

SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD

Annual Report to the Shasta County Board of Supervisors

January 2010 – January 2011

The mission of the Shasta County Mental Health, Alcohol and Drug Advisory Board (MHADAB) is to inform and educate the public on alcohol, drugs, and mental health issues as well as to advise Shasta County Mental Health, Alcohol and Drug Services (SCMHADS) on program development, availability of services, and planning efforts established by Welfare and Institutions Code Section 5604.2, which includes the following responsibilities:

1. Review and evaluate the community's mental health, alcohol and/or drug treatment needs, services and special problems as related to the above.
2. Review performance contracts.
3. Advise the Board of Supervisors (BOS), the County Director of Mental Health Services (Director), and the County Alcohol and Drug Program Administrator (Administrator) as to any aspect of the County of Shasta's mental health, alcohol and drug treatment and prevention services.
4. Ensure citizen, consumer and professional involvement in the SCMHADS delivery planning efforts.
5. Submit an annual report to the BOS on the needs, challenges and performance of the County of Shasta's mental health, alcohol and drug treatment and prevention services.
6. Review, interview and make recommendations on applicants for appointment of the Director and Administrator.
7. Review and comment on the County of Shasta's performance outcome data and communicate its findings to the State of California Mental Health Planning Council and/or other appropriate entities.
8. Assess the impact of the realignment of services from the State of California on mental health services delivered to clients and within the Shasta County community.
9. Review draft Mental Health Services Act (Proposition 63, General Election of November 2004) plans and annual updates, make recommendations to the Director regarding the plans and updates, and make recommendations to the County Mental Health Department for revisions, as needed (per Welfare and Institutions Code Section 5848(b)).
10. Conduct public hearings on draft Mental Health Services Act (MHSA) plans, annual updates and other matters as appropriate.

Membership

Sandra Tary, Chair	Supervisor David Kehoe
Mary Rickert, Past Chair	Sam Major
Dianna Branch	Jim Middleton
Georgia Dukes	Richard Myers
Thomas Gibbons	Lowell Streiker
Marjorie Hall	Don Van Buskirk
David Honey	Steve Lucarelli
Sherrie Allan	Rusty Garren
Michelle Gazzigli	Butch Jones
James Montgomery	

The most significant accomplishment of the MHADAB this year was the merging of the former Shasta County Mental Health Advisory Board and the former Shasta County Alcohol and Drug Advisory Board. Both Advisory Boards served the Health and Human Services Agency (HHS) and addressed many of the same consumers of service. This merger has enabled the HHS/Adult Services to be more efficient and effective in providing services to consumers who often require treatment for both mental illness and substance use disorders. The merger has also brought a positive change that has enabled the HHS/Adult Services to reduce administrative time and costs for the county.

The MHADAB would like to give special acknowledgement to Michelle Gazzigli, the Chair of the former Alcohol and Drug Advisory Board, and Mary Rickert, the Chair of the former Mental Health Advisory Board, for their tireless and unselfish efforts in making this merger happen.

During this report period, the MHADAB received monthly presentations and written reports from the HHS/Adult Services staff focusing on mental health and substance abuse treatment services. The information included updates on the County and State budgets, Crisis and Urgent Care Services outcomes which included both substance abuse and mental health residential programs and psychiatric hospitalizations, the development and progress of an Access Team to better coordinate mental health treatment services, and the integration of primary care and mental health care.

Fiscal and Budgetary

As a result of ongoing funding difficulties over the last three years, the MHADAB is concerned that those diagnosed with from chronic and persistent mental health and substance abuse dependence challenges will continue to encounter barriers to accessing care as public sector treatment providers continue to dwindle. Although the HHS/Adult Services has managed reductions with transparency, there still are concerns that further reductions in funding will greatly jeopardize existing programs and possibly result in the dismantling of the public mental health safety net system that currently exists.

