

**SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)**  
**REGULAR MEETING**  
**Minutes**  
**May 4, 2016**

Members: Steve Smith, Charlie Menoher, Kari Hess, Dave Kent, Marvin Peterson, Sonny Stupek, David Kehoe, Michele Wright, and Ronald Henninger

Absent Members: Sam Major, Janet Rudd, Marcia Ramstrom, and Leon Polk

Shasta County Staff: Donnell Ewert, Dean True, Dianna Wagner, Jamie Hannigan, Cara Schuler, Andrew Deckert, Marc Dadigan,

Guests: Vernon Price, Genell Restivo, Michelle Gazzigli, Steve Lucarelli, Kristen Schreder, Susan Wilson, Art Sevilla and Christine Wright

<b>Agenda Item</b>	<b>Discussion</b>	<b>Action</b>	<b>Individual Responsible</b>
I. Introductions	<ul style="list-style-type: none"> <li>➤ Chair extended a warm welcome to all attendees.</li> <li>➤ Board members and HHSA staff introduced themselves.</li> </ul>		➤ Steve Smith, MHADAB Chair
II. Public Comment Period	<ul style="list-style-type: none"> <li>➤ Guest gave an update on the Redding Area Homeless Coalition. They are working on a strategic plan and hope to have by the end of June and data studies will be coming out next week. A COC Strengthening Committee has been put together. Hope to submit to the Board of Supervisors (BOS) by June 7, 2016.</li> <li>➤ Guest reminded Board members that there is a free behavioral health board training in Susanville on May 21, 2016.</li> <li>➤ Guest discussed the amount of funds available for decriminalization of homelessness. He feels that it is important to find out how many mentally ill homeless people we have and how many deal with social isolation and the need for data and tracking.</li> </ul>		<ul style="list-style-type: none"> <li>➤ Kristen Schreder</li> <li>➤ Susan Wilson</li> <li>➤ Vernon Price</li> </ul>
III. Provider Reports	<ul style="list-style-type: none"> <li>➤ <u>VISIONS OF THE CROSS (VOTC)</u> (Alcohol and Drug Treatment): They are currently up to 160 beds. They have a new contract with the county to provide intensive outpatient treatment. This will allow them to serve men and women that need that level of care. Currently there are 10 men enrolled.</li> </ul>		➤ Steve Lucarelli
IV. Approval of Minutes	<ul style="list-style-type: none"> <li>➤ Minutes from the March 2, 2016 and April 6, 2016 meetings were presented in written form.</li> </ul>	➤ Approve the March 2, 2016 and April 6, 2016 minutes as submitted.	➤ Charlie Menoher (Motion) David Kehoe (Second)
V. Announcements and Review of Correspondence	<ul style="list-style-type: none"> <li>➤ None</li> </ul>		
VI. Presentations	<ul style="list-style-type: none"> <li>A. <u>BLOOD-BORNE DISEASE PREVENTION PROJECT:</u> A PowerPoint presentation regarding Blood-Borne Disease Prevention Project was provided by Dr. Andrew Deckert. [See Attachment A]</li> </ul>		➤ Andrew Deckert, MD, MPH, Health Officer

	<p>B. <u>UPDATE TO PATHWAYS TO MENTAL HEALTH:</u>  A PowerPoint presentation regarding Update to Pathways to Mental Health was provided by Dianna Wagner. [See Attachment B]</p>		<p>➤ Dianna Wagner, MS, LMFT, Branch Director Children's Services</p>
VII. MHSA Update	<p>➤ <u>COMMUNITY MENTAL HEALTH RESOURCE CENTER:</u>  The Request for Proposal (RFP) for the Center went out and five agencies responded. A committee was made up of HHS staff from both Adult and Children's branches, staff from the County Administrative Office, and two MHADAB members. Hill Country Health and Wellness Center was selected. The next step is to start contract negotiations and then implementation will begin.</p> <p>➤ <u>EASTERN COUNTY HOUSING PROJECT:</u>  Letters for Qualification were published for a qualified developer to develop the Permanent Supportive Housing Project in the Eastern part of the County. One response was received. The committee met to review the response and Northern Valley Catholic Social Service (NVCSS) was selected for the project. The next steps will be to meet and make a go-forward plan.</p> <p>➤ <u>MHSA PERMANENT SUPPORTIVE HOUSING:</u>  The California Housing Finance Agency (CalHFA) is in the process of changing their current loan program to a new loan program. HHS will be going to the BOS in the next few months to request permission to participate in the new program which would include transferring our encumbered funds from the old program to the new program. The new program has less rules and a different fee schedule, which is beneficial to us, and it puts more responsibility on the County than it does the State.</p> <p>➤ <u>MHSA FISCAL YEAR 16/17 ANNUAL UPDATE:</u>  The MHADAB ad hoc committee will be meeting on May 18, 2016 to review the first draft. The MHSAAAC will be holding a community stakeholder meeting on May 25, 2016 at 3:00 pm at the Vet's Hall. The flyer will be sent to the Board members. Presentations will be given by Hill Country Health and Wellness Center and HHS Children's Branch. The document will also need to go to the BOS for approval, hopefully in July.</p>		<p>➤ Jamie Hannigan, HHS Program Manager and MHSA Coordinator</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.</p>		

