

SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)

REGULAR MEETING

Minutes

May 6, 2015

Members: Sam Major, Dana Brooks, Stevan Keyser, Marcia Ramstrom, Ron Henninger, Marvin Peterson, Charlie Menoher, Leon Polk, Steve Smith, David Kehoe, and Sonny Stupek

Absent Members: Dave Kent, Kari Hess, Janet Rudd

Shasta County Staff: Donnell Ewert, Dean True, Maxine Wayda, Jamie Hannigan, Lisa Sol, Cara Schuler, Leah Shuffleton, Doug Shelton, and Marc Dadigan

Guests: Cathy Wyatt, Susan Wilson, Shannon Hunt, Deb Engs, Charles Horner, Christine Wright, Michele Wright, and Steve Lucarelli

| Agenda Item | Discussion | Action | Individual Responsible |
|---|---|--|--|
| I. Introductions | <ul style="list-style-type: none"> ➤ Chair thanked NVCSS for letting the Board use their facility for the meeting. ➤ Chair extended a warm welcome to all attendees. ➤ Board members and HHSA staff introduced themselves. | | <ul style="list-style-type: none"> ➤ Sam Major, MHADAB Chair |
| II. Public Comment Period | <ul style="list-style-type: none"> ➤ None. | | |
| III. Provider Reports | <ul style="list-style-type: none"> ➤ <u>RIGHT ROADS (Outpatient Alcohol and Drug Treatment):</u> Redding satellite office was certified back in January. Site currently has 10-15 clients. ➤ <u>WRIGHT EDUCATION (DUI Provider):</u> Currently busy due to Partnership HealthPlan and Beacon. Have brought on part time therapist with almost full caseloads. | | <ul style="list-style-type: none"> ➤ Susan Wilson ➤ Christy Wright |
| IV. Approval of Minutes | <ul style="list-style-type: none"> ➤ Minutes from the March 4, 2015 and April 22, 2015 meetings were presented in written form. | <ul style="list-style-type: none"> ➤ Approve the March 4, 2015 and April 22, 2015 minutes as submitted. | <ul style="list-style-type: none"> ➤ Leon Polk (Motion) ➤ Marcia Ramstrom (Second) |
| V. Announcements and Review of Correspondence | <ul style="list-style-type: none"> ➤ <u>LETTER FROM CALIFORNIA MENTAL HEALTH PLANNING COUNCIL</u> – MHADAB Chair went over letter with survey that was sent out electronically for Board members to review. Survey will be responded to. Member Kehoe requested that our response to survey be sent to Board members. | | <ul style="list-style-type: none"> ➤ Dean True, Branch Director Adult Services |
| VI. Action Item | <ul style="list-style-type: none"> A. Consider recommending to the Board of Supervisors the Membership Committee’s nomination of Michele Wright, term to expire December 31, 2015, to fill a vacant MHADAB position. B. Review and consider approving the MHADAB 2014 Annual Report for submission to the Shasta County Board of Supervisors. | <ul style="list-style-type: none"> A. Recommend the Board of Supervisors appoint Michele Wright to fill a vacant MHADAB position, term to expire December 31, 2015. B. Approve the MHADAB 2014 Annual Report for submission to the Shasta County Board of Supervisors. | <ul style="list-style-type: none"> ➤ Steve Smith (Motion) ➤ Stevan Keyser (Second) ➤ Dana Brooks (Motion) ➤ Leon Polk (Second) |
| VII. MHSA Update | <ul style="list-style-type: none"> ➤ <u>WORKFORCE EDUCATION AND TRAINING – MHSA VOLUNTEER PROGRAM</u> The program will be expanding and will no longer have the requirements of lived experiences. Currently recruiting new members for navigators’ opportunities. | | <ul style="list-style-type: none"> ➤ Jamie Hannigan, Program Manager and MHSA Coordinator |

We are also working on a Peer Support Specialist certification program as well as new county job classification. There is a new Senate Bill (SB614); if it passes, the Department of Healthcare Services (DHCS) will put together a state program that will certify Peer Support Specialists and programs. It is our hope that our county program curriculum will meet requirements for state certification should the bill pass. There is also hope that peer services (support, mentoring, etc) will be a billable service for Medi Cal. This would be a pilot program. Shasta County's program is based on other state programs that have been approved by the Centers for Medicaid and Medicare (CMS) for that purpose. There will be more information to come.

