

SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
REGULAR MEETING
Minutes
January 6, 2016

Members: Sam Major, Stevan Keyser, Marcia Ramstrom, Marvin Peterson, Leon Polk, Sonny Stupek, Kari Hess, David Kehoe, and Michele Wright

Absent Members: Janet Rudd, Charlie Menoher, Ronald Henninger, Steve Smith, Dana Brooks, and Dave Kent

Shasta County Staff: Donnell Ewert, Dean True, Dianna Wagner, Jamie Hannigan, Cara Schuler, Marc Dadigan, and Aleesha Fecher

Guests: Susan Power, Kristin Schreder, Tammy Lucarelli, Steve Lucarelli, Christine Wright, Amber Sandu, Kara Rogge, Art Sevilla, Marjeanne Stone, and Susan Wilson

Agenda Item	Discussion	Action	Individual Responsible
I. Introductions	<ul style="list-style-type: none"> ➤ Chair extended a warm welcome to all attendees. ➤ Board members and HHS staff introduced themselves. 		<ul style="list-style-type: none"> ➤ Marcia Ramstrom, MHADAB Vice Chair
II. Public Comment Period	<ul style="list-style-type: none"> ➤ None 		
III. Provider Reports	<ul style="list-style-type: none"> ➤ <u>WRIGHT EDUCATION SERVICES (DUI Provider):</u> Through a good neighbor grant they are able to bring Bonnie York who has an evidence-based curriculum for domestic violence. They have four slots open on February 1, 2016 at the library. About 67% of moderate risk probation individuals are making it to at least one MRT class. Things are going well with Partnership HealthPlan and Beacon Health Strategies. 		<ul style="list-style-type: none"> ➤ Christy Wright
IV. Approval of Minutes	<ul style="list-style-type: none"> ➤ Minutes from the November 4, 2015 meeting were presented in written form. ➤ Minutes from the November 30, 2015 meeting were presented in written form. 	<ul style="list-style-type: none"> ➤ Approve the November 4, 2015 minutes as submitted. ➤ Approve the November 30, 2015 minutes as submitted. 	<ul style="list-style-type: none"> ➤ Leon Polk (Motion) ➤ Sonny Stupek (Second) ➤ Marvin Peterson (Motion) ➤ Leon Polk (Second)
V. Announcements and Review of Correspondence	None		
VI. MHSA Update	<ul style="list-style-type: none"> ➤ <u>THE WOODLANDS PROJECT:</u> The groundbreaking ceremony is scheduled for January 21, 2016 at 1:00 pm. Please RSVP to Cara. There will be a follow-up email with a map of the event location. ➤ <u>INNOVATION PLAN:</u> The MHADAB had a special meeting in November to recommend to the Board of Supervisors to approve the Innovation Plan and it was to go to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in December, but the meeting was canceled. There is a new review staff and some minor changes were requested to the plan. They are requesting the following: 		<ul style="list-style-type: none"> ➤ Jamie Hannigan, HHS Program Manager and MHSA Coordinator

	<ul style="list-style-type: none"> Expand on the language that explains how the RFP process works and the time elements. Expand on the relationship between the agency that is selected and HHSA and the evaluation. Consider a name change so it is not to be confused with a consumer wellness center. New name is Community Mental Health Resource Center (was Community Mental Wellness Center) <p>Changes were made and are on the agenda for January 28, 2016. The plan is presented by MHSOAC staff and MHSA Coordinator will be there for questions. Once approved we will go forward with the RFP process.</p> <p>➤ <u>MHSA FY 16/17 ANNUAL UPDATE:</u> It is time to start thinking about the Mental Health Services Act FY 16/17 Annual Update.</p>		
VII. Presentations	<p>A. <u>PERINATAL TREATMENT SERVICES:</u> A PowerPoint presentation regarding Perinatal Treatment Services was provided by Aleesha Fecher. [See Attachment A]</p> <p>B. <u>EXTERNAL QUALITY REVIEW ORGANIZATION (EQRO) SITE REVIEW, AUGUST 11-12, 2015:</u> A PowerPoint presentation regarding EQRO was provided by Dean True. [See Attachment B]</p>		<p>➤ Aleesha Fecher, Clinical Program Coordinator</p> <p>➤ Dean True, Adult Services Branch Director</p>
VIII. Directors' Report	<p>➤ The Directors' Report [see Attachment C] was sent out prior to the meeting for the Board and guests to review. Branch Director True provided further information on Local Emergency Room Pilot Project.</p>		
IX. Discussion	<p>A. <u>PRESENTATIONS/SITE VISITS FOR 2016:</u> Board members discussed presentations and site visits they would like to see or attend for 2016. The items will be brought back to the February 2016 MHADAB Executive meeting for finalization.</p>		<p>➤ Marcia Ramstrom, MHADAB Vice Chair</p>
X. MHADAB Standing Committee Report	None		
XI. Other Reports	<p>➤ <u>COMMUNITY EDUCATION COMMITTEE (CEC):</u> Marc Dadigan advised that the next CEC meeting is January 12, 2016 at 1:00 and they will be discussing Mental Health Month activities. Please check out the Stand Against Stigma campaign on the website. Forty people have been training in Becoming Brave and 14 people are training to be facilitators. There was a packed house at the Hope is Alive! Open Mic Night in Burney at the Rex</p>		<p>➤ Marc Dadigan, Community Education Specialist</p>