IX. Discussion	A. <u>RECRUITMENT:</u> Chair advised that currently the Board has two open positions. The recruitment process will start.		➤ Steve Smith, MHADAB Chair
XI. MHADAB Standing Committee Report	None		
XII. Other Reports	<ul style="list-style-type: none"> <li>➤ <u>COMMUNITY EDUCATION COMMITTEE (CEC):</u> Marc Dadigan advised that they went to the Sportsman’s Expo and spoke with several about the Firearm’s Safety Guide from the Suicide Prevention Workgroup. Three new speakers have debuted for Brave Faces – Chante, Crystal and David. What Comes Next Forum was held in March and approximately 50 were in attendance. Minds Matter Mental Health Faire Music Festival is May 7, 2016 from 12-6 at Library Park. The next Hope is Alive Open Mic Night is scheduled for May 20, 2016 at Billy’s in Montgomery Creek. Also, currently working on the next quarterly public forum for June or July on stigma related substance abuse issues.</li> <li>➤ <u>SUICIDE PREVENTION WORKGROUP:</u> Man Therapy was discussed and the workgroup is in support of it. Currently locating sponsors for the Out of Darkness Walk. The loss support group is getting back on track.</li> <li>➤ <u>ADP PROVIDER MEETING:</u> No meeting has taken place.</li> <li>➤ <u>HOMELESSNESS MEETINGS:</u> Kristen Schreder gave an update in Public Comment.</li> </ul>		<ul style="list-style-type: none"> <li>➤ Marc Dadigan, Community Education Specialist</li> <li>➤ Steve Smith, MHADAB Chair</li> </ul>
XIII. Reminders	➤ See Agenda.		
XIV. Adjournment		➤ Adjournment (6:46 p.m.)	

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Steve Smith, Chair

\_\_\_\_\_  
Cara Schuler, Secretary

# Shasta County's Blood-Borne Disease Prevention Project

## Update 2016

Andrew Deckert, MD, MPH  
Health Officer  
Health & Human Services-Public Health

### Impact of Contaminated Needles

- **In Shasta County, ~5,000 residents use ~1-2 million needles, syringes, and lancets/year**
  - ~most are people with medical conditions, eg diabetes
  - ~minority are Injection Drug Users (IDU's)
- **needles and syringes often end up in the public solid waste system**
  - illegal for anyone in CA to dispose in trash since 2008
- **Diseases Spread by Contaminated Needles**
  - Hepatitis B and C
  - HIV
  - injection site infections:  
eg, staph and MRSA



## Who Do Contaminated Needles Affect?



- Law Enforcement
- First Responders
- Housekeeping Staff
- Construction Workers
- Landscapers
- Health Care Workers
- Sexual Partners of IDUs
- Newborns



## The Cost of Contaminated Needles

- Cost of treating a person with HIV/AIDS is up to ~\$620,000 over their lifetime
- The annual cost for treating one person with Hepatitis B or C is up to \$20,000
- A liver transplant for persons with Hepatitis is an additional \$300,000



## Syringe Exchange Program Services

- One-for-one needle exchange
- Safe sharps disposal
- Health education
- Referral to HIV and Hep C testing, and Hepatitis A/B vaccinations
- Condoms
- Referral to substance abuse treatment
- Weds. @ Empire Recovery (w SCHC's HOPE Van) & Thurs. @ Living Hope, both 9:30 am-1:30 pm



## SEP Stats (03/12/07 inception – 12/31/15)

	<u>2007-2014</u>	<u>2015</u>	<u>Total</u>
▪ Months Operating:	12 /yr	12	106
▪ Unique Clients:	277 / yr	1270	2157
▪ Total Client visits:	1650 / yr	7566	20,762
New client demographics			
▪ Average Age (years):	41	35	
▪ Sex:	64% Male	64% Male	
▪ Race:	95% White	91% White	
▪ Shasta County zip:	98%	98%	

## New Client Survey: Education level

In school, what is the highest grade you ever completed?