➤ CAPITAL FACILITIES PROJECT – LOBBY REMODEL AND BUILDING REFRESH

The ribbon cutting for the lobby remodel was May 5, 2015. It was attended by approximately 100 people. If you were unable to attend, the posters from before, during, and after photos are located on the side wall along with the flier for viewing after the meeting. If you have not been over to the new lobby, please come by and take a look. The next part of the project for the rest of the building is the refresh, which will consist of flooring and paint.

➤ COMMUNITY SERVICES AND SUPPORTS (CSS) – PERMANENT SUPPORTIVE HOUSING PROJECT:

- The Woodlands Project – As you know, PALM Communities has put forward the project again for “tax credits” a third time. They received a letter in April that their own “self-scoring” results turned out to agree with third party scoring. They are currently competing with three other projects in the region. There is a good chance it will be funded. We should know around June 12, 2015. If PALM is awarded, they will spend their summer doing some preliminary work securing sub-contractors, etc. December 7th is their deadline to close all of the loans and secure the building permit with construction to start soon after. It is hoped there will be a move in date around spring 2017. HHSAs tasks remaining is to continue process on the Memorandum of Understanding Agreement with PALM / NVCSS, property management, and to solidify internal procedures for tenancy based on our

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|-------------------------------------|--|----------|---|
| | <p>application for supportive services. Shasta County will start working on potential tenants late summer of 2016.</p> <ul style="list-style-type: none"> • <u>Eastern County Project</u> – Work on the project for the Eastern County project continues, and a meeting is scheduled in June to discuss needs and parameters for moving forward. <p>➤ <u>MHSA FISCAL YEAR 15/16 ANNUAL UPDATE:</u> There have been a couple stakeholder meetings in Redding and Burney. There is another meeting on May 8, 2015 at 2:30 at the Redding Library to discuss and get input on the format change, the budget, and program changes. The draft will be completed by the end of May and a couple MHADAB members will be meeting with MHSA Coordinator to review. Public Comment will be June 1-30, 2015 and will seek MHADAB recommendation on July 1, 2015 and BOS approval on July 21, 2015.</p> | | |
| VIII. Directors' Report | <p>➤ The Directors' Report [see Attachment A] was sent out prior to the meeting for the Board and guests to review.</p> | | |
| IX. Presentation | <p>➤ <u>DUI PROGRAMS:</u> A PowerPoint presentation regarding DUI Programs was provided by Christy Wright and Charles Horner. [See Attachment B]</p> <p>➤ <u>EARLY ONSET:</u> A PowerPoint presentation regarding Early Onset was provided by Doug Shelton, Clinical Division Chief and Leah Shuffleton, Mental Health Clinician. [See Attachment C]</p> <p>➤ <u>MENTAL HEALTH FIRST AID:</u> A PowerPoint presentation regarding Mental Health First Aid was provided by Marcia Ramstrom, MHADAB Member. [See Attachment D]</p> | | <p>➤ Christy Wright, Wright Education Services and Charles Horner, Cascade Circle, Inc.</p> <p>➤ Doug Shelton, Clinical Division Chief and Leah Shuffleton, Mental Health Clinician</p> <p>➤ Marcia Ramstrom, MHADAB Member</p> |
| X. MHADAB Standing Committee Report | <p>➤ <u>MHADAB EXECUTIVE COMMITTEE</u> The next Executive Committee meeting will be June 15, 2015 at 11:00 am.</p> | | <p>➤ Sam Major, MHADAB Chair</p> |
| XI. Other Reports | <p>➤ <u>COMMUNITY EDUCATION COMMITTEE (CEC)</u> A PowerPoint presentation regarding what CEC has been up to and upcoming events for Mental Health month was presented by Marc Dadigan. [See Attachment E]</p> <p>➤ <u>MENTAL HEALTH SERVICES ACT ADVISORY COMMITTEE (MHSAAC)</u> Nothing to report.</p> | <p>➤</p> | <p>➤ Marc Dadigan, Community Education Specialist</p> <p>➤ Ron Henninger</p> |