	<p>Club. Approximately 60 were in attendance. The next event is tentatively scheduled for Valentine's Day at Lulu's. Mental Health Month is coming together. Plans are being firming up for the first Minds Matter Mental Health Concert and Fair which will be May 7, 2016 at Library Park.</p> <ul style="list-style-type: none"> ➤ <u>SUICIDE PREVENTION WORKGROUP:</u> Out of the Darkness Community Walk is scheduled for September 10, 2016 and will be downtown on the Promenade. ➤ <u>ADP PROVIDER MEETING:</u> See Directors' Report. ➤ <u>HOMELESSNESS MEETINGS:</u> Kristin Schreder advised that HomeBase will be sending out an email in the next day. The next meeting will be January 19 and 20, 2016 and there will be two workshops. 		<ul style="list-style-type: none"> ➤ Marcia Ramstrom ➤ Kristin Schreder
XII. Reminders	➤ See Agenda.		
XIII. Adjournment		➤ Adjournment (6:55 p.m.)	

Marcia Ramstrom, Vice Chair

Cara Schuler, Secretary

Shasta County Health and Human Services



Perinatal Treatment Services



WHO ARE WE?

Shasta County Health and Human Services Agency's Perinatal Treatment Services is an intensive outpatient program (IOT) that specializes in providing alcohol and drug treatment to women with children.

- ❖ Our name comes from our special focus on women who are pregnant or postpartum (within 2 months of giving birth).
- ❖ Our services have expanded to include women who have children under the age of eighteen.
- ❖ The program uses the Matrix Model, an evidence-based program recognized by the National Institute on Drug Abuse.

We provide women the skills and opportunities to conquer addiction and raise children who thrive in a safe, nurturing and drug-free environment.

ARMS FULL - HEART FULL



Accessing Services

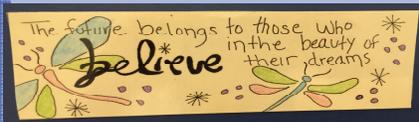
Assessments and Screenings for level of care and potential entry into our program are available on Wednesdays or as needed with prior arrangement.

❖ Screenings for level of services may indicate referral to:

- Residential,
- Intensive Out Patient (Peri),
- Outpatient services,
- Participation in AA/NA support services
- Empire Detox

❖ Assessments generally take 2 ½ to 3 hours

❖ Should she qualify for placement in IOT services (Peri) a treatment plan is created that same day addressing her individual treatment needs.

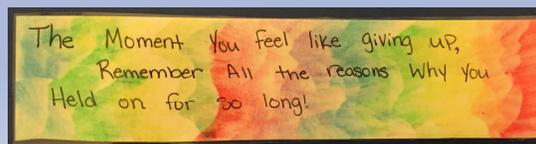


Program Structure

❖ Participants follow a level system as they progress through services.

❖ Services are based on a 6 month plan however depending on level progression she may take longer to complete.