	Average 2007-2014	2015	Total
Less than high school	<b>11</b>	<b>75</b>	<b>164 (15%)</b>
High school graduate/GED	<b>43</b>	<b>165</b>	<b>511 (47%)</b>
Some college	<b>24</b>	<b>106</b>	<b>298 (27%)</b>
College graduate	<b>7.5</b>	<b>39</b>	<b>95 (9%)</b>

## New Client Survey: Employment

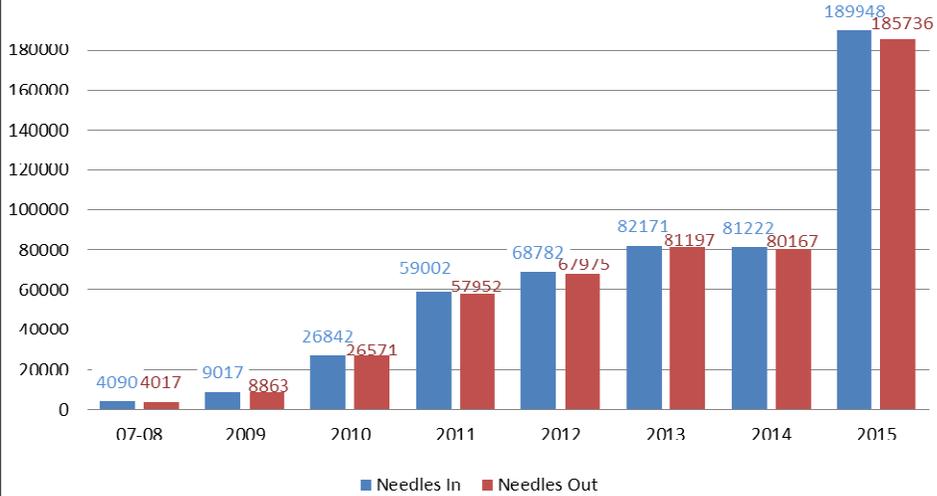
Which of the following apply to you:

	Average/yr 2007-2014	2015	Total
employed full time	<b>8</b>	<b>44</b>	<b>108</b>
employed part time	<b>6</b>	<b>37</b>	<b>85</b>
employed seasonally	<b>2</b>	<b>4</b>	<b>23</b>
retired	<b>1</b>	<b>3</b>	<b>15</b>
do odd jobs for income	<b>16</b>	<b>29</b>	<b>156</b>
receive VA, SSI, other program	<b>26</b>	<b>83</b>	<b>289</b>
receive \$ from another source	<b>18</b>	<b>34</b>	<b>179</b>

## SEP Total Syringes

**In: 521,074    Out: 512,478**

**Number of Needles In and Out**



## Diseases Related to Intravenous Drug Use Reported in Shasta County

	2007	2008	2009	2010	2011	2012	2013	2014	2015
	Individual Cases Reported in Shasta County								
Hep B (acute)	17	11	2	7	0	0	1	1	0
Hep C (acute)	3	7	5	0	1	2	0	0	1
HIV (acute & chronic)	*	8	5	4	13	8	8	8	0

## SEP Clients and Drug Treatment Referral

- Most clients assessed readiness for change and/or asked if want referral to a recovery program
- No current way to track how many enter drug treatment but we know some do who come by to tell SEP staff
- In 2015, at least 7 SEP clients reported having successfully kicked heroin
- Over the duration of the program, SEP clients have successfully entered such local treatment centers as Empire Recovery, Shasta Community's Suboxone program, Teen Challenge at Empire Recovery Center and Salvation Army, among others

## SEP Annual Costs and potential \$ saved

- Total Year Operation = ~\$40,000  
(source: state \$)
- Lifetime medical costs of one prevented case of HIV \$600,000
- Cost single liver transplant for Hepatitis B or C at over \$300,000
- Both latter frequently taxpayer funded

