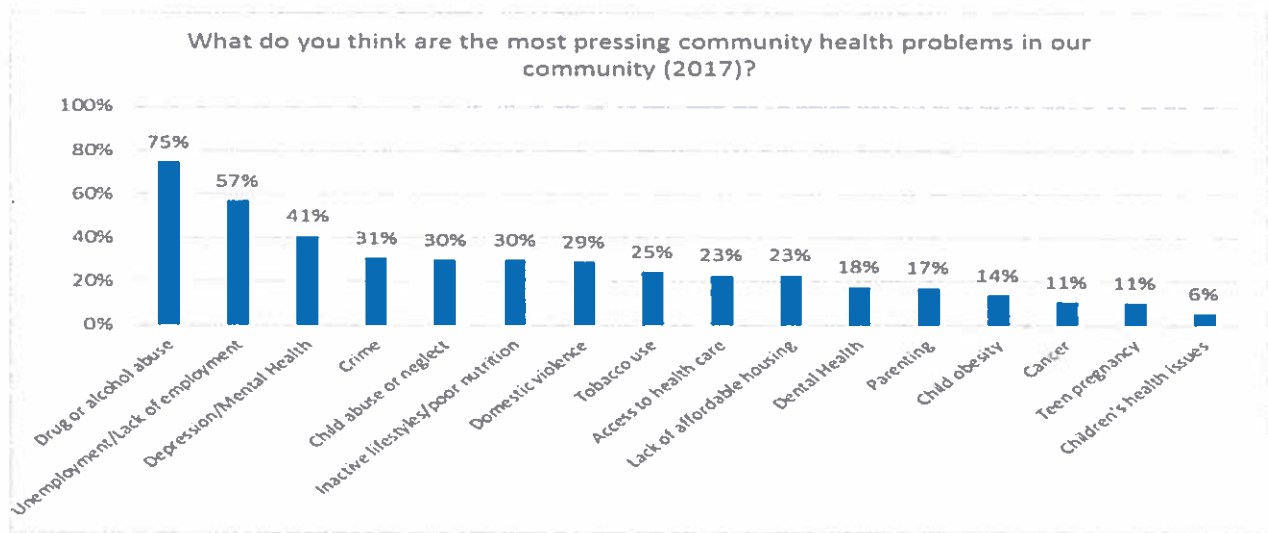
- The table below highlights the top 3 services to add for major insurance and age categories. Whereas as dental was the second priority among Medi-Cal members (44%), pregnancy and birth services was the top priority among those aged 18-24 (79%). Not surprisingly, medical services for seniors was a high priority for about half of Medicare enrollees and seniors.

<i>Respondent Category</i>	<i>3 Most Important Services to Add</i>
Medi-Cal	<i>Access to a regular doctor (48%) Dental care (44%) Pediatric/specialty children's care (28%)</i>
Employer-Based Insurance	<i>Access to a regular doctor (52%) Pregnancy and birth services (39%) Pediatric/specialty children's care (33%)</i>
Medicare	<i>Medical services for seniors (53%) Access to a regular doctor (44%) Dental care (31%) Services for people with chronic diseases (31%)</i>
Aged 18-40	<i>Pregnancy and birth services (47%) Pediatric/specialty children's care (46%) Access to a regular doctor (43%)</i>
Aged 41-64	<i>Access to a regular doctor (53%) Services for people with chronic diseases (32%) Medical services for seniors (30%)</i>
Aged 65+	<i>Medical services for seniors (48%) Access to a regular doctor (46%) Services for people with chronic diseases (32%)</i>

Community Health Issues / Social Determinants of Health

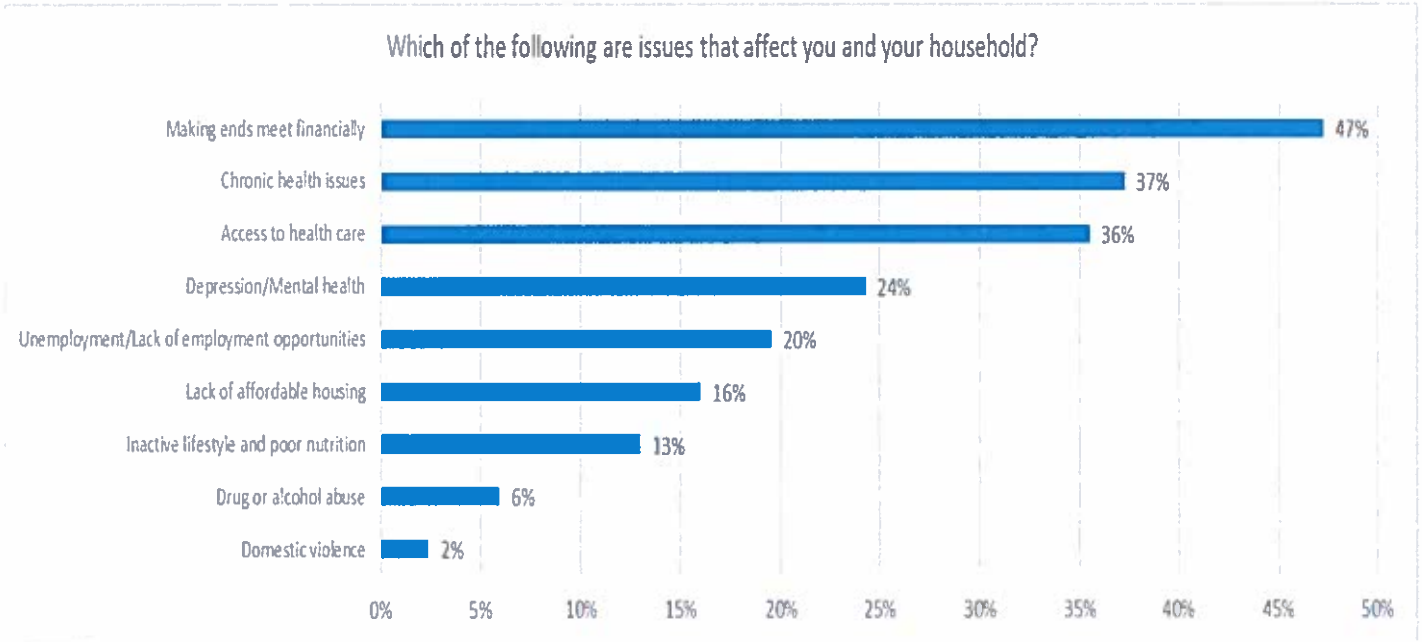
Respondents overwhelmingly highlighted drug and alcohol abuse as a pressing community health issue.

- When asked to identify the most pressing community health problems, survey respondents overwhelmingly highlighted drug and alcohol abuse (75%). This included 80% or greater of respondents aged 18-40, those with Medi-Cal and those with employer-based coverage. These findings are consistent with the 2013 CA299 survey, in which 67% of respondents highlighted drug alcohol abuse.
- Unemployment/Lack of employment (57%) and depression/mental health (41%) were the other problems prioritized by respondents. Lastly, about 30% of respondents additionally pointed to crime, child abuse/neglect, inactive lifestyles and domestic violence.



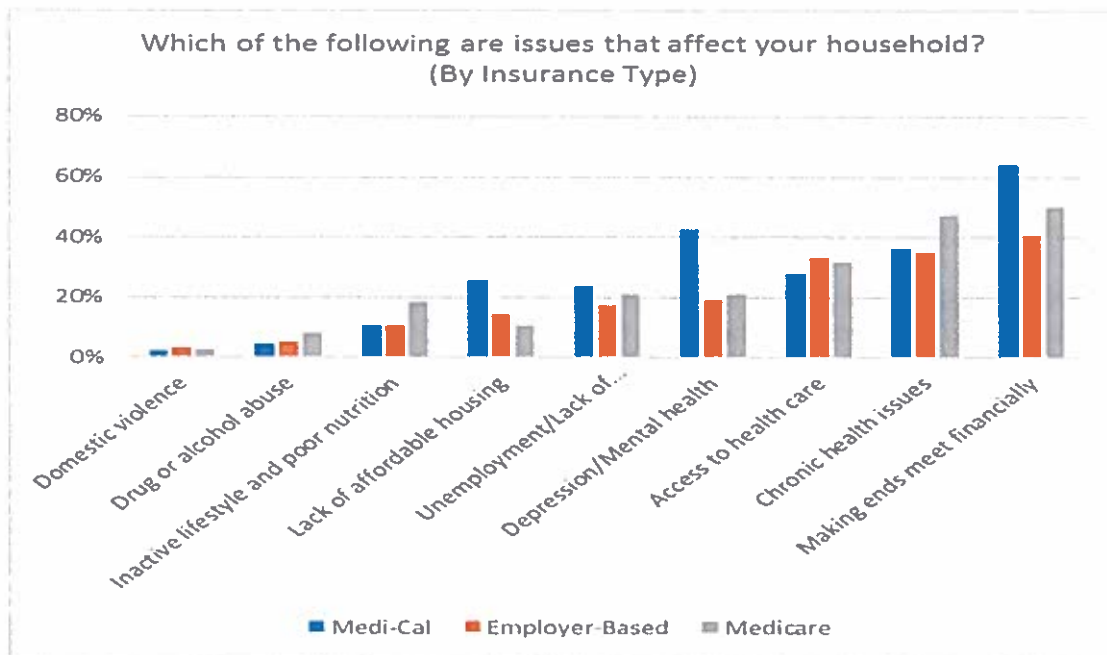
Financial challenges, chronic health issues, access to health care and depression/mental health are issues impacting patient households.