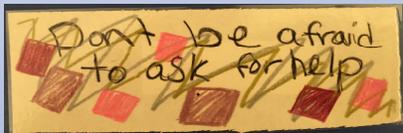
❖ Levels can be completed in 2 months



Phase 1

4x per week

3 hours per day



30 Days Clean & Sober	12+ 12 Step/Self Help Meetings	52 groups
Treatment Planning/ Goal Setting	Relapse Prevention Plan	Parenting Practices
A&D Education	Life Skills	Early Recovery
Planning for success	Co-Occurring Disorders	Health Issues & Nutrition
K.I.S.S.	Mind/Body/ Spirit	Relapse Prevention

Phase 2

4x per week

3 hours per day



60 Days Clean & Sober	20+ 12 Step/Self Help Meetings	52 groups
Working with a Sponsor	Presentation of "Your Story"	Parenting Practices
Community Resources	Co-Occurring Disorders	Health Living
K.I.S.S.	Life Skills	Relapse Prevention
A & D Education	Parenting Class	Mindfulness

Phase 3

3x per week

3 hours per day

120 Days Clean & Sober	22+ 12 Step/Self Help Meetings	45 groups
Working with a Sponsor	Completion of an After Care Plan	Working Through Trauma
Community Resources	Co-Occurring Disorders	Health Living
K.I.S.S.	Life Skills	Relapse Prevention
A & D Education	Parenting Practices	Mindfulness



Program Services



Childcare Cooperative



Transportation



Case Management



Drug Testing

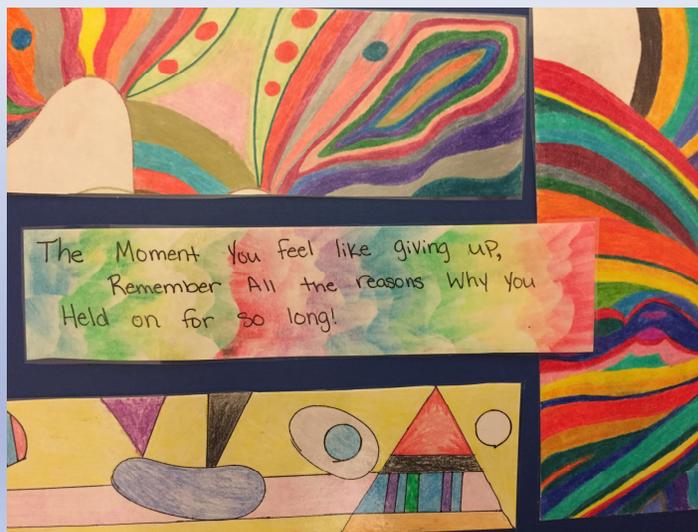


Childcare Cooperative

- ❖ ASQ-3 Screening
- ❖ Supervised Hands-on Parenting
- ❖ Child Focused Activity Planning
- ❖ Safe & Enriched Environment
- ❖ Referral & Linkage to Services



K.I.S.S Keep It Simple Sweetheart



Outreach

Maintaining Ties

CFS
Mercy OB

Planned Parenthood
Probation

Women's Health
Specialists

Community Involvement

Self Help Meetings

Quarterly
Attendance at
Community Events

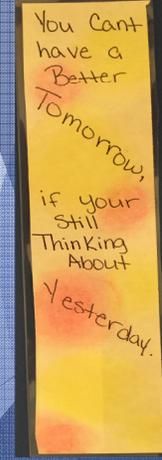
Anderson
Population

Making New Friends

Medical
Management

HOPE Van

???



Moving Forward

- ❖ Crave Ex Protocol
- ❖ Healthy Snacks
- ❖ Continued Community Event Participation
- ❖ Increased Contact With Community Partners



Never let a Stumble in the road,
Be the end of your Journey!