## Sharps Collection Stats

Weight (lbs) Sharps Collected and Disposed of Annually



Total pounds collected

Oct-06 through 2015 = **25,188.0 lbs**

## HIV Outbreak in Indiana 2015

- Rural town of 4,300
- 135 people with HIV discovered in 90 days, including some pregnant women
- Co-infection with Hepatitis C in 114 (84%)
- Injection drug use of crushed Rx opiate
- Shared dirty syringes and sex were the risk factors for HIV transmission
- Average of 9 syringe-sharing or sexual partners per patient
- Of 230 contacts found & tested, 47% positive for HIV



## Conclusions

- Some syringe exchange clients are infected with Hepatitis B, Hepatitis C or HIV and can infect others through needle sharing and sexual relations
- No significant law enforcement problems at SEP sites
- A number of clients have entered treatment programs or stopped using drugs
- Greater awareness of blood-borne diseases in the community
- Thank you to Board of Sups for their foresight in supporting SEP & sharps drop-off boxes since 2006

Andrew Deckert, MD, MPH

# Pathways to Mental Health (formally known as Katie A)

Shasta County  
Health and Human Services Agency  
Children's Services Branch



Dianna L. Wagner, MS, LMFT – Children's Branch Director

## Background



### Katie A.

- Class Action Lawsuit
  - Filed in 2002 & Settlement 2011
  - This lawsuit challenges California's failure to provide home-based and community-based mental health services to **children who are in the foster care system or at risk of removal from their families.**
- Results
  - Collaborative Efforts through Child & Family Team (CFT)
  - Screening, Assessing, Providing Mental Health Services
  - Development of a Core Practice Model

## Pathways to MH - Core Practice Model



### GOALS

- Permanency for youth
- Evidence Based Practices
- Transparency between departments
- Accountability
- Active/Involved Community
- Shared Commitment



### 5 KEY Components

- Engagement
- Assessment
- Service Planning
- Monitoring & Adapting
- Transition

## Pathways to MH - Subclass Previous Eligibility Criteria

1. Medi-Cal eligible
2. Meet medical necessity for specialty MH Services
3. Open child welfare case
4. And meet one of the following:
  - A. Child is currently in or being considered for: Wraparound, Therapeutic Foster Care or other intensive services, Therapeutic Behavioral Services, Specialized Care Rate due to behavioral needs or crisis stabilization/intervention; or
  - B. Child is currently in or being considered for a group home (RCL 10 or above), a psychiatric hospital or 24-hour mental health treatment facility, or has experienced 3 or more placements within a 24 month period due to behavioral health needs.

## Pathways to Mental Health New Initiatives



MHSUDS 16-004 February 5, 2016\* - Katie A. Class or Subclass criteria is not a prerequisite, therefore a child doesn't need to have an open child welfare case to be considered for receipt of ICC or IHBS services.



Provide ICC & IHBS through EPSDT to youth:

- Under age 21
- Eligible for full scope Medi-Cal
- Meet Medical Necessity for Specialty MH Services

\*Mental Health and Substance Use Disorder Services Information Notice

## Child Welfare/Mental Health Core Services

- **Intensive Care Coordination (ICC)**
  - Facilitating mental health assessments, care planning and coordination of services in collaboration with the child, youth, and family, and development of the Child & Family Team (CFT)
- **Intensive Home Based Services IHBS)**
  - Individualized strength-based mental health treatment interventions that are designed to increase skills and decrease functional impairment resulting from mental health conditions and provided in the home or home like setting.
- **Therapeutic Foster Care (TFC)**
  - TFC will be provided by specially trained parents (TFC parents) working under the supervision of a licensed mental health professional. These TFC parents will be an integral part of the therapeutic treatment process of the child/youth.

## Crosswalk Shared Architecture/Outline

### Pathways to Mental Health Core Practice Model

- Engagement
- Assessment
- Service Planning and Implementation
- Monitoring and Adapting
- Transition

### Pathways Example

- Recognize and acknowledge the effects of trauma in the lives of these children and families.

### Child Welfare Services Core Practice Model

- **Prevention**
- Engagement
- Assessment
- Planning and Service Delivery
- Monitoring and Adapting
- Transition

### Child Welfare Example

- Use a trauma informed approach to acknowledge and validate venting, expressions of anger, and feelings of grief and loss.