- When asked about issues that affect their households, respondents indicated that making ends meet financially (47%), chronic health issues (37%) and access to health care (36%) were issues that impacted them. About a quarter of respondents also highlighted depression and mental health (24%) and one fifth pointed to unemployment/lack of employment (20%).



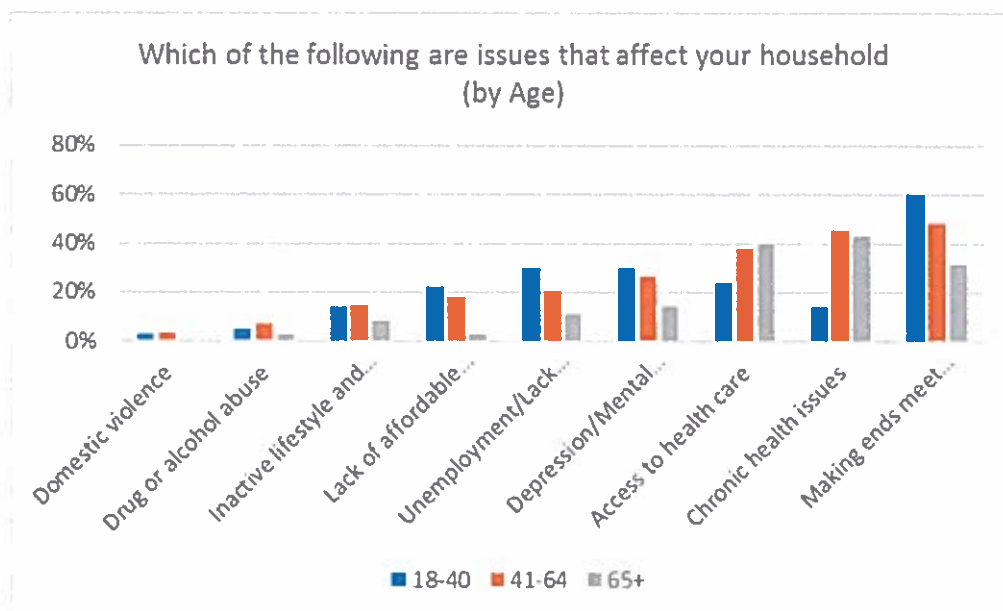
Depression/Mental Health and financial issues disproportionately impact respondents with Medi-Cal.

- Financial, employment and affordable housing issues were more significant among Medi-Cal members. Additionally, 43% of Medi-Cal members indicated that depression/mental health were issues in their household compared to 24% of all respondents.
- Chronic health issues and making ends meet financially were issues that disproportionately affected respondents with Medicare.



Financial concerns, employment, housing and depression/mental health are more common household issues among respondents aged 18-40.

- Comparatively, making ends meet, unemployment/lack of employment, lack of affordable housing and depression/mental health are bigger issues among respondents aged 18-40. These issues were more accentuated among respondents aged 18-24. For example, 46% of respondents aged 18-24 checked depression/mental health as an issue affecting their household.
- In contrast, chronic health issues were a notably bigger issue among respondents aged 41 and older.



Community Perceptions About Local Health Services

Survey respondents were asked to indicate if they strongly agreed, agreed, disagreed or strongly disagreed with several statements about local health care services with 1 = strongly disagree and 4 = strongly agree. The average response (4.0 is the highest) is provided for each question below by insurance category and age category.

- Overall, respondents strongly agreed that it was important to have local medical providers and a local hospital in the community. Ratings were consistent across age groups.
- Respondents were less likely to agree that residents know about / value local medical services or that the quality of local care is high. Ratings in these categories were notably higher among seniors aged 65+ and notably lower among respondents with employer-based insurance.

	Total	Medi-Cal	Employer-Based	Medicare	Aged 18-40	Aged 41-64	Aged 65+
Residents know about and value local medical providers/clinics	2.87	2.98	2.58	3.09	2.72	2.76	3.24
The quality of care provided by local medical providers/clinics is high	2.85	2.95	2.66	3.04	2.71	2.74	3.18
Having local medical providers is important to the community	3.79	3.74	3.80	3.81	3.74	3.77	3.88
Having a local hospital is important to the community	3.74	3.76	3.72	3.78	3.71	3.72	3.83

2017 PATIENT SURVEY

1. Where do you usually go for your medical care?

- I have ONE doctor or clinic I go to (Name: _____)
- I have MULTIPLE doctors or clinics I go to
- Emergency Room
- I don't have anywhere I regularly go
- Other: _____

2. What are the 3 biggest problems you and your family have in getting health care?

Please check three.

- Cost is too high
- Transportation is not available
- Services are too far away
- Can't find a doctor/clinic that accepts my insurance
- The wait is too long for an appointment
- Can't find the right type of doctor or specialist
- Services in the area are not good quality
- Other: _____

3. What are the 3 most important services you would like to see added or expanded in our community? *Please check three.*

- Access to a regular doctor
- Dental care
- Pregnancy and birth services
- Alternative care (i.e. acupuncture)
- Drug and alcohol services
- Mental health services
- Pediatric or specialty children's care
- Medical services for seniors
- Specialty services: _____
- Services for people with chronic issues like diabetes or heart disease
- Other: _____

4. What do you think are the most pressing concerns or issues in our community?

Check all that apply

- Teen pregnancy
- Domestic violence
- Child abuse or neglect
- Drug or alcohol abuse
- Unemployment/Lack of employment
- Access to health care
- Cancer
- Lack of Affordable Housing
- Crime
- Tobacco use
- Depression/Mental Health
- Parenting
- Inactive lifestyles and poor nutrition
- Child obesity
- Dental health
- Children's health issues (immunizations, asthma)
- Other: _____

5. Which of the following are issues that affect you and your household (if any)?

Check all that apply.

- Lack of Affordable Housing
- Unemployment/Lack of employment opportunities
- Chronic health issues
- Inactive lifestyle and poor nutrition
- Depression/Mental health
- Access to health care
- Domestic violence
- Making ends meet financially
- Drug or alcohol abuse
- Other: _____

6. Which services do you or your family travel out of the area to receive?

Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Regular doctor or clinic | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Pediatric or specialty children's care |
| <input type="checkbox"/> Pregnancy and birth services | <input type="checkbox"/> Medical services for seniors |
| <input type="checkbox"/> Complementary/alternative care | <input type="checkbox"/> Chronic disease services |
| <input type="checkbox"/> Drug and alcohol support services | <input type="checkbox"/> Specialty services: _____ |
| <input type="checkbox"/> Hospital services | <input type="checkbox"/> Lab services |
| <input type="checkbox"/> Physical/Speech/Occupational Therapy | <input type="checkbox"/> Radiology services |
| | <input type="checkbox"/> Other: _____ |

7. Over the last few years has it gotten easier, about the same or more difficult for you and your family to access the below services.

	<i>Easier</i>	<i>About the Same</i>	<i>More Difficult</i>	<i>Not Applicable</i>
Access to a regular doctor/clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical services for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug/Alcohol dependency services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy/Birth services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Education and Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please indicate whether you strongly agree, agree, disagree or strongly disagree with the statements below.

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
Residents know about and value local medical providers/clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of care provided by local medical providers/clinics is high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having local medical providers is important to the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a local hospital is important to the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What is your age?