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|-------------------|---|---------------------------|--|
| | <ul style="list-style-type: none"> ➤ <u>SUICIDE PREVENTION WORKGROUP:</u> Member Ramstrom advised that Pain Behind the Badge training was successful and had a good turnout by law enforcement. ➤ <u>CALIFORNIA ASSOCIATION OF LOCAL MENTAL HEALTH BOARDS/COMMISSIONS (CALMHB/C):</u> No update. ➤ <u>ADP PROVIDER MEETING:</u> See Directors' Report. | | <ul style="list-style-type: none"> ➤ Marcia Ramstrom ➤ Marcia Ramstrom |
| XII. Reminders | ➤ See Agenda. | | |
| XIII. Adjournment | | ➤ Adjournment (7:01 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 – May 6, 2015 Mental Health, Alcohol and Drug Advisory Board

ADULT SERVICES BRANCH UPDATE:

Private Facilities:

- The Ridgeview project continues to move forward with remodel and building improvements. The county is currently developing a contract that, with Board of Supervisors approval, will be in place once the facility opens in order to serve Shasta County residents in need of services. In addition to a much needed licensed Board & Care facility, the project will have a number of small one room efficiency apartments for individuals ready to move on to more independent living.
- The Board of Supervisors approved a contract with Mid-Valley Providers to offer an "intensive residential service" for individuals who no longer require services within a locked long term facility but are not quite ready for standard Board & Care. This will provide a valuable link as Shasta County develops a more comprehensive continuum of care. Mid-Valley Providers has begun its search for a private residence that will ultimately be licensed by Community Care Licensing. The first residence will house 4 clients, with the idea that if the project is successful the program could be expanded.

2640 Breslauer Lobby Remodel: The lobby remodel project has been completed and the area is now in use. A ribbon cutting ceremony took place yesterday, May 5th, in celebration of the new space. The next phase of the project will refresh the appearance of the clinical portions of the building.

Alcohol and Drug Updates:

Electronic Health Record (EHR) for Drug/Alcohol Treatment Providers: The County is in the process of implementation planning for drug/alcohol services and their inclusion into the 'Anasazi' software system (the EHR for mental health services).

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. DHCS reports that it expects to hear from CMS any day with regard to approval. The implementation process will take place over time, and it is estimated that Shasta will be included in what is referred to as "Phase IV". It remains unclear when that may take place, with best guess being the later part of 2016 or 2017. Adult Services staff will provide a presentation on what the waiver can mean to county residents at a MHADAB later this year once more specifics are known.

Community Meeting on use of Suboxone: Shasta County staff attended a community meeting held by Shasta Community Health Center (SCHC) that discussed the use of Suboxone (medication assisted treatment for addiction to opiates). The discussion was wide ranging and included: SCHC's expanded drug/alcohol services (available to individuals who receive their primary healthcare services from one of their clinics); SCHC's current practices regarding the prescription of Suboxone, and; the general need for better coordination between mental health and drug/alcohol providers. The meeting was attended by a variety of individuals representing drug/alcohol providers in the community.

County Development of Treatment Guidelines and the use of Suboxone: As discussed at the last Alcohol Drug Program (ADP) Provider meeting, the county has begun discussion on the use of Suboxone in our community, and the need to establish a set of “guidelines” that will inform the county’s position of how the medication can be best utilized. One concern at issue is that Suboxone itself can be addictive and/or abused, and that proper prescribing and oversight is necessary if this is to be avoided. The county will continue to have internal discussions, as well as stakeholder input, as it develops its guidelines.

Next ADP Provider meeting is May 20, 2015 at 10:00 am at the Youth Violence Prevention Council, 1700 Pine Street, Suite 250 - corner of Placer and Pine (above US Bank).