## Continuum of Care Reform (CCR)

### Updates

- Licensed Group Homes & Foster Family Agencies will be required to demonstrate that Specialty Mental Health Services are provided to children in their care who are in need of such services.

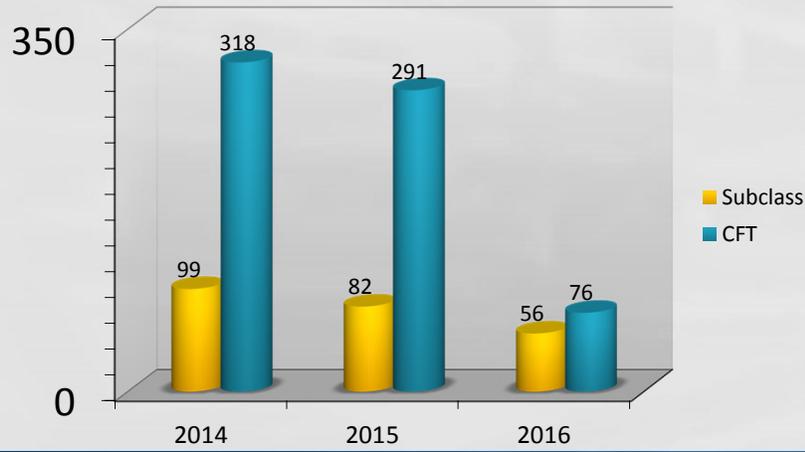
### Goals

- ↑ Increase the # of youth receiving Specialty MH Services in home-based settings
- ↓ Decrease the # of children being placed in congregate care settings

# Pathways to Mental Health

Shasta County Stats:

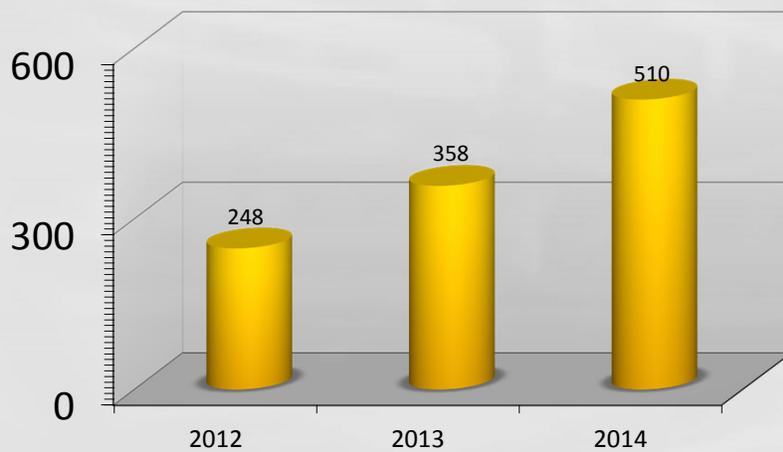
Number of Youth in the Subclass & Number of Child & Family Team Meetings



# Mental Health Screenings

Shasta County Stats:

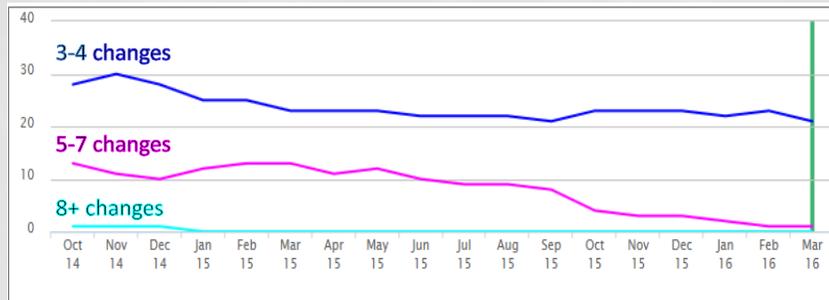
Number of Mental Health Screenings completed for children/youth in foster care



# Placement Changes Due to Behaviors

Shasta County Stats:

Placement Changes for children/youth in foster care based upon behaviors



Qualified Placement Changes In Episode	Count	%
3-4 Qualified Changes	21	95.5%
5-7 Qualified Changes	1	4.5%
8+ Qualified Changes	0	0.0%
<b>Total</b>	<b>22</b>	<b>100%</b>

Data as of 3/2016 Safe Measures Application

Thank You



Questions



# Health and Human Services Agency

Donnell Ewert, MPH, Director

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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 – May 4, 2016**

### **Mental Health, Alcohol and Drug Advisory Board**

#### **Adult Services Branch Update:**

##### **Private Facilities:**

The new Administrator for Ridgeview, Jacqueline Smith, is now on site. Staff of Shasta County Mental Health have had 'meet and greet' meetings and are making plans that will keep things moving in a positive direction as programming matures.

