

IV. Approval of Minutes	➤ Minutes from the January 7, 2015 and February 4, 2015 meetings were presented in written form.	➤ Approve the January 7, 2015 and February 4, 2015 minutes as submitted.	➤ Dana Brooks (Motion) Leon Polk (Second)
V. Announcements and Review of Correspondence	➤ None.		
VI. MHSA Update	<ul style="list-style-type: none"> ➤ <u>COMMUNITY SERVICES AND SUPPORTS (CSS) – PERMANENT SUPPORTIVE HOUSING PROJECT:</u> The Woodlands Project – The project went through the tax credit application process twice in 2014, without success. PALM Communities went to the City of Redding in February and secured an additional \$500,000 in funding, bringing the total for City of Redding up to \$1.77 million. This should raise the tax credit application score. The project is currently in the process of going back to tax credit application again, with results posted in July. ➤ <u>MHSA ADVISORY COMMITTEE MEETING (MHSAAC):</u> MHSA Coordinator went over the agenda for the upcoming MHSAAC meeting which is Friday, March 6, 2015 at 10 am at the Boggs Building. Items include: MHSA FY 15/16 Annual Update, Stakeholder Workgroups, and Program Updates. 		➤ Jamie Hannigan, Program Manager and MHSA Coordinator
VII. Directors' Report	➤ The Directors' Report [see Attachment A] was sent out prior to the meeting for the Board and guests to review.		
VIII. Presentation	<ul style="list-style-type: none"> A. <u>PATH TO WELLNESS, A MENTAL HEALTH INPATIENT PROGRAM FOR ADULT 55 AND ABOVE:</u> A PowerPoint presentation regarding Path to Wellness, A Mental Health Inpatient Program for Adults 55 and Above was provided by Jacquie Lucas, RN, Director of Gero-Psychiatric Unit. [See Attachment B] B. <u>TARGET POPULATION:</u> A PowerPoint presentation regarding Target Population was provided by Dean True, Adult Services Branch Director. [See Attachment C] C. <u>PERFORMANCE OUTCOMES AND QUALITY IMPROVEMENT (POQI):</u> A PowerPoint presentation regarding Performance Outcomes and Quality Improvement was provided by Dean True, Adult Services Branch Director. [See Attachment D] 		<ul style="list-style-type: none"> ➤ Jacquie Lucas, RN, Director of Gero-Psychiatric Unit ➤ Dean True, Adult Services Branch Director ➤ Dean True, Adult Services Branch Director
IX. Discussions / Updates	A. <u>LITTLE HOOVER REPORT:</u> Chair gave a background on what the Little Hoover Commission is. A report came out stating that MHSA is not capturing data. This is not correct for Shasta County.		➤ Sam Major, MHADAB, Chair

	<p>Our MHSA plan shows all kinds of data and tracking that goes to the state. California Behavioral Health Directors Association of California (CBHDA) wrote a letter to the legislature and provided talking points to counties. There was an editorial in the paper from the Associated Press indicating that no one was tracking data and looking at the dollars being spent. Chair also thanked Board member Keyser for sending a Letter to the Editor of his success story of what program has done for him in this county. Chair recommended that the Board send a Letter to the Editor.</p> <p>a. ACTION ITEM: Consider authorizing MHADAB chair to sign a letter on behalf of MHADAB to Record Searchlight regarding Little Hoover Report. Member Henninger felt the report was not directed at county level, but at state level. State was not getting data and not setting out guidelines for consistent reports. Much more about how the money was being spent at the state level. Discussion took place.</p> <p>B. <u>AD HOC 2014 ANNUAL REPORT COMMITTEE:</u> The committee has met and are currently reviewing the first draft.</p> <p>C. <u>COMMITTEE ASSIGNMENTS:</u></p> <ul style="list-style-type: none"> • MHADAB Chair reminded Board members of the various committees and their meeting dates and times. He encouraged all to try and attend and get involved. • Our contract with the State for Medi-Cal specialty mental health services says that we are to have a Quality Improvement Committee (QIC). Part of the membership of the committee is to be community members, family members, or consumers. The committee is looking for new members. The members will be able to get a look at our internal process and what we are monitoring, how we document, programs, and hospitalizations. At the MHADAB Executive Committee Meeting Board members Leon Polk and Ron Henninger expressed interest in participating on the committee. MHADAB Chair asked if any other Board members were interested in the QIC committee. No other Board members were interested. 	<p>a. Approve the MHADAB chair to sign a letter on behalf of MHADAB to Record Searchlight regarding Little Hoover Report.</p>	<ul style="list-style-type: none"> ➤ Kari Hess (Motion) Charlie Menoher (Second) Ron Henninger (Oppose) ➤ Sam Major, MHADAB, Chair ➤ Sam Major, MHADAB Chair
--	--	---	---