Although these concerns are real, the MHADAB is hopeful for the future. The newly enacted federal health care reform and parity legislation could be “the hope” for our desperately needy mental health care system, should these two acts of legislation stand. In addition, the MHADAB and community is appreciative of the HHSA/Adult Services efforts to establish and sustain our consumer and family member wellness and recovery service sites, commitment to integrating mental health, substance abuse, and primary care medical services with our community partners, while seeking community support and ideas on two components of MHSA planning; Capital Facilities/Technology and Innovation.

24-hour/Emergency Care Services

The emergency psychiatric, acute, and chronic care services continue to be a source of concern. Although the HHSA/Adult Services has developed an efficient response system to locate and place individuals in need of psychiatric hospitalizations throughout the Sacramento and Bay Areas, the MHADAB continues to have concerns that psychiatric hospitalization services are not available or offered locally. Without such community based services, our local residents who are consumers of mental health services, struggle to maintain stability in the community and continue to recycle through the hospitalization system.

The establishment of the Crisis Stabilization Service (CSS) and Crisis Residential and Recovery Center (CRRC) has provided community members in need of crisis care, as well as the opportunity to recover from their mental health condition in a safe and supportive environment. These voluntary programs, especially the CRRC, have also served as a “step-down” for consumers who are transitioning back into the community from the hospital setting. The consumers are assigned to the HHSA/Adult Services Full Service Partnership Team in which additional “whatever it takes” services are provided such as housing support, employment, medication management, and family reunification.

Shasta County currently has two State Department of Alcohol and Drug Programs licensed residential alcohol and drug treatment facilities, however, because of budgetary constraints, individuals who are in need of detoxification and/or short-term residential treatment are not able to receive County-funded treatment at these facilities unless they are participating in the Shasta County Addicted Offender (Drug Court) program.

Quality Management/Access to Care

In an effort to meet the community need and improve the quality of mental health, alcohol and drug services being provided, the MHADAB would like to recognize the HHSA/Adult Services commitment to the development of a Quality Management and Access to Care unit.

One of the core values of the HHSA/Adult Services is to provide high quality services to the beneficiaries of its Mental Health Plan. To this end, the staff of Quality Management (QM) evaluates the quality of services available through individual and organizational providers. QM activities include, but are not limited to, consumer problem resolution, provider complaints, provider site certification, staff qualifications, review of medical records, and training. Community input is essential to the delivery of meaningful services. The Quality Improvement Committee seeks system-wide input.

The Access Team evaluates requests for non-emergency services for anyone not currently receiving services from the County or other community providers that are part of the public mental health system. This team is comprised of senior mental health clinicians, some with bilingual capacity, who provide assessments and referrals to mental health services. The Access Team is trained to answer community mental health or substance abuse related treatment questions, and educate the public about available community resources. In addition, this team assists in determining eligibility for County mental health or substance abuse services.

Integration of Primary and Behavioral Health Care

The MHADAB applauds the partnerships that the HHS/Adult Services has formed with two primary care Federally Qualified Health Care providers. It is well known that individuals suffering from mental illness and addiction are extremely vulnerable and at high risk of physical health problems, in particular diabetes, cardiovascular illnesses and smoking-related diseases. Research indicates that individuals diagnosed with from mental illness and addiction have a life expectancy that may be as much as twenty-five years less than the general population. It is vitally important that the integration of primary care and behavioral health care continue in order to provide the best quality of care to those we serve.

MHADAB Participation in Community Meetings

Last year the MHADAB decided to have the Community Education Committee (CEC), the Client Services Committee (CSC) and the Mental Health Services Act Advisory Committee (MHSAAC) become community or HHS sponsored committees rather than standing committees of the MHADAB. Although the meetings are no longer controlled by the MHADAB, many members of the MHADAB participate in these meetings:.

Community Education Committee (CEC)

The purpose of the CEC is to provide information regarding mental health issues to the public, to provide information that will lead to the reduction of stigma for individuals with mental illness, and to keep the public and the MHADAB aware of educational opportunities in the community.