CHILDREN’S SERVICES BRANCH UPDATE:

DHCS and CDSS Release of Psychotropic Medications Guidelines: The California Guidelines for the Use of Psychotropic Medications with Children and Youth in Foster Care was published 4/10/15 and is described by California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) as a guide to best practices for the treatment of mental health conditions effecting children and youth in the foster care system. These guidelines are not codified mandates for providers of mental health and/or social services and were designed to work in conjunction with existing State regulations related to the provision of Medi-Cal funded mental health services and community care licensing regulations. The Guidelines are available at: <http://www.dhcs.ca.gov/services/Pages/qip-resources.aspx>

Mentally Ill Offender Crime Reduction (MIOCR) Grant Program: Shasta County Probation Department and HHS Children’s Branch worked together to develop and submit a MIOCR Juvenile Project Application. This grant funding is being awarded through the State Board of Community Corrections to implement locally-developed, collaborative and multidisciplinary projects that provide a cost-effective continuum of responses for offenders with mental health issues. The needs identified and addressed in this grant application come behind the closure of the Court and Community School program this school year that housed the Phoenix program, a dual diagnosis (Mental Health and Substance Abuse) program for juvenile offenders. The proposal is 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 as with the current WINGS program 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. The total application amount is \$938,842 with a proposed match of \$278,676 for a 3 year period. The announcement of awards is expected in late May or June.

Board of Supervisor Staff Reports (March-April 2015):

- Amendment to Agreement with Mid Valley Providers, Inc. for Transitional Living and Residential Care Home Services
- Agreement with Sail House, Inc.
- Agreement with Butte County for Psychiatric Inpatient Care
- Amendment to the Agreement with Northern California Youth and Family Programs

DUI Treatment Services
Shasta Counties



*Presentation for Shasta County
Mental Health, Alcohol and Drug
Advisory Board*

May 6, 2015



DUI Program Providers

Cascade Circle Inc.

&

Wright Education Services



Services provided in:

Redding, Anderson, Shasta Lake City &
Burney

We provide all services in English, Spanish,
and other languages as needed.

*DUI treatment services are client
fee supported*

NO TAX DOLLARS!

Cascade Circle Inc &

Wright Education Services

Each pay Shasta County and the
State, Fees based on enrollment
numbers.

Program Governance

- We follow the regulations established in Title 9, Chapter 3, and the Health and Safety Code
- We are monitored by the County and the State for compliance

Why DUI Treatment?

- Licensed DUI treatment programs work with the Courts and DMV to prepare participants for returning to licensed driver status with increased knowledge of the effects of alcohol and other drug use, with a new understanding of their responsibility to the community and with a new set of skills for having the healthiest possible relationship with alcohol and other drugs.

Declining Enrollments

Throughout California, enrollments in DUI treatment programs are declining. Both programs have had declining case loads for the last few years. There have been several reasons for this:

- ~increasing gas prices = reduced miles driven =
reduced miles driven u.i.
- ~declining income
- ~reduced police services
declining arrests u.i.

Effectiveness

Statewide enrollments

2010: 154,834

2012: 121,025

Completion rate: 84.4%

California DUI Treatment system is the largest and by far the most effective treatment system in the U.S.

- We work to assist participants, through treatment and referral:
- ~in choosing and attaining a safer, happier lifestyle
- ~In increasing safety in community through reduced recidivism
- ~in recognizing the possibilities in choosing a sober lifestyle.

Community Needs

- Our Community is diverse:
- Students, Blue Collar, White Collar, Farm Labor, Business Owners, Professionals, Retired

When possible, we specialize treatment to specific groups.

Focused Treatment--Gender

- DUI treatment population has historically been male, but is currently 30% women

(50% of our 9 month, high BAC program is female.)

Focused Treatment— Multi-drug use

- OTS reports that 14% of weekend night time drivers test positive for drugs other than alcohol.
- We have increased our focus on marijuana, methamphetamine, Rx narcotics use and effects on driving

Our Programs

Our DUI Programs offers the following programs:

12-Hour Wet & Reckless Education Program

30.75 hour (3 Month) education & counseling First
DUI Program

45 hour, (6 Month) education & counseling First
DUI Program

61.25 hour (9 Month) education & counseling First
DUI Program

2014 DMV Management Information Systems Report

Section 4: Postconviction Sanction

Effectiveness (pg.33)

- The 1- year recidivism rate for all offenders decreased to lowest rate seen in 22 years with a 50% drop. (1990 – 2011)
- Subsequent 1- year crash rates for First offenders have dropped 52.8% from 1990 to 2011 (relative decrease). 57.5% for Second offenders.