X. MHADAB Standing Committee Report	➤ <u>MHADAB EXECUTIVE COMMITTEE</u> We currently have an opening on the Board. Should have a nomination at the May Board meeting. The next Executive Committee meeting will be April 20, 2015 at 11:00 am.		➤ Sam Major, MHADAB Chair
XI. Other Reports	<p>A. <u>COMMUNITY EDUCATION COMMITTEE (CEC)</u> A PowerPoint presentation regarding what CEC has been up to for March and upcoming events was presented by Marc Dadigan. [See Attachment E]</p> <p>B. <u>MENTAL HEALTH SERVICES ACT ADVISORY COMMITTEE (MHS AAC)</u> Nothing to report. Meeting is March 6, 2015.</p> <p>C. <u>SUICIDE PREVENTION WORKGROUP:</u> Member Ramstrom advised that the workgroup is working on the Out of Darkness Community Walk.</p> <p>D. <u>CALIFORNIA ASSOCIATION OF LOCAL MENTAL HEALTH BOARDS/COMMISSIONS (CALMHB/C):</u> The Board has changed their name to California Association to Local Behavioral Health Boards and Commissions (CALBHB/C). The Data Notebook is coming out again. At the quarterly meeting there were three presentations (1) Telecare Corp IHOT Team (2) Swords to Plowshares, and (3) Psychiatric Emergency Response Team (PERT). CIBHS is hosting a Mental Health Boards 101 Train the Trainer on April 17th and one member from each local board is invited to attend. Lastly, the Legislative Committee is watching five or six BH related bills in progress.</p> <p>E. <u>ADP PROVIDER MEETING:</u> Board member who attended the meeting spoke about the grant that Empire received. Sites are having trouble getting certified. Further information can also be found in the Directors' Report.</p>		<p>➤ Marc Dadigan, Community Education Specialist</p> <p>➤ Ron Henninger</p> <p>➤ Marcia Ramstrom</p> <p>➤ Marcia Ramstrom</p> <p>➤ Stevan Keyser</p>
XIII. Reminders	➤ See Agenda.		
XIV. Adjournment		➤ Adjournment (7:05 p.m.)	

Sam Major, Chair

Cara Schuler, Secretary



Health and Human Services Agency

Donnell Ewert, MPH, Director

Dean True, RN, MPA, Adult Services Branch Director and Alcohol and Drug Program Administrator
Maxine Wayda, LCSW, Children's Services Branch Director

Directors' Report – March 4, 2015 Mental Health, Alcohol and Drug Advisory Board

ADULT SERVICES BRANCH UPDATE:

Private Facility Updates:

- The Ridgeview project continues to move forward with remodel and building improvements. One slow down experienced was related to the need to replace plumbing pipes within walls. This had not been expected and was discovered when renovating the electrical system. An additional process that must be completed before full operations can get underway is related to an issue of 'easement' and the need for a 'quit claim' for on-site parking. The Ortnier Management Group (OMG) remains optimistic that the facility will be open and begin taking residents before summer.
- Both Shasta Regional Medical Center and Mercy now provide tele-psychiatrist services in their emergency rooms. Shasta County HHSA staff continue to meet with both hospitals to promote effective use of this new service.
- Shasta Regional Medical Center continues to move forward with plans to open a 'Gero-psych' unit, although the opening is now projected for fall 2015 rather than spring 2015. Their Director of Nursing Services will provide a presentation at the formal MHADAB meeting of March 4th.

Psychiatrist Services: HHSA continues to recruit for a full time psychiatrist to replace Dr. Zarriello (retired in 2014). It has been arranged that Dr. Agesen (Locums) will continue to work at the outpatient clinic through at least June. HHSA is pursuing options, including use of a physician recruiter, to assist in filling vital prescriber staff positions.

2640 Breslauer Lobby Remodel: The lobby remodel project continues to make great progress, and it is anticipated that an official "opening" will take place sometime in April. There will be a small ceremony celebrating the completion, and an announcement will be made once finalized. Clients, their families, and interested community members will be invited to attend. Once the lobby remodel is complete, we will move on to the "refresh" of the rest of the building.

ALCOHOL AND DRUG UPDATE:

Drug Medi-Cal (DMC) Recertification: Right Road in Anderson has finally gotten their new site (satellite in Redding) approved after waiting about a year and a half (application submitted in July 2013). There continues to be overall problems with Department of Health Care Services (DHCS) and DMC certifications.