Thank You From Perinatal Treatment Services

**Aleesha R Fecher MA, LMFT
Clinical Program Coordinator**

1505 Market Street

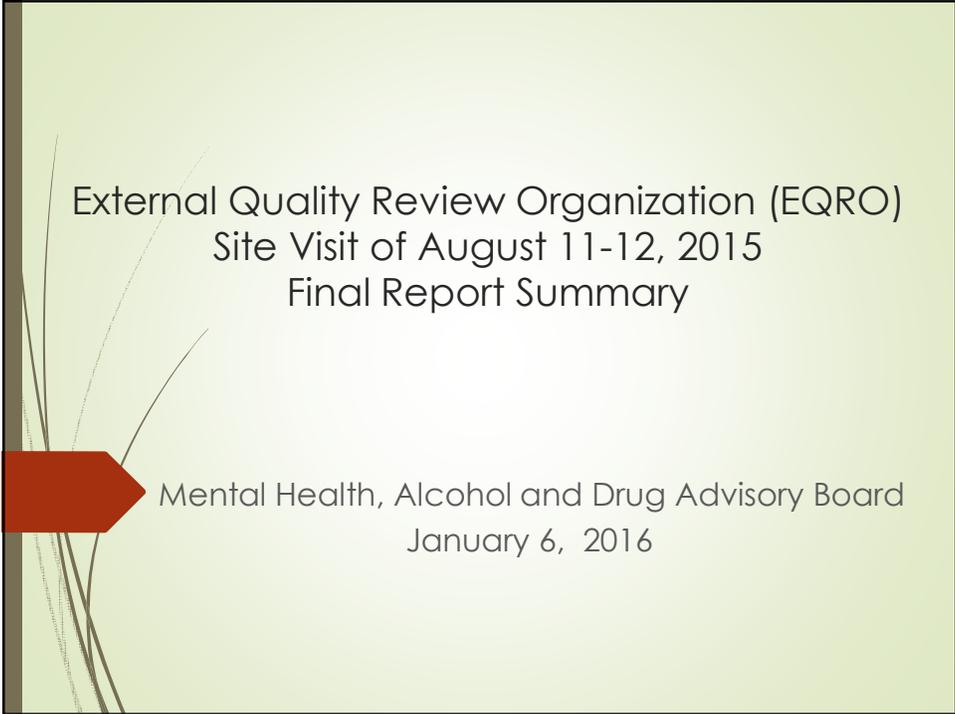
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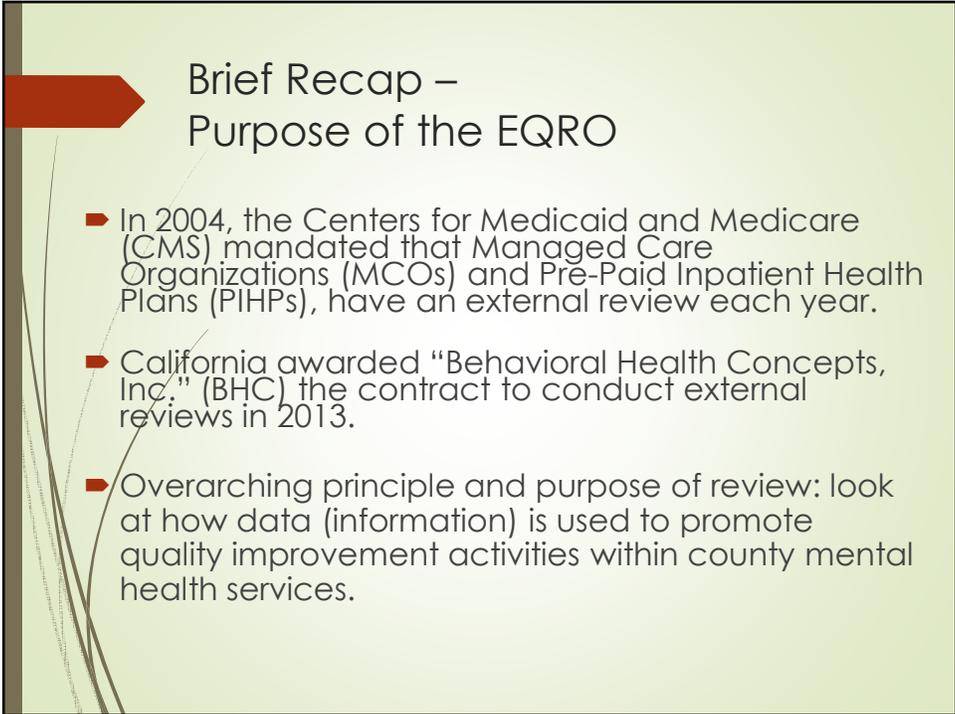




External Quality Review Organization (EQRO)
Site Visit of August 11-12, 2015
Final Report Summary



Mental Health, Alcohol and Drug Advisory Board
January 6, 2016



Brief Recap –
Purpose of the EQRO

- In 2004, the Centers for Medicaid and Medicare (CMS) mandated that Managed Care Organizations (MCOs) and Pre-Paid Inpatient Health Plans (PIHPs), have an external review each year.
- California awarded "Behavioral Health Concepts, Inc." (BHC) the contract to conduct external reviews in 2013.
- Overarching principle and purpose of review: look at how data (information) is used to promote quality improvement activities within county mental health services.