##### **Mental Health Services Act (MHSA) Innovations Project:**

The Request for Proposal (RFP) process for the new MHSA Innovations project, working title 'Mental Health Resource Center', has finished the important step of proposal review and initial contractor selection. The next phase of the process will be to complete contract negotiation. This step can be complex and include establishing deliverables, performance standards, outcomes measurements to be tracked, etc.

##### **MHSA Housing Project for the Eastern County:**

The final filing date and selection process, that included submission of a 'Letter of Qualification' (LOQ), has been completed. Only one letter was submitted, and the review committee approved this submission. In addition to the selected private non-profit organization, the county's Housing Authority is joining the project. This will bring extra dollars and opportunities to insure best outcomes and benefits. Contract negotiation, coordination, and planning will begin soon.

##### **Local Emergency Room Pilot Project:**

The County continues with its 'co-location' project in both local hospital emergency rooms. Currently there is one staff at each hospital on both dayshift and evening shift, Monday through Friday. The county continues to recruit for positions that will work on weekends. Initial reports continue to be very favorable: for individuals not needing inpatient psychiatric hospitalization time to evaluation and discharge is shorter. The county continues to work with both emergency rooms to refine processes and data collection in order to more fully evaluate the effectiveness of this project.

##### **Alcohol and Drug Updates:**

- County representatives, including Larry Lees, CEO, Supervisor David Kehoe, Sheriff Tom Bosenko, and HHSA staff, attended a meeting on April 7<sup>th</sup> sponsored by Missy McArthur, Redding City Council Member and Mayor. Other attendees included Chief Paoletti, Executive Directors from Hill County Community Clinic and Shasta Community Health Center, and a variety of local alcohol/drug providers. The purpose of the meeting was to discuss the current drug/alcohol service needs in Shasta County, how to provide better access to services for those in need, and whether opening a Sobering Center would be the best way to address those goals. The meeting resulted in much robust discussion, though no conclusions were reached regarding specific 'go forward' plans. All agreed that something needs to be done, and that further discussion - including most importantly the identification of funding streams, will be needed before final decisions can be made.
- The next ADP Provider meeting will be May 25, 2016 at 10:00 am.

## **Children's Services Branch Update:**

### **Drug and Alcohol Update:**

Our WINGS 2 Drug and Alcohol Counselor is currently working with 8-10 youth in individual and group treatment using the Matrix Model. The counselor is actively engaging the family as a part of the WINGS team in order to have the greatest impact on the child/youth life.

### **Mental Health Services:**

On February 5, 2016, DHCS issued an information notice explaining that ICC and IHBS must be made available to all beneficiaries under age 21 who are eligible for the full scope of Medi-Cal services, and meet the medical necessity criteria for Specialty Mental Health Services. The notice also clarifies that membership in the Katie A. Subclass is not a prerequisite to receiving ICC and IHBS.

### **Core Practice Model:**

In recent years, there have been several efforts to create Core Practice Models (CPM) that capture best practices in working with children and youth involved in the Mental Health and Children's Welfare arenas. The "Pathways to Well Being CPM" established a Core Practice Model that was adopted by the Departments of Social Services and Health Care Services as part of the Katie A. Settlement Agreement. Recently a separate California Core Practice Model was recently written and approved by child welfare services providers. An effort is now underway, as part of the State's Shared Management Structure, to integrate these approaches into one Core Practice Model for California's Child and Family Service providers.

### **Board of Supervisor Staff Reports (March – April 2016):**

- Amendment to Agreement with VOTC, Inc. dba Visions of the Cross for Alcohol and Substance Abuse Services
- Memorandum of Understanding for State Hospital Bed Use for Inpatient Psychiatric Treatment Services
- Third Amendment to the Agreement with the State of California Department of Health Care Services for Substance Use Disorder Services
- Third Amendment to the Agreement with the Vista Pacifica Enterprises, Inc.
- Amendment to Agreement with Catholic Charities CYO of the Archdiocese of San Francisco, dba St. Vincent's School for Boys