DHCS 1115 Waiver for a Drug Medi-Cal Organized Delivery System: As noted last time, DHCS has submitted an amendment to the Center for Medicaid and Medicare Services (CMS) requesting a 'waiver' that would allow California to create a Medi-Cal Managed Care Plan for Alcohol/Drug Services. The process continues to take its course, and Shasta County has learned that if it "opts in" (participating in the waiver is optional to counties), then we would likely be in 'Phase IV' of implementation. Things are not finalized, and it is difficult to know when implementation would take place (later part of 2016 or 2017 perhaps).

Drug/Alcohol Classes in the Jail: Due to space limitations, etc., there has been a change in class offerings:

- Tuesday – 1330 – 1500 – Men’s Group led by Empire Recovery Programs (unchanged)
- Wednesday – 1330 – 1500 – Men’s Group led by VOTC, Inc. (unchanged)
- Saturday – 1430 – 1600 – Women’s Group led by Right Road

DHCS Agreement for Drug/Alcohol Services: Shasta County has signed the new contract and submitted to the state. While there were no new major changes in general, there were new duties for the county with regard to monitoring and oversight. As part of its overall strategy to improve contractor oversight, Shasta County has already been doing most of what was contained in the new agreement.

ADP PROVIDER MEETING – 2/25/15 – Meeting Notes

Provider Updates

- Certification – Right Roads (RR) has finally been certified in Redding and recertified in Anderson. Susan Wilson was invited to speak at DHCS about issues with getting certified. Her certification happened shortly after that.
- Perinatal – short staffed now but should be better soon.
- AOP – 30+ clients right now. No fall off resulting from Prop. 47.
- Empire – 2 grants for detox. Focused mostly on low income folks. Some fall off from Prop. 47. Also, Hope Van has money for detox and res.

ADP Participant Deaths: Presentation by Rebekah Oakes from Shasta HHSA ‘Outcomes Planning, and Evaluation’ (OPE) about participants in ADP services and their death rates. Four times higher death rate than general population. Takeaways include – importance of connecting people to physical health when they come in for drug treatment / importance of setting a goal in their treatment plan about getting a physical health exam.

Other Support Meetings: Only one provider is aware of is an “agnostic” (secular) AA affiliated meeting, held at a church. Art Sevilla will forward information on it.

Outcome Reports

- Passed out outcome report without comment.
- Passed out Admission Report by Substance Used. Meth and Alcohol combined consistently make up 2/3 of people enrolling for treatment. Some discussion on heroin and how people end up using it (unavailability of prescription meds.)

Suboxone Meeting: Art Sevilla of Empire Recovery reported on a Suboxone meeting he attended which was organized by the Suboxone pharm rep. Doctors who prescribe Suboxone are required to link people to drug treatment and the meeting appears to have been set up to help make that happen. It was a fruitful discussion about what treatment options are available in the community. There will be another meeting on Mar. 25th. Dean and I will plan to attend. Other thoughts:

- Susan Wilson went to a 3 hour training on Suboxone and how it needs to change treatment goals. She will send me a copy of their treatment plan to show how it addresses Suboxone. I will distribute to other providers.
- Someone suggested Dr. Deckert do a non-partisan review of Suboxone and other Medication Assisted Treatment (MAT).
- Is there any way to analyze Suboxone clients at RR and their success compared to other clients?
- Susan said she was the one responsible for requiring clients who get Suboxone in her program to confirm they are in treatment in order to get their shots from Fuentes.

- Kim McKinney said she can attend the next Suboxone meeting at Shasta Community Health Center and would offer to give an “alternate” perspective: Suboxone is frequently diverted and becomes yet another ‘street drug’.

Next ADP Provider meeting is May 18, 2015 – Boggs Building

CHILDREN’S SERVICES BRANCH UPDATE:

Proposed Legislation Regarding Prescribing of Psychotropic Medications for Foster Youth: A safety and well-being concern has been raised regarding the prescribing of psychotropic medications for foster youth. The departments of Health Care Services and Social Services convened a statewide quality improvement project to design, pilot and evaluate effective practices to improve outcomes for foster youth who are prescribed psychotropic medication. Those efforts have resulted in recommendations that are being used to formulate legislation to provide for additional oversight and education requirements for foster youth and their care givers regarding the use of psychotropic medications. The Treatment Authorization Request (TAR) requirement for any antipsychotic medication prescribed to a Medi-Cal beneficiary under the age of 18 applies to foster youth under 18. Additionally the Juvenile Court must authorize the administration of all psychotropic medications prescribed for foster youth.