- 18 – 24 25 – 40 41 – 64 65 – 80 Over 80

10. What type of health insurance do you have?

- | | |
|---|---|
| <input type="checkbox"/> Insurance from my employer | <input type="checkbox"/> Medi-Cal (includes Partnership HealthPlan) |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> I don't have health insurance |
| | <input type="checkbox"/> I don't know |

Insurance that I purchase myself
(includes Covered California)

11. What is your ethnicity?

White/Caucasian Hispanic/Latino African-American
 Native American Asian / Pacific Islander Other: _____

12. Additional Comments: _____



CA299 Collaborative Stakeholder Interview Summary

(May 15, 2017)

Background

Between April and May 2017, Pacific Health Consulting Group conducted 13 telephone interviews with community leaders throughout the CA299 Health Collaborative service area, including medical service providers, county agencies, social service organizations, school leadership and other community leaders. Stakeholders represented all of the diverse communities encompassed in the service area, including Modoc County, the Butte Valley region of Siskiyou County (Tulelake, Dorris), and the Intermountain Valley communities of Burney, Fall River Mills, Bieber, and McArthur among others.

Interview participants included the following:

- Jason Allen, Dean of Students/Vice Principal, Butte Valley Unified School District
- Vanessa Jones, Principal, Tulelake High School
- Jim Hamlin, Intermountain Rotary Club (Burney), former Mayers Memorial Hospital board member
- Greg Hawkins, Superintendent, Fall River School District
- Kevin Kramer, CEO, Modoc Medical Center
- Louis Ward, CEO, Mayers Memorial Hospital District
- Stacy Sphar, Deputy Director of Public Health, Modoc County Health Services
- Margaret Kisliuk, Executive Director, Northern Region, Partnership HealthPlan of California
- Christy Asmussen, Director, Big Valley Family Resource Center (Bieber)
- Cindy Dodds, Executive Director, Tri-County Community Network (Burney)
- Assemblyman Brian Dahle, 1st Assembly District
- Dave Jones, CEO, Mountain Valleys Health Centers
- Greta Elliott, CEO, Canby Family Practice

The purpose of the interviews was to solicit local perspectives about access to health care, major community health issues and recommendations for future investments or initiatives. The following report highlights key findings from the interviews and notes regional differences where present.

Community Context

- ***Local economies have been eroding for the last 10-15 years, which provides important context for the health and social issues impacting residents.***

Several stakeholders noted the underlying changes in the economy and employment as important factors for understanding the major community health issues in their communities. In most communities, lumber was the historically dominant industry followed by government and service agencies (e.g. school districts, medical services). In Butte Valley, agriculture (e.g. alfalfa, strawberries) is also an important industry.

In each of the communities, but particularly in the Butte Valley and Intermountain Valley, stakeholders explained that employment in lumber and agriculture has experienced steady declines over the past 15 years due to increased mechanization, water shortages and other issues. In addition to high rates of overall poverty, some stakeholders noted that this has contributed to a full generation of residents either unemployed or severely under-employed.

Community Health Issues

- ***Substance use is a core community health issue that contributes to other secondary health and social issues in the community.***

Substance abuse, and particularly opioid and narcotics use, was described as a significant community health issue by all interviewed stakeholders and the most significant community health issue by the vast majority of stakeholders. This finding was uniform across all of the communities. Specifically, stakeholders pointed to high rates of opioid dependency (and historical prescribing habits), heroin use and alcohol abuse. Several stakeholders also pointed to marijuana use as an increased concern, particularly among youth, due to the proliferation of marijuana grow operations in the community. Many stakeholders described how high rates of substance use and abuse contributed to other major community health and social issues, including childhood neglect and trauma, mental health issues, domestic violence, petty and violent crime and homelessness.

- ***A generation of poverty, unemployment and drug and alcohol abuse has led to the breakdown of many families and severely impacted the health and well-being of children.***

Stakeholders repeatedly highlighted a crisis of drug and alcohol use among families that leads to the neglect of children's basic needs, lack of parental presence and support, and an increase in childhood trauma and mental health issues. School officials, social service providers and others described it as a pervasive issue in the community that is impacting a large proportion of school-aged children. They frequently pointed to the high presence of behavioral issues and trauma as direct results of drug use by parents and breakdown of families. Stakeholder comments included the following:

“Mental health and childhood trauma, it is absolutely an issue. It is on the rise – the cause is drug abuse.... When you look at the trauma that these kids have been through it is astounding. It is really difficult for them to make it. A lot of it is because they are coming from broken and re-broken homes.”

– Fall River School Official

“We have lots of kids who come from homes where drugs and alcohol are very prevalent so there is a lot of uncertainty for them. A lot of kids are being cared for by family members because their birth parents are not functioning.... Over the last 10 years it has definitely gotten worse.”

– Butte Valley School Official

“Mental health is a growing need [at our school].... We have 320 kids at school but we have 32 kids on the behavioral health caseload and it is continuing to grow.... It is the result of alcohol and drug abuse and the home environment”.

– Tulelake School Official

“It just seems that kids have no support at home. The parents might be on drugs, not a lot of food, it is crazy when you talk to the teachers what they put up with today. I would say that 50% of our kids struggle with different issues.”

– Burney Community Leader

“I think a lot of it boils down to parenting and the lack of engagement at home. A lot of these behaviors are learned and cyclical... The service providers like [medical providers], schools and law enforcement, we are all doing our best but we can't have a major impact if the parents aren't engaged to do something different.”

– Modoc Medical Provider

- ***There is a perception of increases in both homelessness and crime, likely due to drug and alcohol abuse.***

All of the stakeholders representing the Intermountain Valley region highlighted a spike in homeless residents, squatters and petty crime, particularly in the area around Burney. Two stakeholders in the Butte Valley also pointed to increased petty crime (e.g. burglaries) but did not share similar concerns about community homelessness/squatting. Intermountain Valley stakeholders noted that in the previous 1-2 years there has been the emergence of small groups of individuals living in the woods, squatting in vacant homes, committing petty crimes such as theft and vandalism, and a few instances of public mental health breakdowns or incidents. While they emphasized the need to learn more, most believed substance use as the root of this issue. Comments from stakeholders are highlighted below:

“These folks are living out in the woods.... We are seeing a lot of mental health issues with the homeless. We don't really have any services in our community for this.”

– Burney Community Leader

“We have had discussions here locally about what we perceive to be an increase in homelessness.... And they are perpetrating a bunch of property crimes... From our anecdotal information it looks like it is universally tied to addiction.”

– Burney/Fall River Social Service Provider

"I'm not sure what's going on but I'm hearing stories of families living in vacant homes or in the woods. Squatters in vacant rentals.... There is a lot of uncertainty about who they are and what they are doing.... They are also stealing and breaking things."

– Fall River School Official

- ***There is concern that the rapid proliferation of marijuana cultivation operations in the local area along with legalization is exacerbating multiple community health and social issues, including increased transients, a more permissive environment for youth, and economic impacts.***

Multiple stakeholders, and particularly those in the Intermountain Valley, stated that there has been a rapid growth in marijuana cultivation operations across the valley, which have contributed to community health and social issues, including the following:

- Affordable housing and land is being bought up by marijuana growers, thus limiting affordable housing for other residents;
- Children are placed in school for short periods of time and then pulled out after the growing season. Others are pulled from school by their parents during the trimming season to assist with the operation;
- Increased number of transients living temporarily while working at the grow operations;
- Marijuana use is more pervasive and permissible among youth.

Aside from the above issues, stakeholders conveyed a sense of losing control and ownership over their communities and lacking recourse to contain the negative impact on their communities.

- ***High rates of mental health issues persist in the community from drug abuse, stress, trauma and isolation, among other factors.***

Stakeholders repeatedly highlighted mental health as a core community health issue throughout the CA299 service area. Participants pointed to several factors, including the stress of poverty and financial issues, results of childhood or adult trauma, domestic violence and unhealthy home environments, isolation (particularly for seniors), and the impact of long-term drug use.

- ***Chronic illness remains a notable health issue, particularly for older adults.***

A few stakeholders highlighted traditional chronic health issues, such as heart disease among adults, obesity/diabetes among both children and adults, and asthma among children as important health issues. However, these issues were not raised as commonly as the above issues of drug/alcohol abuse, childhood trauma and mental health.