EQRO Onsite Review Team

- ▶ Lead Reviewer –
Saumitra SenGupta, Executive Director
- ▶ Information Systems Reviewer –
Bill Ullom, Chief Information Systems
- ▶ Consumer/Family Member Consultant –
Walter Shwe, Consumer Family/Member Consultant

Areas/Issues for MHADAB Consideration

- ▶ The EQRO Final Report contains conclusions in 2 sections:
 - ▶ **“Strengths and Opportunities”**
 - ▶ **“Recommendations”**



Strengths and Opportunities

- ▶ This section is broken into 4 areas:
 - ▶ Access to Care
 - ▶ Timeliness of Service
 - ▶ Quality of Care
 - ▶ Consumer Outcomes



Strengths and Opportunities

Access to Care

- ▶ Strengths:
 - ▶ New transitional residential facility in Shasta Lake City
 - ▶ Local Emergency Rooms now have telepsychiatry services
- ▶ Opportunities:
 - ▶ Still experiencing psychiatrist shortage
 - ▶ New reception area is welcoming, but appears there is a need for additional training of reception staff to create a more user-friendly experience



Strengths and Opportunities Timeliness of Service

- Strengths:
 - Shasta County's 7 and 30 day outpatient follow-up appointments after discharge from an inpatient stay have been significantly higher than statewide average for the last 2 years!
 - Shasta County's "walk-in" model ensures better initial screening on the first day the client makes contact.
- Opportunities:
 - Shasta County does not currently track timeliness for urgent conditions. This is due in large part to the state not providing a definition of "urgent" (difficult to track if not defined).
 - Consumers reported that it can be difficult to get timely appointments with a psychiatrist.



Strengths and Opportunities Quality of Care

- Strengths:
 - Shasta County initiated 2 important 'Memoranda of Understanding' (MOU) that allows children to transition from group homes to lower levels of care.
 - Shasta County's Quality Improvement Committee (QIC) and HHSA Management regularly review and examine data related to access, service capacity and satisfaction surveys to improve processes.
- Opportunities:
 - Shasta County continues to have a high percent of clients (25%) with a 'deferred diagnosis' compared to statewide average (5%).
 - Organizational providers (contractors) lack a single point of contact within the county system that would facilitate easier management of Children's services.



Recommendations

- Continue to strengthen Performance Improvement Projects (PIPs) to meet performance standards and improve consumer outcomes.
- Establish a mechanism for ongoing training of clinic reception staff. Consider adding peer navigators/greeters.
- Examine system issues that create high rates of 'deferred' diagnosis, and improve as indicated.
- Continue recruitment activities to fill vacant psychiatrist positions.
- Consult with Organizational Providers (contractors) to problem solve and create more efficient processes for children/families in need.



Full report available online at
Shasta County HHSA 'Providers' webpage:

http://www.co.shasta.ca.us/index/hhsa_index/Mental_health_alcohol_and_drug/OrgProviders.aspx

?QUESTIONS?



Health and Human Services Agency

Donnell Ewert, MPH, Director

Dean True, RN, MPA, Adult Services Branch Director and Alcohol and Drug Program Administrator
Dianna Wagner, MS, LMFT, Children's Services Branch Director

Directors' Report – January 6, 2016 **Mental Health, Alcohol and Drug Advisory Board**

Adult Services Branch Update:

Private Facilities:

- Ridgeview (licensed Board & Care facility now in Shasta Lake City) has 12 clients in residence, and is hoping to be at fully capacity (16) soon. They continue to develop their programming, and hope to receive formal Medi-Cal Certification as a Transitional Residential Treatment Program in the first half of 2016. A new Administrator has been selected and should be starting in February.

Laura's Law/Assisted Outpatient Treatment (AOT):

- Shasta County Adult Services staff continue to develop program and policy documents that will guide the program. The county is also exploring the idea of combining the AOT program with the new Wellness Center currently in development through our MHSA Innovations project. In addition, county staff have joined a statewide workgroup regarding AOT, we toured an active Assertive Community Team (ACT) program in Sacramento provided by a contractor, Turning Point. An ACT program essentially addresses all elements required for an AOT program.