Katie A: Per the Katie A. settlement agreement, the court retained jurisdiction over the lawsuit for 36 months after court approval of the agreement. Jurisdiction ended in December 2014. However, going forward DHCS and CDSS will continue with the Katie A. implementation activities to support the local jurisdictions’ continued implementation activities. An interagency agreement was executed between DHCS and CDSS in October and on-going work is being done on agreements to exchange information for the purpose of providing ongoing oversight, coordination, monitoring and evaluation of the provision of mental health services to member of the Katie A. class and subclass. A piece of the settlement agreement, implementation of treatment foster care, is still pending due to unresolved issues between the DHCS and the Federal Medi-Cal oversight agency regarding Medi-Cal claiming for these activities.

Board of Supervisor Staff Reports (January – February 2015):

- Agreement with the State of California Department of Health Care Services for Substance Use Disorders Services (Agreement Number 14-90103)
- Agreement with Nelu's Care Home
- Amendment to Agreement with Willow Glen Care Center, Incorporated
- Amendment to the Agreement with Vista Pacifica Enterprises, Inc.
- Agreement with Northern Valley Catholic Social Service, Inc.
- Amendment to Agreement with Mental Health Management I, Incorporated dba Canyon Manor
- Amendment to the Agreement with Victor Treatment Centers, Inc.
- Agreement with Edgewood Center for Children and Families



Welcome



Shasta Regional
Medical Center



Path to Wellness

Mental Health Program
For Adults 55 and above
Jacquie Lucas, RN Program Director

Opening Later this year



We will be able to offer mental health services to our community for adults 55 and above with a primary psychiatric diagnosis.

20 Beds-Located on the 3rd Floor

Today we will discuss how to refer a patient to us and the development of discharge plans.

Adults in our Communities that are not doing well as an outpatient or at home

How does a person receive care.

- Initial Phone Call- Inquiry or ER Visit
- Determine if this person is a potential patient
- Financial/Insurance



Potential patients outside the hospital setting:

Referrals may be made by the prospective patient, family, caregiver, significant other, primary care physician, and community service organization or residential care facility. The staff will complete an intake assessment. Referrals from the outside will come through the ER for medical clearance prior to admission to the Gero-Psychiatric unit.



Admission Criteria

The Program serves patients that are mature adults, 55 years of age and older who have a primary psychiatric diagnosis (Under the DSM-5, Diagnostic and Statistical Manual of Mental Disorders)

Patients are admitted voluntarily to the Unit



Exception

Patients younger than 55 may be admitted to the Program if they meet the admission criteria and are deemed developmentally appropriate to receive therapeutic benefit from the program and have the approval of the Program Medical Director and Program Director

Examples

Dementia: The program will be able to admit a patient with dementia with a behavioral disturbance

Medication Management

Education to the caregivers

EDUCATE



Mood Disorders

Depression

Anxiety

Bipolar



Psychosis

Delirium: Rule out a medical/physical problem

Addiction: Some may be Dual Diagnosed. This will not be a detox program



Call Us



The best thing to do is just call us.
We can help sort out with you the
best treatment plan for the patient.

530-244-8204. Unit number to
come as we get closer to opening.



Program: *Path to Wellness*

24/7: Nursing: RNs, LVNs, NAs

Psychiatrist, Physicians

Social Workers

Activity Therapist

All other services of the Acute Care Hospital

Groups



Educational:
Disease, Meds, Recovery

Groups



Process
Activity
Leisure
Goal Setting

Safe, Therapeutic Environment

Unit will be locked

Close Monitoring

Family and caregivers strongly encouraged to be part of the plan



Treatment Planning

- Comprehensive and Daily
- Initiate Discharge Planning on Admission
- Assess and re-assess
- Average LOS: 2 weeks

The image shows four 3D characters holding large, colorful letters that spell out 'PLAN'. The characters are white with small heads and are standing on a reflective surface. The letters are red (P), orange (L), yellow (A), and green (N).



Discharge

To be sure the patient has a comprehensive plan

Communicate with all the pertinent parties

Follow up

Questions



Target Population

Shasta County Mental Health Services

Who We Serve

Presentation to
Mental Health, Alcohol Drug and Advisory Board
March 4, 2015

Dean True, Branch Director – Adult Services
Shasta County Health & Human Services Agency

Governing Statutes

Welfare and Institutions Code § 5000
“The Lanterman-Petris-Short (LPS) Act”
(includes § 5150)

“To end the inappropriate, indefinite, and involuntary commitment of persons with mental disorders.