Access to Care and Priorities for New Services

Interviewed stakeholders were asked to describe the level of access to care to different services in their community, as well as, identify priorities for new or expanded services. Stakeholders highlighted several important themes related to current access and major gaps in care:

- Recruiting and retaining physicians remains a significant challenge in every community. The lack of a physician workforce makes caring for complex and chronically ill individuals more difficult;
- The nearest labor and delivery service is more than an hour from every local community and is identified as a major gap in service;
- Despite the severity of need, local drug prevention and treatment services are essentially unavailable in CA299 communities, including detox, inpatient treatment, residential treatment, counseling and education/prevention services;
- Schools, families and children lack staffing, resources and programs to address the growing challenge of childhood trauma and family instability;
- Outpatient mental health services (e.g. counseling) have improved somewhat with the addition of counselors and use of tele-psychiatry, but a shortage still exists. Severe shortages persist for crisis and inpatient psychiatric services;
- Central needs among seniors include home health and assisted living services to help keep seniors out of a nursing home, as well as, local access (and transportation) to specialty services that address chronic illness;
- Local specialty services remain non-existent, but there is a perception that access to care has improved due to the Medi-Cal expansion and transition to Medi-Cal managed care, and;
- Dental services are extremely limited in every community, including pediatric dental access.

Stakeholders were then asked to prioritize what new services they would like to see to address significant community health issues and gaps in local services. Stakeholders prioritized the following:

- 1) Sufficient and consistent primary care physician staffing;
- 2) Expanded services to prevent and treat drug abuse, including pain management;
- 3) New services and resources to treat childhood trauma and promote a healthy home environment;

- 4) Local labor and delivery services, and;
- 5) Senior support services that promote seniors staying at home and targeted specialty services for aging adults/seniors.

A more detailed discussion of each of these priorities is included below:

1) *Sufficient and consistent primary care physician staffing*

In terms of access to basic primary care services, stakeholders in the Intermountain Valley generally indicated that they could access primary care services when needed. Stated one stakeholder, "I think we have better access to medical services than anyone in the north state. There is no one who won't be seen [by MVHC or Hill Country]." That said, multiple stakeholders shared that while residents could get in for services with a nurse practitioner or physician assistant it was much more difficult to see a physician. Stated a local medical provider, "We have more locums than we ever have and most of those are mid-level practitioners. We are seeing people but those with chronic or serious conditions need to see a physician."

In Modoc, stakeholders highlighted similar challenges to recruiting physicians that are willing to come to the area, are a good fit for the community and would stay for multiple years. One stakeholder also stated that they pay well-above the market rate to attract physicians. In Butte Valley, multiple stakeholder stated that while there was a local clinic available for residents, staffing and hours were inconsistent due to challenges maintaining provider staffing. As a result, they suggested that many in the community chose to commute to Klamath Falls, Oregon for services.

2) *Expanded services to prevent and treat drug abuse, including pain management*

As stated above, stakeholders highlighted drug abuse as the most significant community health issue and placed a particular emphasis on the opioid epidemic. While stakeholders acknowledged that local inpatient treatment are not feasible, they did highlight a number of other recommendations, including:

- Strengthening the pain management and alternative therapy programs among local medical providers to reduce the abuse of pain medications and promote alternative therapies (several applauded steps in this direction);
- Investing more heavily in drug prevention and education programs for youth to deter addiction;
- Developing local transitional treatment options for individuals exiting residential or inpatient treatment to avoid placing them right back in the situations that they exited;
- Establishing a local and affordable detox program, and;
- Continuing to increase drug counseling services for residents.

3) *New services and resources that treat childhood trauma and promote a healthy home environment*

In a related issue, several stakeholders advocated for more resources and services to treat childhood trauma and promote healthy home environments (which often results from family drug use). This recommendation included different veins. First, school officials indicated that they treat a disproportionate number of children with behavioral health issues and have high numbers of placements in school-based behavioral health programs like Individual Education Plans (IEPs) or 504s, as well as, a large number of children that experience trauma or hardship due to their home situation. They advocated for increased school-based counseling and support services for their students. Second, several stakeholders highlighted the need for more intensive family-based services that would promote stable and healthy home environments. Suggested included nursing home visit programs or other home visiting case management programs, programs to assess Adverse Childhood Experiences and educate parents about the impact of trauma, parent/family education programs or other intensive services.

Additionally, a few stakeholders advocated for developing collaborative programs between schools, family resource centers, law enforcement and behavioral health service providers to target the intertwined issues of poverty, family drug use, home environment and childhood trauma. Most importantly, several stakeholders indicated the need to target the family and social environment that produced negative health outcomes.

4) *Local labor and delivery services*

Though stakeholders agreed that there was no easy solution for local labor and delivery services and that the low volume of births was a challenge, it was highlighted as a priority need in the majority of interviews and across different communities. Multiple stakeholders emphasized the challenge of growing the community without the availability of local labor and delivery services. Stated one stakeholder, "It is really hard to build a community of families if you have to go 100 miles for that service." Other stakeholders stated that the lack of local labor and delivery services made recruitment of family physicians even more difficult, since many would prefer to deliver at the local hospital.

5) *Senior support services that promote seniors staying at home and targeted specialty services for seniors*

Stakeholders in each community highlighted the lack of home health and assisted living services to keep seniors in their home as a major service gap in the community. This was an issue raised by multiple stakeholders in Modoc and the Intermountain Valley. Additionally, while stakeholders described a lack of local specialty services and transportation issues more broadly, multiple stakeholders prioritized strengthening access for high need specialties among seniors and older adults, particularly those with chronic illnesses. Stakeholders noted that most seniors require multiple specialty services, which are typically located 60-90 miles away. Further they highlighted the lack of transportation services as a central barrier for seniors.



CA299 HEALTH COLLABORATIVE

NEEDS ASSESSMENT FINDINGS

Prepared by Pacific Health Consulting Group
Monday, May 22, 2017

Methodology

- Secondary Data Review
- Patient Survey (265 responses)
- Stakeholder Interviews (14 participants)

Community Demographics

TABLE A: Demographic Characteristics of CA299 Counties and Communities

	Zip Code	Total Population	Under Age 18	18-64	65 and Older	Median Age	% Hispanic	% Under 200% FPL
California			22.9%	62.6%	12.6%	36.8	36.4%	38.1%
Modoc County						47.8	14.8%	64.8%
Davis Creek	96108	10	0.0%	100.0%	0.0%	-	0.0%	100.0%
Alturas	96101	5,531	21.1%	56.7%	20.2%	46.1	14.4%	41.5%
Canby	00015	626	27.3%	36.6%	33.9%	53.6	34.0%	64.6%
Likely	00116	129	10.1%	72.1%	17.6%	60.2	24.0%	57.4%
Lookout	00054	276	17.0%	64.7%	28.3%	61.0	12.3%	62.0%
Subtotal of zip codes		6,672						
Lassen County						38.8	48.3%	36.7%
Adin	00006	314	15.6%	50.0%	24.5%	68.5	0.0%	33.6%
Nubieber	00008	148	0.0%	84.5%	15.5%	44.0	21.0%	52.6%
Bieber	00000	294	16.4%	45.0%	36.1%	69.0	0.0%	27.6%
Macarthur (across 3 Co.)	00056	1,308	6.7%	64.6%	23.7%	64.9	8.0%	20.5%
Subtotal of zip codes		2,124						
Shasta County						42.2	6.2%	48.7%
Old Station	00071	125	20.0%	36.4%	41.6%	62.7	0.0%	63.2%
Hat Creek	00040	202	2.4%	46.0%	50.7%	67.0	35.0%	30.7%
Cassell	00016	573	17.1%	51.1%	31.6%	56.1	2.1%	16.1%
Burney	00013	4,111	21.3%	56.0%	20.7%	44.0	0.3%	47.6%
Fall River Mills	00028	1,636	17.6%	65.7%	20.4%	37.0	14.3%	36.3%
Subtotal of zip codes		6,736						
Siskiyou County						47.8	11.8%	46.8%
Dorris	00023	1,184	27.3%	53.7%	16.0%	34.2	28.6%	67.0%
McClell	00056	806	23.1%	61.7%	15.2%	46.2	45.6%	62.5%
Tulelake	00134	2,357	23.5%	61.7%	14.6%	40.4	36.3%	56.1%
Subtotal of zip codes		4,347						
Total of zip codes		19,779						

Source: 2011-2015 American Community Survey 5-Year Estimates.