2014 DMV Management Information Systems Report

Table 11b: 2011 1- year subsequent DUI
recidivism rates by County for First and
Second Offenders.

| | |
|-------------------------------------|------------|
| Shasta Co. 1 st Offender | 15 = 3.3 % |
| 2 nd Offender | 7 = 3.5 % |

THANK YOU



- **Wright Education Services**
 - 2260 Victor Ave. Redding, CA 96001
 - 530.223.5122 Fax 530.223.5652
 - Christine S. Wright, CADC - II, SAP

- **Cascade Circle Inc**
 - 3161 Bechelli Ln. Suite 204B Redding, CA 96002
 - 530.222.8302 Fax 530.222.5872
 - Charles Horner, CAODC

Individuals Experiencing the Onset of Serious Psychiatric Illness

Doug Shelton

*Clinical Division Chief
Health & Human Services Agency
Children's Services*

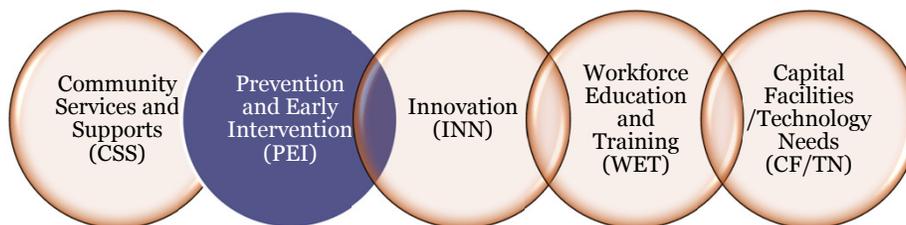
Terry McCauley

*Clinical Program Coordinator
Health & Human Services Agency
Children's Services*

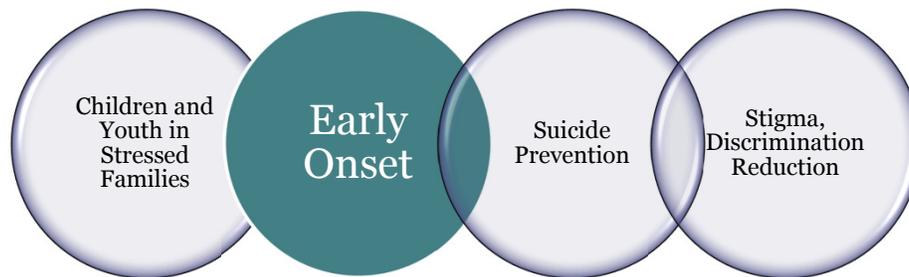
Leah Shuffleton

*Mental Health Clinician
Health & Human Services Agency
Children's Services*

MHSA Components:



Prevention & Early Intervention Projects:



Prevention and Early Intervention Stakeholder Input

Community members identified the following as important areas to address in the PEI plan:

- **Priority Population:**
 - Individuals experiencing the onset of serious psychiatric illness
- **Key Mental Health Need:**
 - Increase prevention efforts and response to early signs of serious psychiatric illness among young people

Stakeholder responses were gathered via survey, interview and focus groups.

PEI Project 3: Individuals Experiencing the Onset of Serious Psychiatric Illness

- To address the priority population and key mental health needs indicated by stakeholders, a specific project addressing Early Onset was created.
 - Several Evidence Based Practices were reviewed.
 - Discussions indicated a priority focus in three areas:
 - Early Detection,
 - Prompt Assessment and Referral,
 - Family Education and Support.

Defining Success:

- Decreasing the time of untreated mental illness
- Decreasing the duration of untreated psychosis
- Increasing assessment effectiveness

Early Onset Project Now:

- Housed with HHS Children's Services
 - Initial focus on youth ages 15-21
 - This year expanded to include ages 15-25

Budget

- \$146,000 annually
 - 1 full-time clinician
 - .25 family support employee
 - \$5000 for training and travel

Children's Services Focus:

Outreach to the community where young people may be encountered.

Children's Services Focus:

Create one single point of contact for the agency.

Children's Services Focus:

Prompt assessment, treatment
and/or referral.

Children's Services Focus:

Provide:

Assessment,
Family support and education,
Cognitive Behavioral Therapy group,
Medication management.