To safe guard individual rights through judicial review.

To provide services in the least restrictive setting appropriate to the needs of each person receiving services under this part.”

Governing Statutes

cont'd

Welfare and Institutions Code § 5600 “The Bronzan-McCorquodale Act”

“The mission of California’s mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them...(in) living the most constructive and satisfying lives possible in the least restrictive available setting.”

Governing Statutes

cont'd

Welfare and Institutions Code (WIC) 5600 “The Bronzan-McCorquodale Act”

“To the extent resources are available, public mental health services in this state should be provided to priority target population.”

Governing Regulations

California Code of Regulations (CCR), Title 9 § 1820 - 1830

“Medi-Cal Psychiatric Inpatient Hospital Services”
&
“Medi-Cal Specialty Mental Health Services”

Both the above set out medical necessity criteria for Medi-Cal reimbursement regarding inpatient hospitalization and outpatient mental health services.

Who We Serve - overview

- Anyone experiencing a psychiatric emergency.
- For ongoing outpatient services:
 - Adults with serious mental illness (SMI) including Schizophrenia, Bipolar, Major Depression, etc.
 - Youth who are considered to be “seriously emotionally disturbed” (SED)

Who We Serve – Inpatient Specifics

- For psychiatric hospitalization, Medi-Cal beneficiaries' who meet “medical necessity”. We also provide hospitalization for those with no insurance if they meet medical necessity.
- At the heart of inpatient ‘medical necessity’ are 2 things:
 - An “included” mental health diagnosis (a specific list is provided in California regulations);
 - Presence of symptoms that demonstrate: danger to self, danger to others, or grave disability due to mental health diagnosis. Less common criteria, but acceptable, include medication related issues such as serious adverse reaction, initiation of a medication that requires evaluation/treatment that can only be provided in a hospital setting, etc.

Crisis Residential

- Crisis Residential & Recovery Center (CRRC) – county operated, 15-bed, residential facility.
- Licensed through Community Care Licensing within ‘Social Rehabilitation Model’ .
- For individuals over 18 who are experiencing difficulties due to a mental illness, that do not require hospitalization.

Crisis Residential

cont'd

- Admission screening criteria include: no active drug/alcohol use; no recent acts of violence; cannot be a 290 registrant; must be ambulatory.
- Can stay up to 30 days.
- Services and program elements include: one-on-one counseling; groups; supervised social outings, etc;

Who We Serve – Outpatient Specifics

- For ongoing outpatient services, Medi-Cal beneficiaries' who meet "medical necessity". We also provide ongoing services to those with no insurance if they meet medical necessity.
- At the heart of outpatient 'medical necessity' are 3 things:
 - An "included" mental health diagnosis (a specific list is provided in California regulations);
 - Identification of a significant impairment in an important area of life functioning resulting from the mental health diagnosis.
 - The impairment/diagnosis is at a level that cannot be treated by a primary care physician – it needs "special" services and expertise.

General Numbers

➤ Those served by Shasta County:

- Adults who received at least one service in FY 13/14 = **2,762**
- Youth under 21 who received at least one service in FY 13/14 (includes org provider #s) = **2,110**
- Adults/Youth hospitalized in FY 13/14 = **761**

?QUESTIONS?

Performance Outcome Quality Improvement (POQI)

Presentation to
Mental Health, Alcohol Drug Advisory Board
March 4, 2015

Dean True, Branch Director – Adult Services
Shasta County Health & Human Services Agency

What is “POQI”

The Performance Outcome Quality Improvement (POQI) is a client satisfaction survey conducted by counties throughout California one to two times per year. The most recent survey was conducted in April 2014.

The POQI is a tool used to survey mental health clients and their families on the quality of services they are receiving at the facility, and the quality of life since receiving mental health services.

Participants rate each statement as “Strongly Disagree”, “Disagree”, “Neutral”, “Agree”, or “Strongly Agree”.

What is “POQI”

cont’d

A total of 80 adults, and 121 youth (and families) completed the survey.

The report shows a comparison of Shasta County scores between 2013 and 2014, as well as comparison to scores gathered statewide.

Adult Survey has a total of 36 questions.
Youth Survey has a total of 26 questions.