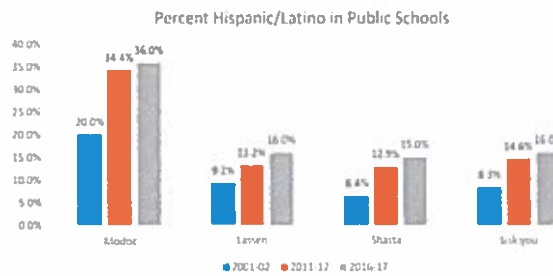
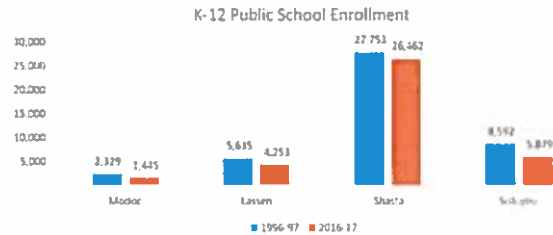
Population Growth/Change

- 19,779 total residents in CA299 service area
- 1,247 residents, or 5.9% decline since 2000

	Population	Change Since 2000
Modoc (e.g. Alturas, Canby)	6,676	+5.8%
Lassen (e.g. Macarthur, Bieber)	2,124	-27.9%
Shasta (e.g. Burney, Fall River Mills)	6,737	-8.0%
Siskiyou (e.g. Dorris, Tulelake)	4,347	-4.4%
Total CA299 Service Area	19,779	-5.9%

School Enrollment

School enrollment is declining while continuing to become more ethnically diverse.



Income, Poverty and Employment

	California	Lassen	Modoc	Shasta	Siskiyou
Median Income	\$61,818	\$51,555	\$37,860	\$44,620	\$37,170
% at Poverty Level last 12 months					
<i>All Families</i>	12.2%	10.7%	8.7%	11.1%	17.3%
<i>All Families with children 0-5</i>	15.5%	15.7%	4.4%	28.3%	32.7%
Unemployment Rate*	4.9%	8.0%	9.7%	7.0%	9.9%

Changes in Insurance Coverage

Percent Uninsured: 2013, 2016

	% Uninsured - 2016	% Uninsured - 2013
California	6%	18%
Lassen	6%	15%
Modoc	9%	19%
Shasta	7%	19%
Siskiyou	8%	20%

Partnership HealthPlan Medi-Cal Enrollment by Expansion Status (May 2017)



Mortality/Health Status Indicators

Shasta (57), Siskiyou (54), Modoc (38), Lassen (15)

California County Health Status Profiles – Age Adjusted Mortality Rate and County Ranking (2017)

HEALTH STATUS INDICATOR - MORTALITY	Lassen		Modoc		Shasta		Siskiyou		California Adjusted Rate
	Age-Adjusted Rate	County Rank	Age-Adjusted Rate	County Rank	Adjusted Rate	County Rank	Adjusted Rate	County Rank	
ALL CAUSES	588.8	15	716.2	38	884.0	57	805.2	54	616.2
ALL CANCERS	104.3	3	159.8	44	192.6	58	167.0	51	143.8
COLORRECTAL CANCER	12.8	30	8.0	5	16.8	57	11.0	18	13.2
LUNG CANCER	27.4	14	29.1	18	49.8	56	36.4	41	30.6
FEMALE BREAST CANCER	7.6	1	30.4	57	21.8	42	27.0	55	19.8
PROSTATE CANCER	18.1	22	17.4	16	25.2	51	32.7	57	19.3
DIABETES	21.1	40	27.3	48	19.9	36	21.5	41	20.6
ALZHEIMER'S DISEASE	8.6	7	6.2	4	44.5	56	32.0	36	32.1
CORONARY HEART DISEASE	82.2	26	84.5	27	125.9	54	90.3	33	93.2
CEREBROVASCULAR DISEASE (STROKE)	21.4	4	25.6	7	41.8	48	16.0	36	34.7
INFLUENZA/PNEUMONIA	13.2	26	17.3	45	14.2	32	16.2	40	15.2
CHRONIC LOWER RESPIRATORY DISEASE	34.2	23	56.0	52	75.9	57	58.4	54	33.3
CHRONIC LIVER DISEASE AND CIRRHOSIS	5.0	1	12.3	23	19.0	51	21.0	53	12.1
ACCIDENTS (UNINTENTIONAL INJURIES)	50.5	44	51.1	45	56.9	49	62.9	53	29.1
MOTOR VEHICLE TRAFFIC CRASHES	12.1	33	14.4	41	16.2	49	12.5	36	8.3
SUICIDE	22.5	48	18.4	43	22.3	47	24.1	50	10.3
HOMICIDE	5.9	38	17.5	58	6.5	45	3.6	27	4.8
FIREARM-RELATED DEATHS	17.8	51	23.8	56	15.0	47	14.7	46	7.6
DRUG-INDUCED DEATHS	26.1	53	21.2	46	23.6	51	21.7	47	11.8

Source: California Department of Health Services, County Health Status Profiles, 2017.

Leading Causes of Death

Leading Causes of Death (Age-Adjusted Rate)

Lassen	Modoc	Shasta	Siskiyou	California
All Causes (588.6)	All Causes (716.2)	All Causes (884.0)	All Causes (805.0)	All Causes (616.2)
All Cancer (104.3)	All Cancer (159.8)	All Cancer (192.6)	All Cancer (167.0)	All Cancer (143.8)
Coronary Heart Disease (82.2)	Coronary Heart Disease (84.5)	Coronary Heart Disease (125.9)*	Coronary Heart Disease (90.9)*	Coronary Heart Disease (93.2)
Accidents (50.5)*	Chronic Lower Respiratory Disease (56.0)*	Chronic Lower Respiratory Disease (75.9)*	Accidents (62.9)*	Stroke (34.7)
Chronic Lower Respiratory Disease (34.2)*	Accidents (51.1)*	Accidents (56.9)*	Chronic Lower Respiratory Disease (58.4)*	Chronic Lower Respiratory Disease (33.3)
Lung Cancer (27.4)	Female Breast Cancer (30.4)*	Lung Cancer (49.8)*	Lung Cancer (36.4)*	Alzheimer's Disease (32.1)
Drug-Induced Deaths (26.1)*	Lung Cancer (29.1)	Stroke (41.8)*	Stroke (36.0)*	Lung Cancer (30.6)

Chronic Disease Mortality Indicators

Table: Mortality Indicators Related to Chronic Disease or Health Behaviors

HEALTH STATUS INDICATOR - MORTALITY	Lassen		Modoc		Shasta		Siskiyou		California
	Age-Adjusted Rate	County Rank	Age-Adjusted Rate	County Rank	Age-Adjusted Rate	County Rank	Age-Adjusted Rate	County Rank	Age-Adjusted Rate
LUNG CANCER	27.4	14	29.1	18	49.8	56	36.4	41	30.6
DIABETES	21.1	40	27.3	48	19.9	36	21.5	41	20.6
CORONARY HEART DISEASE	82.2	26	84.5	27	125.9	54	90.9	33	93.2
CEREBROVASCULAR DISEASE (STROKE)	21.4	4	25.6	7	41.8	48	36.0	36	34.7
CHRONIC LOWER RESPIRATORY DISEASE	34.2	23	56.0	52	75.9	57	58.4	54	33.3
CHRONIC LIVER DISEASE AND CIRRHOSIS	5.0	1	12.3	23	19.0	51	21.0	53	12.1
ACCIDENTS (UNINTENTIONAL INJURIES)	50.5	44	51.1	45	56.9	49	62.9	53	29.1

Substance Use and Mental Health

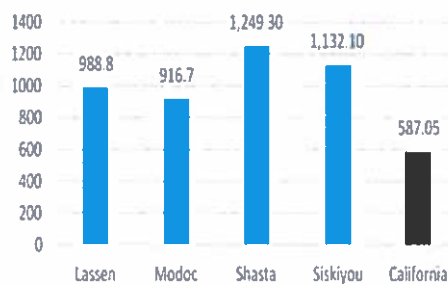
Multiple indicators highlight the significant impact of substance use and mental health on the overall mortality and health of residents in CA299 counties.