Client Outcomes

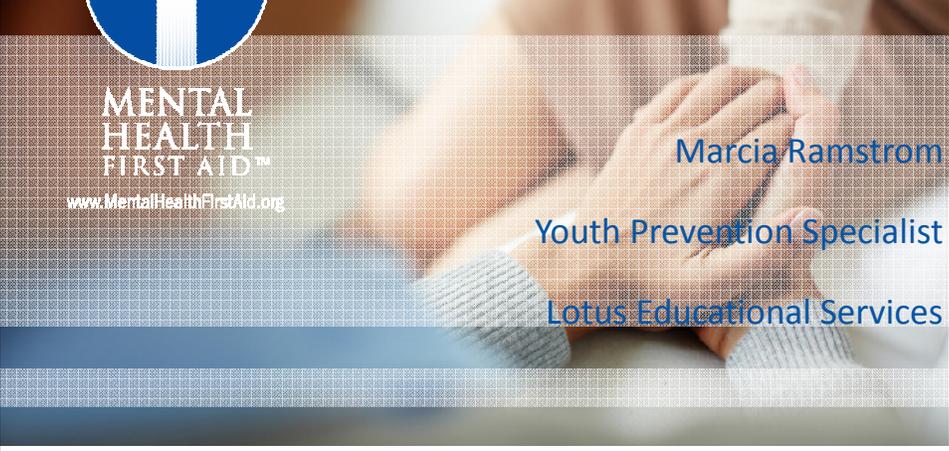
- Clients Served July 2012-March 2015
 - 39 individuals opened to the program
- Outcomes (24 individuals)
 - 20 successfully assessed, treated and referred.
 - 4 dropped out prior to attaining positive resolution.
 - Unable to attain outcomes for 15 others, treated prior to current medical record system.

Questions?



USA

MENTAL HEALTH FIRST AID™
www.MentalHealthFirstAid.org



Marcia Ramstrom
Youth Prevention Specialist
Lotus Educational Services

Mental Health First Aid USA is coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

MISSOURI DEPARTMENT OF MENTAL HEALTH

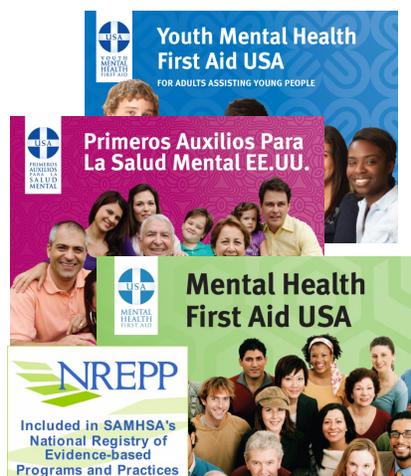


Mental Health First Aid is the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.



1

Mental Health First Aid



- ✦ Origins in Australia and currently in 20 countries
- ✦ Adult MHFA course for individuals 18 years of age and older; available in both Spanish and English
- ✦ Youth MHFA is designed to teach caring adults how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis
- ✦ Included in SAMHSA's National Registry of Evidence-based Programs and Practices
- ✦ Partnership with Maryland and Missouri State Governments

2

What Participants Learn



- ✦ Risk factors and warning signs of mental health concerns.
- ✦ Information on depression, anxiety, trauma, psychosis, and substance use.
- ✦ A 5-step action plan to help someone developing a mental health concern or in crisis.
- ✦ Available evidence-based professional, peer, and self-help resources.