Examples of Survey Statements

From the ‘Adult’ survey

1. I like the services that I received here.				
	Shasta County '13	Shasta County '14	Shasta County Difference	California '12
n=	33	80		8,906
	% of Valid Answers			% of Valid Answers
Strongly Disagree	3.0%	0.0%	-3.0%	0.6%
Disagree	6.1%	0.0%	-6.1%	0.8%
I am Neutral	0.0%	6.3%	6.3%	6.4%
Agree	33.3%	33.8%	0.5%	33.4%
Strongly Agree	57.6%	60.0%	2.4%	58.7%
Total	100.0%	100.0%		100.0%

Examples of Survey Statements

cont'd

From the 'Youth' survey

1. Overall, I am satisfied with the services received. (section 1 statement)				
	Shasta County '13	Shasta County '14	Shasta County Difference	California '12
n=	127	117		13,064
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.8%	5.1%	4.3%	2.1%
Disagree	1.6%	0.9%	-0.7%	1.4%
I am Neutral	7.9%	5.1%	-2.8%	6.3%
Agree	29.9%	42.7%	12.8%	38.3%
Strongly Agree	59.8%	46.2%	-13.6%	51.9%
Total	100.0%	100.0%		100.0%

Examples of Survey Statements

cont'd

From the 'Adult' survey

8. I was able to get all the services I thought I needed.				
	Shasta County '13	Shasta County '14	Shasta County Difference	California '12
n=	33	79		8,808
	% of Valid Answers			% of Valid Answers
Strongly Disagree	6.1%	0.0%	-6.1%	1.2%
Disagree	3.0%	3.8%	0.8%	3.8%
I am Neutral	9.1%	7.6%	-1.5%	10.4%
Agree	39.4%	45.6%	6.2%	38.0%
Strongly Agree	42.4%	43.0%	0.6%	46.6%
Total	100.0%	100.0%		100.0%

Examples of Survey Statements

cont'd

From the 'Youth' survey

10. My family got the help we wanted. (section 1 statement)				
	Shasta County '13	Shasta County '14	Shasta County Difference	California '12
n=	125	116		
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	2.6%	2.6%	1.9%
Disagree	2.4%	2.6%	0.2%	2.2%
I am Neutral	12.8%	10.5%	-2.3%	10.7%
Agree	40.8%	45.6%	4.8%	41.2%
Strongly Agree	44.0%	38.6%	-5.4%	44.0%
Total	100.0%	100.0%		100.0%

Examples of Survey Statements

cont'd

From the 'Adult' survey

21. I deal more effectively with daily problems.				
	Shasta County '13	Shasta County '14	Shasta County Difference	California '12
n=	28	72		
	% of Valid Answers			% of Valid Answers
Strongly Disagree	3.6%	1.4%	-2.2%	1.3%
Disagree	3.6%	1.4%	-2.2%	4.0%
I am Neutral	32.1%	18.1%	-14.0%	16.5%
Agree	35.7%	45.8%	10.1%	41.8%
Strongly Agree	25.0%	33.3%	8.3%	36.5%
Total	100.0%	100.0%		100.0%

Examples of Survey Data

From the 'Youth' survey

19. I/we are doing better in school and / or work				
	Shasta County '13	Shasta County '14	Shasta County Difference	California '12
n=	124	110		12,387
	% of Valid Answers			% of Valid Answers
Strongly Disagree	2.4%	0.0%	-2.4%	2.6%
Disagree	7.3%	10.0%	2.7%	7.0%
I am Neutral	19.4%	22.7%	3.3%	19.6%
Agree	44.4%	47.3%	2.9%	42.7%
Strongly Agree	26.6%	20.0%	-6.6%	28.1%
Total	100.0%	100.0%		100.0%

Survey Statement Categories

Survey questions were broken into the following 6 “sections”.

Section 1 focused on perception of services received.

Section 2 focused on perception of accessibility of services.

Section 3 focused on perception of client participation.

Section 4 focused on staff interaction and client support.

Section 5 focused on participant’s perception of their coping skills since receiving services.

Section 6 focused on the participant’s perception of social interactions.

Section Categories

Adults – Summary of Results by Section

Average scores of “Agree” and “Strongly Agree” responses to the 6 sections of the survey

Section Number	Shasta county 2013 Adults	Shasta County 2014 Adults & Older Adults	Average difference	California 2012 Adults and Older Adults
1	90.2%	91.2%	1.0%	88.9%
2	74.3%	85.5%	11.1%	84.0%
3	86.9%	87.8%	0.9%	86.5%
4	80.7%	83.6	2.9%	82.7%
5	60.6%	62.2	1.6%	69.8%
6	72.8%	70.7	-2.2%	70.5%

Section Categories

Youth - Summary of Results by Section

Average scores of “Agree” and “Strongly Agree” responses to the 6 sections of the survey