Client Services Committee (CSC)

The purpose of the CSC is to provide a forum for community organizations to discuss services (housing, employment and transportation needs) for individuals who are receiving mental health services and living with severe and persistent mental health disorders. The CSC is also for individuals who have drug and alcohol difficulties. Currently, the meetings are held at Northern Valley Catholic Social Service Second Home and will be alternating months with Empire Recovery on the last Wednesday of each month at 12 noon, beginning in 2011.

California Association of Local Mental Health Boards and Commissions (CALMHB/C)

At the state level, Lowell Streiker has been an active member of the CALMHB/C. Recently, Dr. Streiker was elected to serve as the Regional Coordinator for the Superior Region of California for another term.

Mental Health Services Act Advisory Committee (MHSAAAC)

The purpose of the MHSAAAC is to provide input and guidance for the planning, implementation and oversight of the Mental Health Services Act (MHSA) in Shasta County. The MHSA has five (is Housing ever going to be recognized as a 6th component?) components including Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities and Technology, and Innovation (INN). The MHSAAAC meets quarterly or as needed for planning, and makes recommendations on MHSA activities to the MHADAB.

Mental Health Services Act Implementation

Community Services and Supports (CSS)

The CSS component of the MHSA continues its implementation and establishment of new and innovative programs providing services to those diagnosed with from severe and persistent mental illness. The two consumer- and family-operated wellness centers, located in Redding and Burney, continue to provide drop-in support services to the community. The Full Service Partnership (FSP) program continues to provide intensive case management and supportive services. All CSS programs have the on-going support of the 23-hour Crisis Stabilization Services (CSS) and the 30-day Crisis Residential Recovery Center (CRRC) which provide help to individuals in crisis.

Workforce Education and Training (WET)

The Program Coordinator for the WET component of the MHSA was hired in early 2010 which facilitated both the internship program for Master of Social Work (MSW) and Marriage and Family Therapist (MFT), and the training program to become fully operational. The consumer and family member volunteer program is in the initial stages of design and implementation. Through the WET rural counties partnership, elements of the distance learning program have been implemented with support from CSU Chico and CSU Humboldt.

Prevention and Early Intervention (PEI)

Through PEI, several projects have been implemented throughout the community this year, including the Triple P-Positive Parenting Program. The Suicide Prevention Workgroup completed its assessment of community attitudes and services available within Shasta County. In partnership with the Community Education Committee (CEC), the logo for the destigmatization of mental illness campaign was finalized and will be promoted widely in educational and media campaigns in the coming years.



Capital Facilities and Technology

The plan for this component, was achieved through considerable consumer and family member input, and was submitted to the State Department of Mental Health for approval. The Capital Facilities portion, which was approved in December, includes much needed improvements to the main mental health building at the Breslauer Campus. The Technology portion, upon approval, will complete transition to an electronic medical records system.

Innovation

SCMHADS recently completed the initial community planning process for the Innovation component and is currently drafting the Innovation Plan for submission to the State Department of Mental Health for approval. The first Innovation projects have been prioritized and will include a pre-crisis intervention team and a non-revocable parolee intervention team.

MHADAB Priorities

In order to insure the MHADAB meets the mandates given by the BOS, as well as the requirements of the California Welfare and Institutions Code, the following priorities have been set:

1. Provide a forum for clients, family members and other constituents about the needs and quality of service for the mentally ill and those diagnosed with from substance use disorders.
2. Conduct MHADAB meetings in various regions of the County.
3. Promote outreach and education about mental health and substance abuse issues and services.
4. Monitor the progress of the implementation of the MHSA, convene public hearings regarding MHSA plans and receive updates and progress reports regarding on-going MHSA funded programs.
5. Collaborate with National Alliance on Mental Illness (NAMI) and other community organizations in support of services for those diagnosed with from mental illness and substance dependence.
6. Work with the HHSA Directors in an advisory capacity to provide input for planning programs and budgets related to mental health and substance abuse services.
7. Recognize people and organizations that have contributed to mental health and substance abuse recovery.