- **Drug-Induced Deaths:** The age-adjusted death rate from drug-induced deaths is more than double the California rate in each of the CA299 counties.
- **Suicide:** Additionally, each of the four counties exhibit suicide rates significantly higher than for California overall and than most other counties

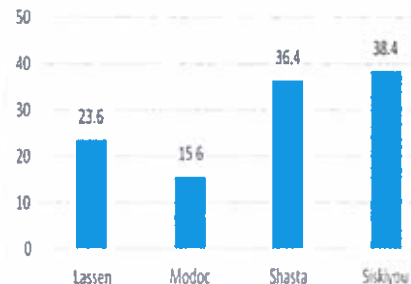
HEALTH STATUS INDICATOR - MORTALITY	Lassen		Modoc		Shasta		Siskiyou		California
	Age-Adjusted Rate	County Rank	Age-Adjusted Rate	County Rank	Age-Adjusted Rate	County Rank	Age-Adjusted Rate	County Rank	Age-Adjusted Rate
ALL CAUSES	588.8	15	716.2	38	884.0	57	805.2	54	616.2
ACCIDENTS (UNINTENTIONAL INJURIES)	50.5	44	51.1	45	56.9	49	62.9	53	29.1
MOTOR VEHICLE TRAFFIC CRASHES	12.1	33	14.4	41	16.2	49	12.5	36	8.3
SUICIDE	22.5	48	18.4	43	22.3	47	24.1	50	10.3
HOMICIDE	5.9	38	17.5	58	6.5	45	3.6	27	4.8
FIREARM-RELATED DEATHS	17.8	51	23.8	56	15.0	47	14.7	46	7.6
DRUG-INDUCED DEATHS	26.1	53	21.2	46	23.6	51	21.7	47	11.8

Opioid Use

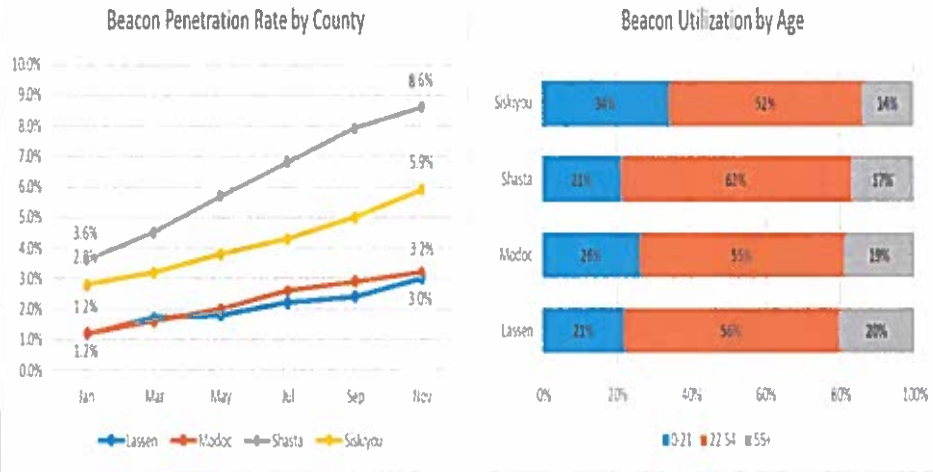
Opioid Prescriptions/100K Residents (2015)



Opioid Overdose ED Visits/100K Residents (2015)



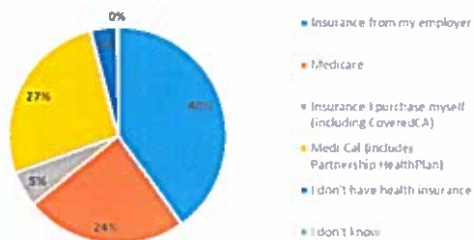
Mental Health Service Utilization (Partnership HealthPlan - Beacon)



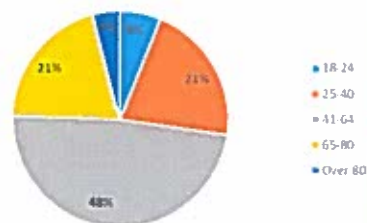
Patient Survey

Respondent Characteristics (N=265 responses)

Survey Respondents by Insurance Coverage

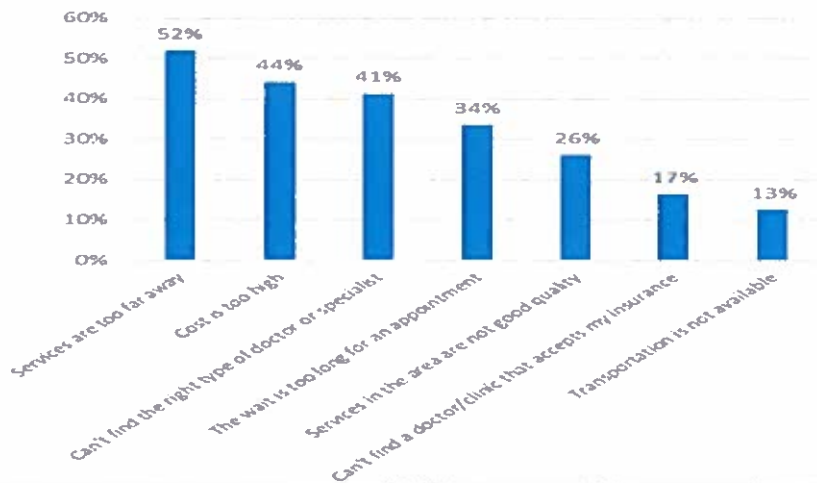


Survey Respondents by Age



Access and Barriers to Care

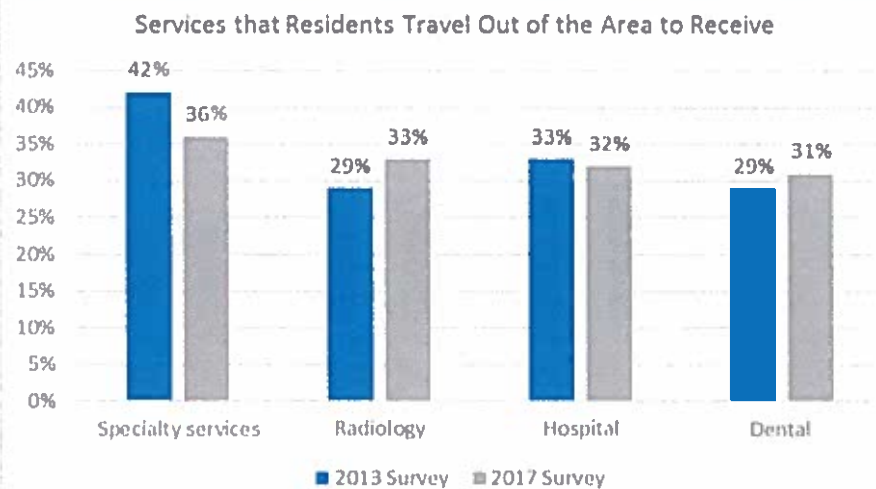
What are the 3 biggest problems you and your family have in getting health care?



Access and Barriers to Care

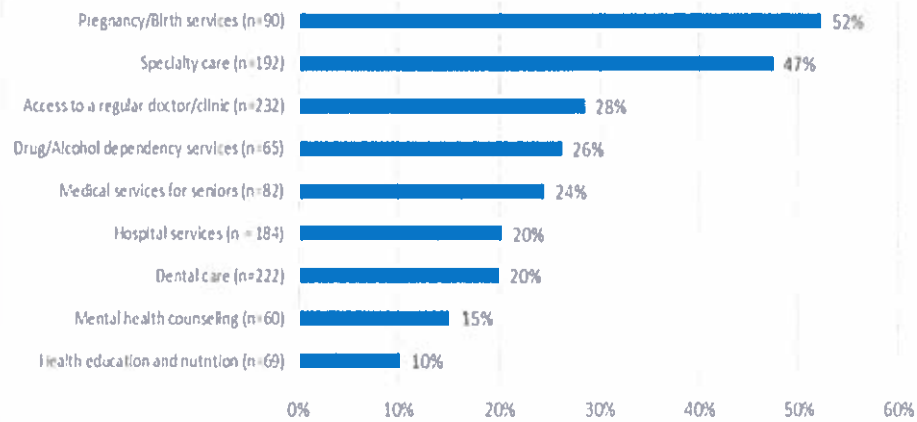
- 67% of seniors cited services being too far away as a barrier
- Cost (64%), can't find right doctor (46%) and services not good quality (46%) biggest barriers for respondents aged 18-24
- Cost was a barrier for 44% of respondents in 2017 compared to 54% in 2013
- But services being too far away a bigger barrier in 2017 (52%) compared to 2013 (44%)