Section	Shasta County, 2013	Shasta County, 2014	California, 2012
Section 1:	87.6%	84.0%	87.6%
Section 2:	87.3%	82.8%	86.6%
Section 3:	86.4%	85.5%	86.3%
Section 4:	93.7%	94.7%	93.9%
Section 5:	67.2%	60.0%	70.4%
Section 6:	90.4%	85.9%	87.5%

To see the full POQI reports (Adult and Youth) -
please visit our HHS website “Mental Wellness”
and look under the section: See how we’re doing

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

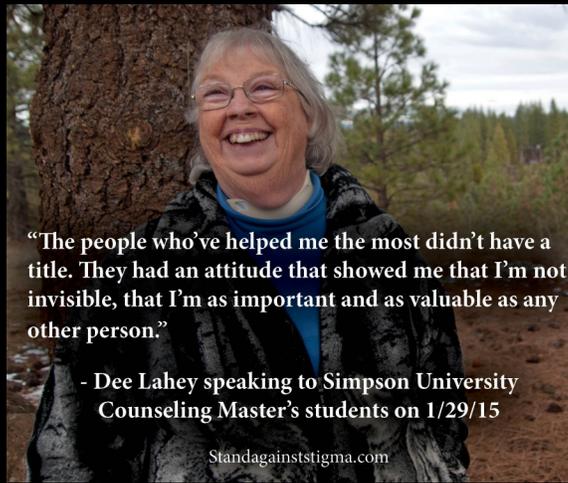
? QUESTIONS ?

MHADAB– March 4,2015



Brave Faces Presentations

- 16 speaker presentations in January and February; 6 planned for March
- Directly reached about 350 people including 220 Transitional Age Youth



“The people who’ve helped me the most didn’t have a title. They had an attitude that showed me that I’m not invisible, that I’m as important and as valuable as any other person.”

- Dee Lahey speaking to Simpson University Counseling Master’s students on 1/29/15

Standagainststigma.com

Brave Faces Presentation Highlights

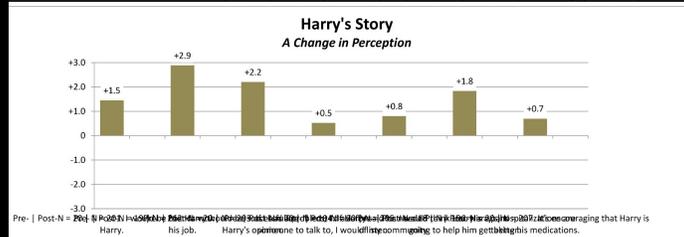
- Presented to five classes at Pioneer alternative High
- Presented to the two U-Prep Girls Advisory classes simultaneously.
- 23 year-old student at IOT presentation disclosing having PTSD from being sex trafficked as a teen. Staff referred her to services and One Safe Place.
- Ty Ford's talk at the Simpson counseling class sparked a good discussion about being accommodating/respectful of LGBT clients. Some students say they plan to attend the upcoming Safe Zone training.



Brave Faces Presentation Results

• "The truth is pain and struggle is in everyone. It's not where you are or your surroundings. It's about the way you feel about yourself and how you cope with things." – Pioneer High School student

Harry's story		Strongly Agree									Strongly Disagree									Average Score	Change
		1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9		
1. I would be friends with Harry.	Pre	6	1	4	5	2						1	1							3.3	+1.5
	Post	13	2	3	2															1.8	
2. Harry would be successful at his job.	Pre	3	1	2	2	4	1	2	4											4.8	+2.9
	Post	12	4	2	1	2														1.9	
3. If I had a problem, I'd ask or Harry's opinion.	Pre	3	2	1	2	4						3	2	3						5.1	+2.2
	Post	8	5	1	1		2	3												2.9	
4. If Harry said he needed someone to talk to, I would listen.	Pre	12	1	3	2	2														2.1	+0.5
	Post	15	1	1	1	1														1.5	
5. I would think Harry is a part of my community.	Pre	14		2	3							1								2.1	+0.8
	Post	17	1	1	1															1.3	
6. Harry's hospitalizations are going to help him get better.	Pre	6	2	1	1	4						1	2	1						3.8	+1.8
	Post	11	3	2	1	1	1													2.0	
7. It's encouraging that Harry is taking his medications.	Pre	10	6	1	2													1		2.1	+0.7
	Post	15	2	3																1.4	