3

What Participants Learn

USA
MENTAL HEALTH FIRST AID™

Mental Health First Aid USA

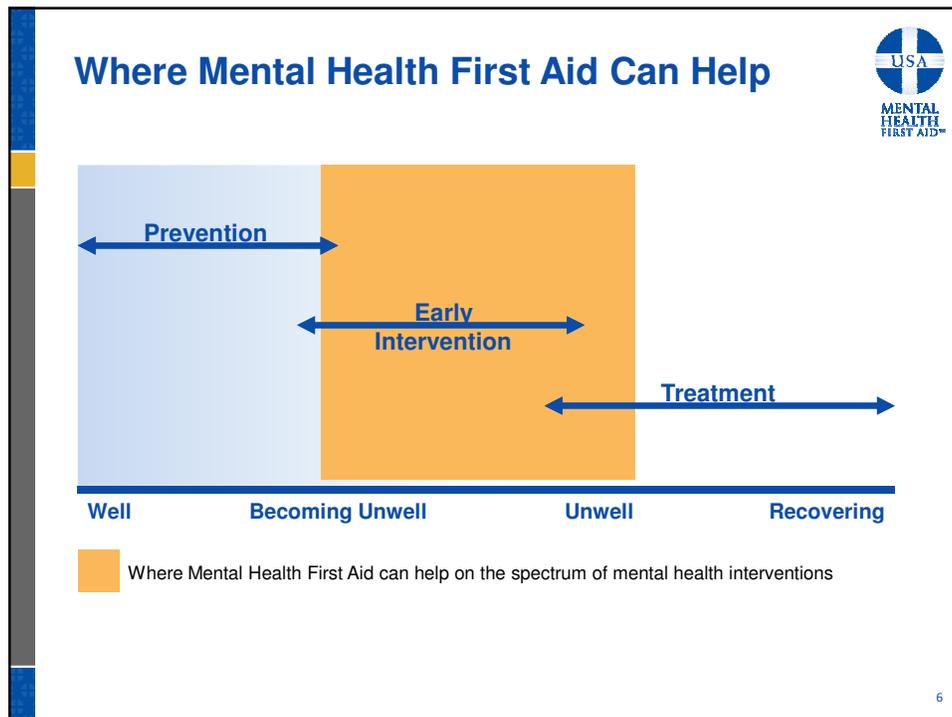
Primeros Auxilios Para La Salud Mental EE.UU.

Youth Mental Health First Aid USA
FOR ADULTS ASSISTING YOUNG PEOPLE

MHFA Action Plan

-  Assess for risk of suicide or harm
-  Listen nonjudgmentally
-  Give reassurance and information
-  Encourage appropriate professional help
-  Encourage self-help and other support strategies

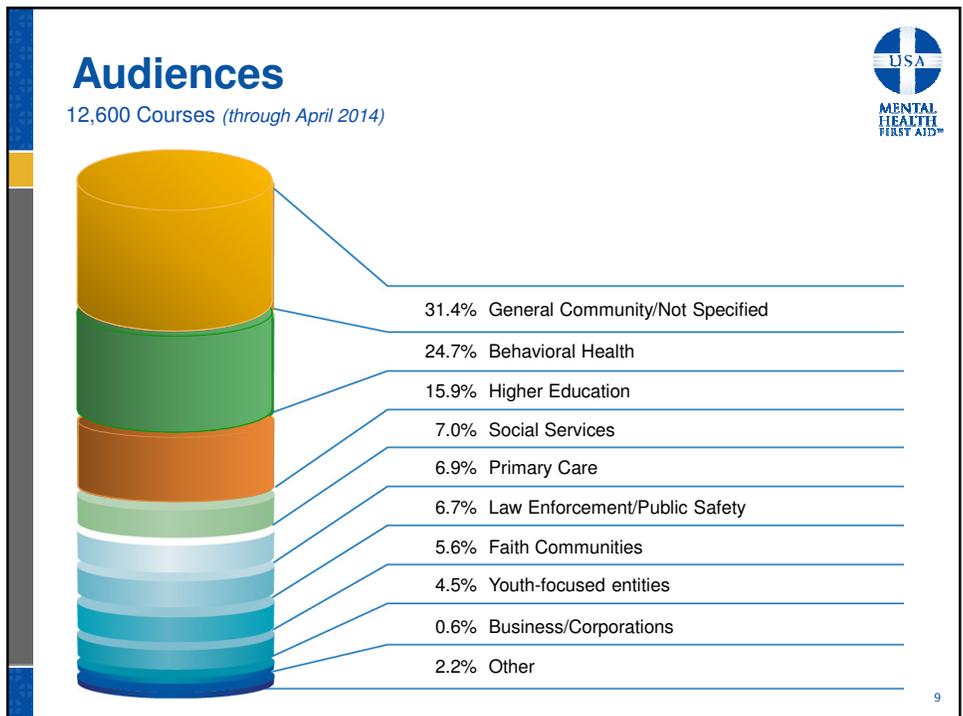
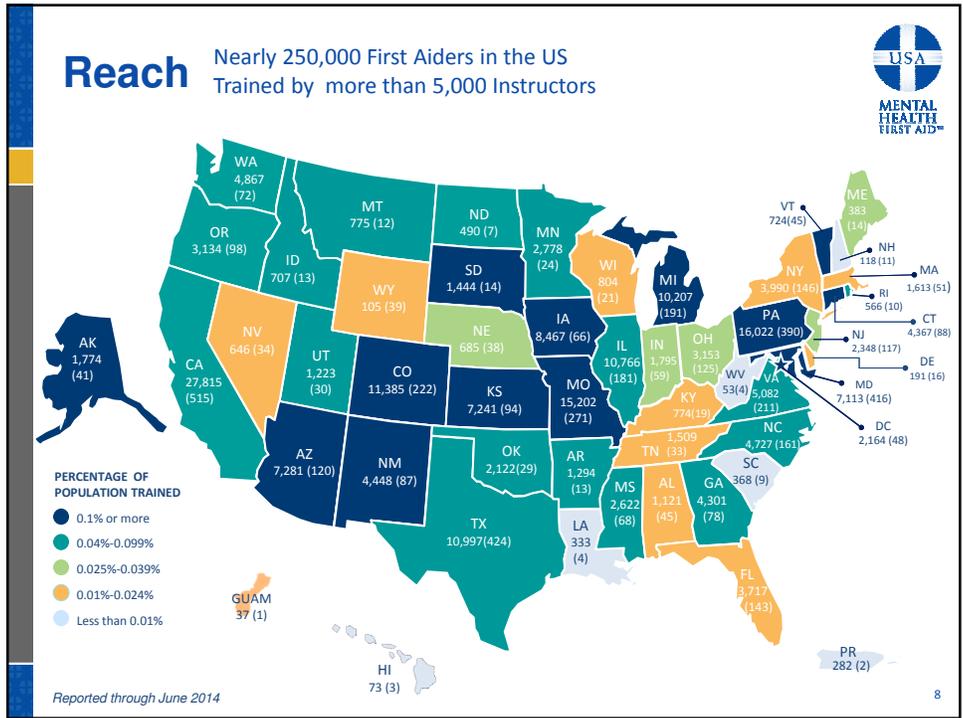
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Why Mental Health First Aid?