Access and Barriers to Care



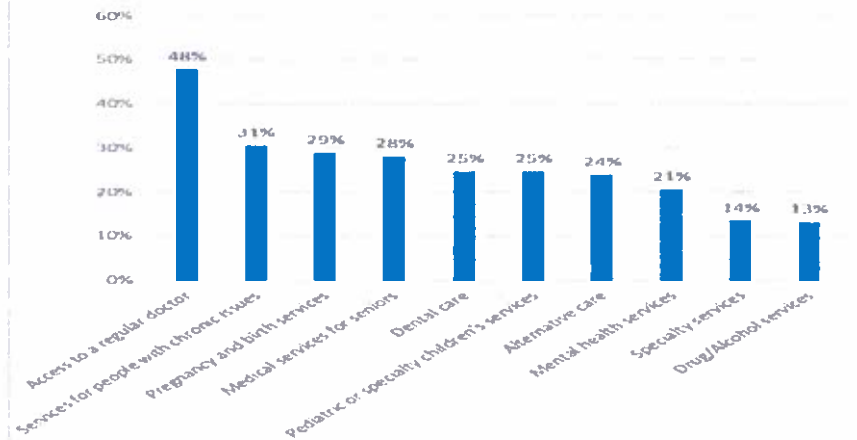
Access and Barriers to Care

Access to service has become "more difficult" over last few years



Desired Services to Add

What are the 3 most important services you would like to see added in our community?

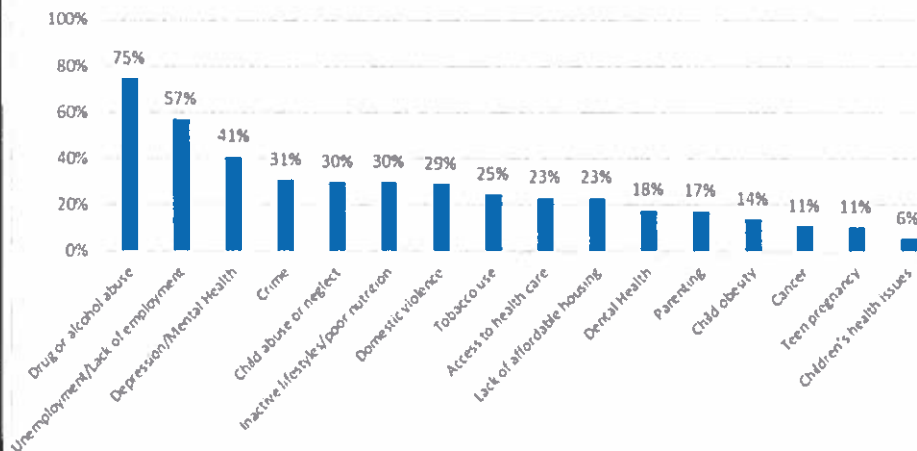


Desired Services to Add

<i>Respondent Category</i>	<i>3 Most Important Services to Add</i>
Medi-Cal	Access to a regular doctor (48%) Dental care (44%) Pediatric/specialty children's care (28%)
Employer-Based Insurance	Access to a regular doctor (52%) Pregnancy and birth services (39%) Pediatric/specialty children's care (33%)
Medicare	Medical services for seniors (53%) Access to a regular doctor (44%) Dental care (31%) Services for people with chronic diseases (31%)
Aged 18-40	Pregnancy and birth services (47%) Pediatric/specialty children's care (46%) Access to a regular doctor (43%)
Aged 41-64	Access to a regular doctor (53%) Services for people with chronic diseases (32%) Medical services for seniors (30%)
Aged 65+	Medical services for seniors (48%) Access to a regular doctor (46%) Services for people with chronic diseases (32%)

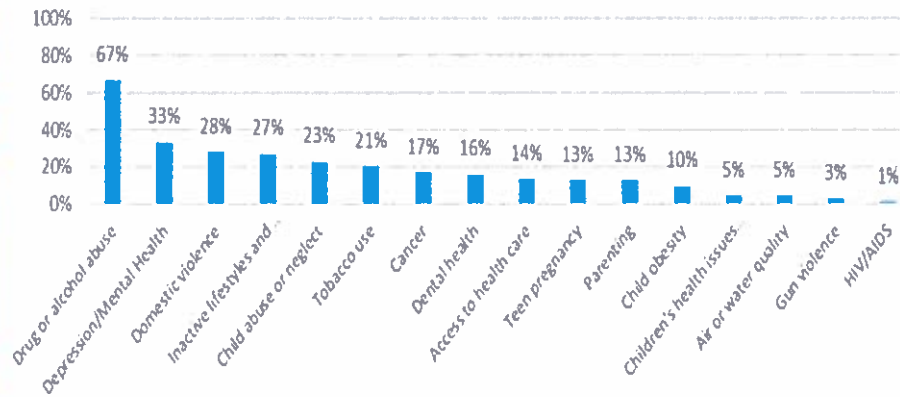
Community Health Issues - 2017

What do you think are the most pressing community health problems in our community (2017)?



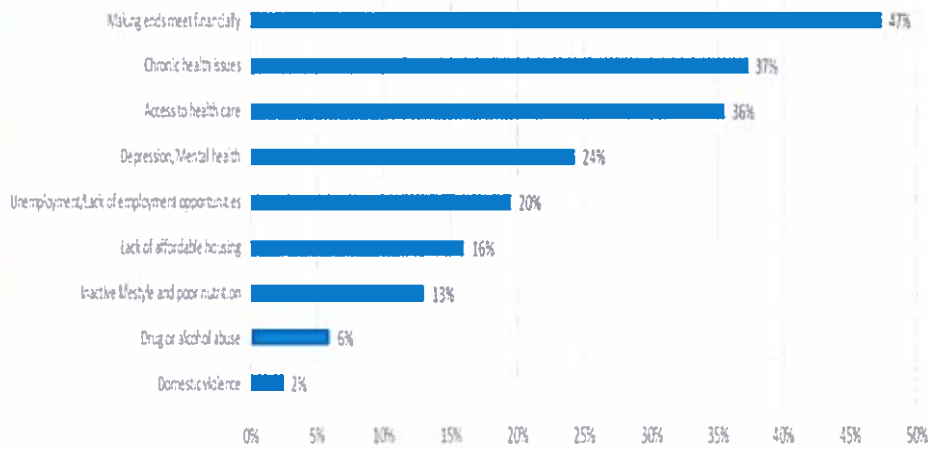
Community Health Issues - 2013

What do you think are the most pressing community health problems in our community? (2013)

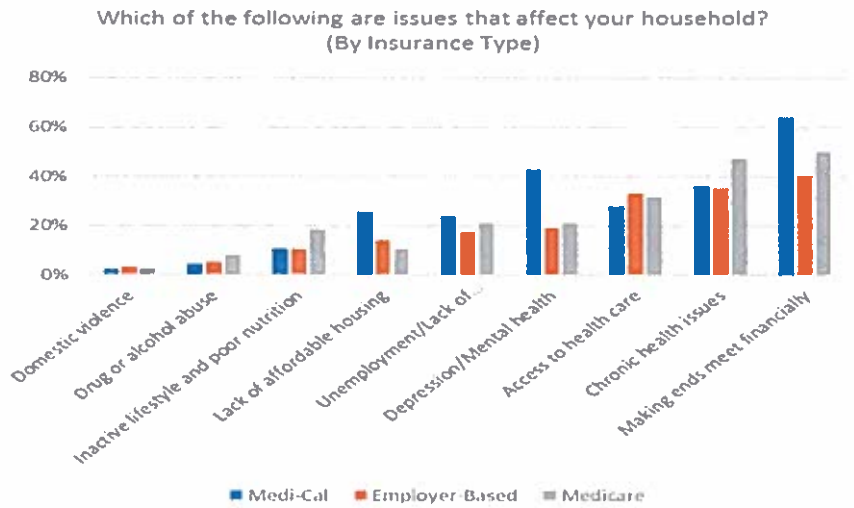


Issues Affecting Patient Households

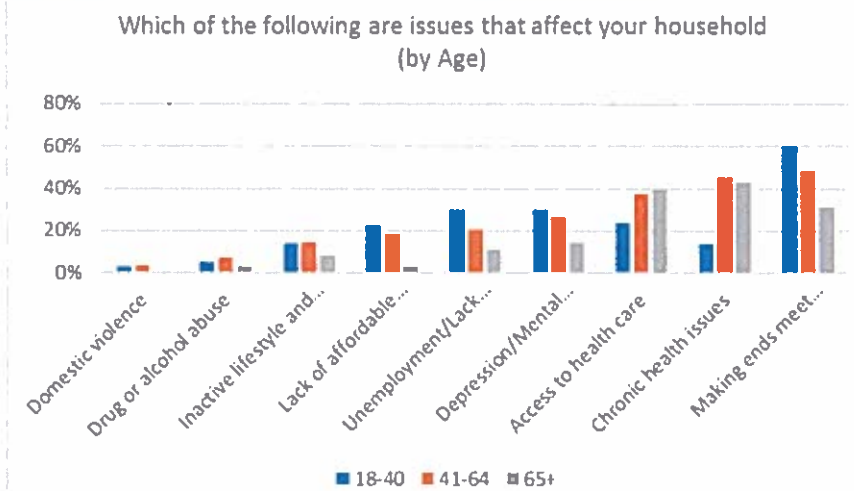
Which of the following are issues that affect you and your household?