Brave Faces Upcoming Presentations

- TODAY! U-Prep Girls Advisory with Danielle Brewster and Susan Guiton
- Feb. 12 – Shasta Nursing Class with Sherri Morgan, Neil and Kristen
- Feb. 13 – U-Prep Psych Class with Carrie Jo Diamond and David Martinez
- March 3 – Gateway to Leadership Class with Alex Tara and others
- March 5 – Olberg Wellness Center with Kristen, Ripley and Sherry
- March 6 – Pit River Tribe HOOP program with Danielle and Jr
- March 11 – Shasta College Psych Class/Library Bullying Forum
- March 17 – Public Health Division Meeting
- March 31 - Redding Soroptimists with Tammy
- TBD – Shasta Humanity Project, Juvenile Justice Staff and kids, Latina Women's

Together Against Stigma Conference

- "Jesus Came for the Sick" – Fighting Stigma with Church Communities"
Feb. 18-20 in San Francisco



Brave Faces Presentation Displays

New Displays – Lotus Center!

Ongoing- Shasta County Adult, Wintu Museum, Planned Parenthood, One Safe Place, County Administration Building, Anderson Teen Center, Opportunity Center, Olberg Wellness Center, Women’s Health Specialists



Do you have a young child in your family?

You're Invited!



Moms! Dads! Aunts!
Grandparents! Dads! Aunts!
Expecting parents! Uncles!

This FREE event is for you!

Can traditional storytelling promote healthy teeth for your children?



The *Native Oral Health Project* was conducted between May 2013 through December 2013. Come hear what we learned and what the Redding & Surrounding Community had to say about our traditional story.



Dinner Provided!

Raffle Prizes! Games!



WHERE

Redding Rancheria Community Center
2000 Redding Rancheria Road
Redding, CA 96001

Bring the kids!

WHEN

Tuesday, January 27, 2015
5:30-7:30 pm

Please contact:

Danielle Brewster: 530-515-1508; dbrewster24@yahoo.com
Dove Jude (ITCC): 530-209-0166; djude@itccinc.org
Luana Hill (CRIBB): 916-929-9761 x-1507; luana.hill@crihb.org



12th Annual Multi-cultural Celebration

EMBRACING OUR DIFFERENCES



Central Valley High School
4066 La Mesa Avenue Shasta Lake, CA 96019

Saturday, February 21, 2015

**11:00-12:45 international food,
cultural workshops, and community tables**
11:30-3:00 cultural performances
SHASTA TAIKO DRUMMERS at 2:00

Meet your neighbors*Share food and culture***Learn
about services available to residents of Gateway Unified
School District***EVERYONE is welcome to attend**

Signing interpretation available for deaf and hard of hearing community members

For additional information call Lee Macey or Don Yost (241-8421)
Beth Huibner (275-7073 ext. 4123) Rachel Okhou (356-6530) Yoon Nam Thung (410-5632)
www.multiculturalcelebration.org



**Come join the
Northstate Women's Health Network
to celebrate**

INTERNATIONAL WOMEN'S DAY 2015

**Sunday,
March 8, 2015
5-8 pm**

**The Atrium
1670 Market Street
Redding, CA**

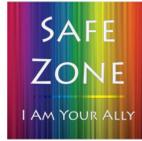


- Refreshments, hors d'oeuvres & beverages donated by local restaurants & wineries
- Performances by local women artists, dancers & musicians
- The Red Box Experience
- Booths for local women's businesses & organizations
- Silent auction



Visit northstatewomenshealthnetwork.org/facebok.com/inswhn
Any questions? Want to get involved? Call (530) 945-2158
or email northstatewomenshealthnetwork@gmail.com

sponsored by
www.internationalwomensday.com



CREATING SAFE SPACES FOR STUDENTS TO THRIVE

A free training open to faculty, staff, administration, and community professionals about best practices for including lesbian, gay, bisexual, transgender people

Monday March 23rd, 2015
9:00am-4:30pm
Student Center Stage

Breakfast & Lunch Provided

This event is co-sponsored by the
Shasta College Center for Community Engagement & Shasta College Student Services

Topics Include:
Ally Self-Assessment • LGBT 101 • Identity Formation •
Authentic Gender Model • The Effects of Acceptance vs. Rejection •
Microaggressions and Intersectionality • Creating Safe Spaces

REGISTER HERE FOR THIS FREE TRAINING
<http://www.signupgenius.com/go/10c0d4fa8ad2ea46-shasta1>

Shasta College is a non-discriminatory institution

Mental Health Month

- **Minds Matter Resource Fair**
11 a.m. – 2:30 p.m. Thursday, May 14
The Downtown Atrium and Promenade

Hope Is Alive 2 – Open Mic Night
6-8 p.m. Friday, May 15 (tentative)
Bohemian Loft (Tentative)