Local Emergency Room Pilot Project:

- There have been further meetings with both hospitals (Shasta Regional Medical Center and Mercy) regarding improvements to service for individuals in the Emergency Departments (E.D.) experiencing a mental health crisis. At a meeting held on Friday, December 11th, Shasta County proposed the idea of 'co-locating' county staff at both hospital emergency rooms (one in each) for approximately 16 hours a day. This would allow for more rapid assessment, and perhaps shorten the time people spend in the E.D. Both hospitals were enthusiastic about this happening, and there was mutual agreement that this implementation would reduce the need for 'designation' for E.D. tele-psychiatrists. The county is now moving forward with 'co-location', and the pilot project is on 'hold'.

Telepsychiatry:

- As of December 28, 2015, Shasta County Adult Services has a new telepsychiatrist providing outpatient services, Dr. Shari Muir. Dr. Muir will be working 3 days a week, and is providing services through a contract with 'American Telepsychiatrists'.

Alcohol and Drug Updates:

- An Alcohol Drug Provider (ADP) meeting was held on November 16, 2015.
 - Dr. Andrew Deckert gave a presentation "Heroin-related Hospital Admissions". Dr. Deckert acknowledged that heroin use is up dramatically in our county and the nation, but that here in Shasta County there continues a larger problem of overdose and death related to prescription opioids.
 - There is a new Opiate Task Force group operating in Shasta County, and we are partnering with them as they address the prescription overdose epidemic through a program called NoRxAbuse.

- Liz Leslie, Program Manager in Adult Services, gave an overview of the new proposed Drug Medi-Cal (DMC) – Organized Delivery System (ODS) Waiver and its impact on drug/alcohol providers here in Shasta County. Partnership, Shasta County’s Medi-Cal Managed Care Provider, has expressed interest in possibly taking on the new DMC-ODS program and incorporating it into their plan.
- Empire Recovery Services is moving one of its outpatient programs from California Street to West Street which is closer to the County Jail.
- Shasta County HHS is working with the Sheriff on a project that will allow drug treatment as an alternative to work release.

Children’s Services Branch Update:

Mentally Ill Offender Crime Reduction (MIOCR) Grant Program:

- After the county initially awarded the grant dropped out Shasta County Probation Department and HHS Children’s Branch gladly accepted the MIOCR grant in late October 2015. This funding of \$938,842 with proposed match of \$278,676 for the next 3 years will be used to create a Family Centered-Dual Diagnosis program with court oversight for those dually diagnosed clients structurally similar to the existing WINGS program. Grant funds would be used to hire a Juvenile Probation Officer, Drug and Alcohol Counselor, Skill Builder and Parent Partner, along with purchasing some evidence based services. An existing Clinician position will also be assigned to the program. This project aims to safely maintain youth in treatment in the community while in their own homes or relative homes rather than in group homes. Desired outcomes are to improve youth participants’ functioning at home, in school and in the community to reduce criminal behavior and recidivism.

Data Sharing Agreement (All County Letter I-36-15: Improving safety for children in foster care receiving psychotropic medication)

- This agreement provides a framework for a state level data match between the Child Welfare Services/Case Management System (CWS/CMS) and Medi-Cal pharmacy paid claim records. This approach to data sharing is a multifaceted, data-informed approach to address the issue at systemic and individual case levels, and across disciplines and branches and levels of government. Because many psychotropic medications have risks associated with them, county placing agencies have an important role in ensuring the safety and wellbeing of children with mental health needs. As these children are likely to have an assessed mental health need, it is also critical for county placing agencies and county mental health agencies to be working collaboratively to ensure that trauma-informed treatment is provided in conjunction with any use of psychotropic medications, and that such medications are used only when medically necessary. Shasta County will be entering into this agreement in January 2016.

Board of Supervisor Staff Reports (November – December 2015):

- Agreement with St. Helena Hospital
- Agreement with Panoramic Software Corporation
- Second Amendment to the Agreement with the State of California Department of Health Care Services for Substance Use Disorder Services (Agreement Number 14-90103)
- Shasta County Health and Human Services Agency Mental Health Services Act Innovation Plan: Community Mental Wellness Center
- Personal Services Agreement Between The County of Shasta and Bayfront Youth and Family Services