Issues Affecting Patient Households by Insurance Type



Issues Affecting Patient Households by Age



Perceptions About Local Health Services

"Please indicate whether you strongly agree, agree, disagree or strongly disagree with the statements below." (1 = Strongly Disagree, 4 = Strongly Agree)

	Total	Medi-Cal	Employer-Based	Medicare	Aged 18-40	Aged 41-64	Aged 65+
Residents know about and value local medical providers/clinics	2.87	2.98	2.58	3.09	2.72	2.76	3.24
The quality of care provided by local medical providers/clinics is high	2.85	2.95	2.66	3.04	2.71	2.74	3.18
Having local medical providers is important to the community	3.79	3.74	3.80	3.81	3.74	3.77	3.88
Having a local hospital is important to the community	3.74	3.76	3.72	3.78	3.71	3.72	3.83

Stakeholder Interviews

Stakeholder Interview Overview

- **13 stakeholder interviews:**
 - Jason Allen, Dean of Students/Vice Principal, Butte Valley Unified School District
 - Vanessa Jones, Principal, Tulelake High School
 - Jim Hamlin, Intermountain Rotary Club (Burney), former Mayers Memorial Hospital board member
 - Greg Hawkins, Superintendent, Fall River School District
 - Kevin Kramer, CEO, Modoc Medical Center
 - Louis Ward, CEO, Mayers Memorial Hospital District
 - Stacy Sphar, Deputy Director of Public Health, Modoc County Health Services
 - Margaret Kisliuk, Executive Director, Northern Region, Partnership HealthPlan of California
 - Christy Asmussen, Director, Big Valley Family Resource Center (Bieber)
 - Cindy Dodds, Executive Director, Tri-County Community Network (Burney)
 - Assemblyman Brian Dahle, 1st Assembly District
 - Dave Jones, CEO, Mountain Valleys Health Centers
 - Greta Elliott, CEO, Canby Family Practice
- Interviews addressed perspectives on access to care, community health issues and priorities for future initiatives and new services

Community Health Issues

- All stakeholders described **substance use** as a core community health issue that breeds other health and social issues
- Several stakeholders underscored generational poverty and longstanding lack of employment opportunities as underlying issues



Community Health Issues

A generation of poverty, unemployment and drug/ alcohol use contributing to breakdown of families and childhood trauma

- *"Mental health and childhood trauma, it is absolutely an issue. It is on the rise – the cause is drug abuse.... When you look at the trauma that these kids have been through it is astounding. It is really difficult for them to make it. A lot of it is because they are coming from broken and re-broken homes."* – Fall River School Official
- *"We have lots of kids who come from homes where drugs and alcohol are very prevalent so there is a lot of uncertainty for them. A lot of kids are being cared for by family members because their birth parents are not functioning.... Over the last 10 years it has definitely gotten worse."* – Butte Valley School Official
- *"Mental health is a growing need [at our school].... We have 320 kids at school but we have 32 kids on the behavioral health caseload and it is continuing to grow.... It is the result of alcohol and drug abuse and the home environment".* – Tulelake School Official

Community Health Issues

- *"It just seems that kids have no support at home. The parents might be on drugs, not a lot of food, it is crazy when you talk to the teachers what they put up with today. I would say that 50% of our kids struggle with different issues."* – Burney Community Leader
- *"I think a lot of it boils down to parenting and the lack of engagement at home. A lot of these behaviors are learned and cyclical... The service providers like [medical providers], schools and law enforcement, we are all doing our best but we can't have a major impact if the parents aren't engaged to do something different."* – Modoc Medical Provider

Community Health Issues

Perception of increased homelessness and crime due to drug and alcohol abuse

- *"These folks are living out in the woods.... We are seeing a lot of mental health issues with the homeless. We don't really have any services in our community for this."*
– Burney Community Leader
- *"We have had discussions here locally about what we perceive to be an increase in homelessness.... And they are perpetrating a bunch of property crimes... From our anecdotal information it looks like it is universally tied to addiction."* – Burney/Fall River Social Service Provider
- *"I'm not sure what's going on but I'm hearing stories of families living in vacant homes or in the woods. Squatters in vacant rentals.... There is a lot of uncertainty about who they are and what they are doing.... They are also stealing and breaking things."* – Fall River School Official

Community Health Issues

Rapid proliferation of marijuana cultivation operations exacerbating community health and social issues

- More transients
- More permissive environment for youths
- Children in and out of schools
- Outsiders buying up affordable property

Community Health Issues

- **High rates of mental health issues persist in the community from drug abuse, trauma and isolation**
- **Chronic illness remains a notable health issue, particularly for older adults**

Access to Care

- **Primary Care Physicians:** Recruiting and retaining physicians remains a significant challenge in every community. The lack of a physician workforce makes caring for complex and chronically ill individuals more difficult;
- **Labor and Delivery:** The nearest labor and delivery service is more than an hour from every local community and is identified as a major gap in service;
- **Drug Prevention and Treatment:** Despite the severity of need, local drug prevention and treatment services are essentially unavailable in CA299 communities, including detox, inpatient treatment, residential treatment, counseling and education/prevention services.
- **Mental Health Services:** Outpatient mental health services (e.g. counseling) have improved somewhat with the addition of counselors and use of tele-psychiatry, but a shortage still exists. Severe shortages persist for crisis and inpatient psychiatric services;

Access to Care

- **Services to Support Families and Treat Childhood Trauma:** Schools, families and children lack staffing, resources and programs to address the growing challenge of childhood trauma and family instability;
- **Home Health, Assisted Living and Specialty for Seniors:** Central needs among seniors include home health and assisted living services to help keep seniors out of a nursing home, as well as, local access (and transportation) to specialty services that address chronic illness;
- **Specialty Access:** Local specialty services remain non-existent, but there is a perception that access to care has improved due to the Medi-Cal expansion and transition to Medi-Cal managed care, and;
- **Dental Services:** Dental services are extremely limited in every community, including pediatric dental access.

Priorities to Address

- Sufficient and consistent primary care physician staffing;
- Expanded services to prevent and treat drug abuse, including pain management;
- New services and resources to treat childhood trauma and promote a healthy home environment;
- Local labor and delivery services, and;
- Senior support services that promote seniors staying at home and targeted specialty services for aging adults/seniors.

Priorities to Address

- **Primary Care Physicians**
 - Recruiting and retaining primary care physicians a barrier in every setting
 - Mid-levels provide access but not care for complex or chronically ill
- **Expanded drug prevention and treatment**
 - Pain management/alternative therapy
 - Drug prevention and education programs for youth
 - Local transitional treatment options for those exiting inpatient/residential treatment
 - Local, affordable detox
 - Increased drug counseling

Priorities to Address

- **New services/resources to treat childhood trauma and promote a healthy home environment**
 - School-based mental health/counseling services
 - Intensive family/home-based services to promote stable and healthy home environments
 - Programs to assess and treat Adverse Childhood Experiences
 - Multi-field/agency partnerships (schools, law enforcement, MH/SUD, social services) to target intertwined issues of poverty, drug use and home environment

Priorities to Address

- **Local labor and delivery services**
 - An hour or more for all CA299 communities
 - *"It is really hard to build a community of families if you have to go 100 miles for that service"* – Elected Official

- **Senior support services to promote staying at home and targeted specialty care**
 - Home health, assisted living to keep seniors at home
 - Local specialty and/or transportation to specialty care for seniors