- ⊕ Mental health problems are common
- ⊕ Stigma is associated with mental health problems
- ⊕ Professional help is not always on hand
- ⊕ Individuals with mental health problems often do not seek help
- ⊕ Many people...
 - > are not well informed about mental health problems
 - > do not know how to respond

7



Evidence

Mental Health First Aid....



- ...increases knowledge and understanding
- ...encourages people helping people
- ...supports people getting help
- ...decreases social distance
- ...increases mental wellness



Included in SAMHSA's National Registry of Evidence-based Programs and Practices

10

Mental Health First Aid in the News



January 8, 2014 | by Jennie Grabel
[What has changed since Jan. 8, 2011, in Tucson and beyond?](#)



January 2, 2014 | by Patrick Skahill
[A "First-Aid" Response to Mental Illness](#)



December 27, 2013 | by Kathleen Megan
[After Newtown, Building A Stronger System Of Mental Health Services](#)



October 13, 2013 | by T. Rees Shapiro
[Mental Health Program Helps Fairfax County Teens Cope](#)



March 12, 2012 | by Kim Painter
[Classes Teach 'First Aid' for Mental Health Crises](#)

October 18, 2011 | [For Your Health](#)

11



What people are saying...

N.Y.U. has also added a **mental health first aid** training course. Employees who work in campus hot spots learn to identify mental illness symptoms as well as how to defuse a tense situation until help arrives. A hot spot is any place prone to frustrate, including the financial aid office, the bursar's office, and the registrar's office.

The New York Times
January 23, 2011

Attend a traditional first aid class, and you will learn checklists for assessing and responding to cuts, burns and strokes. [In **Mental Health First Aid**] students consider how they would respond to...a stranger having a panic attack, a friend expressing hopelessness, or a client distressed over an illness.

USA TODAY
March 12, 2012

12

Take a Course.
You could be the help someone needs.

Both Adult and Youth MHFA are now available in Shasta County.

Marcia@The-Lotus-Center.com
www.MentalHealthFirstAid.org
info@mentalhealthfirstaid.org
202.684.7457

Mental Health First Aid USA is coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
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