

SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
REGULAR MEETING
Minutes
September 2, 2015

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

Absent Members: Dave Kent, Michele Wright and David Kehoe

Shasta County Staff: Dean True, Maxine Wayda, Jamie Hannigan, Cara Schuler, Marc Dadigan, Dianna Wagner, Liz Leslie, and Jill Ward

Guests: Shannon Hunt, Steve Lucarelli, Marjeanne Stone, Christy Wright, Mary Rickert, Kristen Schreder, Jim Pawlyk

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 HHSA staff introduced themselves. 		<ul style="list-style-type: none"> ➤ Sam Major, MHADAB Chair
II. Public Comment Period	<ul style="list-style-type: none"> ➤ Guest expressed his frustrations with his time at RESTPADD and in Behavioral Health Court. Feels abused by the system and there needs to be more rights and protection for the client. 		<ul style="list-style-type: none"> ➤ Jim Pawlyk, Guest
III. Provider Reports	<ul style="list-style-type: none"> ➤ <u>VISIONS OF THE CROSS (VOTC)</u> (Alcohol and Drug Treatment): Things are running well. Looking for a building for men in the rural area. ➤ <u>EMPIRE RECOVERY CENTER</u> (Alcohol and Drug Treatment): Just completed \$118,000 worth of renovations all done through grants. Have signed a lease on a new building for outpatient in the downtown area. ➤ <u>WRIGHT EDUCATION</u> (DUI Provider): Have been providing a lot of services through Partnership HealthPlan - Beacon. Received a high quality award. Things are going well. 		<ul style="list-style-type: none"> ➤ Steve Lucarelli ➤ Marjeanne Stone ➤ Christy Wright
IV. Approval of Minutes	<ul style="list-style-type: none"> ➤ Minutes from the July 1, 2015 and August 5, 2015 meeting were presented in written form. 	<ul style="list-style-type: none"> ➤ Approve the July 1, 2015 and August 5, 2015 minutes as submitted. 	<ul style="list-style-type: none"> ➤ Kari Hess (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> As you know, the tax credits were approved. There was a kick off meeting August 19, 2015 with two more meetings scheduled in September, and three in October. The development timeline is as follows: 		<ul style="list-style-type: none"> ➤ Jamie Hannigan, HHSA Program Manager and MHSA Coordinator

- All funding loans close in November 2015
- Construction will follow
- 50% complete in July 2016
- Certificate of Occupation in March 2017
- Move in starts April 2017
- Tenancy Stabilizes (full) in August 2017

➤ SHASTA MHSA ACADEMY

- The Academy is a training to help individuals explore examples of the public mental health field and various careers available, and to build skills necessary for entry level employment in the field and to prepare individuals to become peer mentors. It is a 65 hour class. The future goal is to have it certified by the state as a Peer Mentor Certified Program.
- Currently, three classes are scheduled: Starting September 22nd Tues/Thurs 1:30-4:30 with 4 confirmed participants and Tues. 8-12 with 8 confirmed participants (3 still in background). In Burney at Circle of Friends starting October 2nd 9:30-3:30 with 7 confirmed participants.
- Behavioral Health Court is also looking into the Academy with the goal of educating and teaching individuals about mental illness and training to become a peer mentor for Behavioral Health Court.

➤ MHSA VOLUNTEER PROGRAM

- Shasta College is sending 9 students from their psych classes to be part of the volunteer program to get hands on work experience. They are also interested in possibly making the Shasta MHSA Academy part of their regular curriculum.
- Also working on a partnership with Golden Umbrella through their Senior Corps program. Seniors go out and volunteer in other seniors homes to visit and socialize. The senior companions would be part of the MHSA Volunteer Program.

➤ SHASTAMHSA.COM

MHSA Coordinator asked Board members and guests how many had visited the MHSA website and looked at the data and evaluation reports from the Annual Update. She asked everyone to please take a moment and look at the website and provide feedback.

	<p>➤ <u>CIRCLE OF FRIENDS</u> Circle of Friends has moved to a new building. It is much larger and very nice. If you are in the area, please stop by and see it. They will be having an open house on the afternoon of September 16 during their Wellness Walk event.</p>		
VII. Presentations	<p>A. <u>BRAVE FACES DOCUMENTARY:</u> Marc Dadigan advised that they worked with Tyler Faires to put together a short documentary featuring three Brave Faces and their stories as a resource for the general public, but especially for high school and college classes to present to. They are working on producing a study guide and resource packet. They plan to release on YouTube as part of Suicide Prevention Week. Documentary was shown.</p> <p>B. <u>MEDICATION ASSISTED TREATMENT:</u> A PowerPoint presentation regarding Medication Assisted Treatment was provided by Liz Leslie. [See Attachment A]</p> <p>C. <u>ASSISTED OUTPATIENT TREATMENT (AOT) (LAURA'S LAW):</u> A PowerPoint presentation regarding Assisted Outpatient Treatment in Shasta County was provided by Dean True, Branch Director Adult Services. [See Attachment B]</p> <p>D. <u>2015 DATA NOTEBOOK:</u> Member Ramstrom went over responses she compiled from her meeting with HHSa staff. After further discussion with Board members, it was decided that Kari Hess, Ron Henninger, Steve Keyser and Marcia Ramstrom will meet and review Data Notebook and bring back to the Board for approval for submission at the November meeting.</p>	<p>➤ Board Secretary will add to the November agenda.</p>	<p>➤ Marc Dadigan, Community Education Specialist</p> <p>➤ Liz Leslie, HHSa Program Manager</p> <p>➤ Dean True, Branch Director Adult Services</p> <p>➤ Marcia Ramstrom, MHADAB Member</p>
VIII. Action Item	<p>A. Consider recommending support or opposition of Assisted Outpatient Treatment to the Board of Supervisors.</p> <ul style="list-style-type: none"> • Board members discussed their support and opposition for Assisted Outpatient Treatment. <p>B. Consider approval of the 2015 Data Notebook for submission to California Mental Health Planning Council.</p> <ul style="list-style-type: none"> • Item was tabled until November meeting. 	<p>A. Recommend support of Assisted Outpatient Treatment to the Board of Supervisors.</p> <p>B. Board Secretary will add to the November agenda.</p>	<p>➤ Charles Menoher (Motion) Kari Hess (Second) Leon Polk (Opposed)</p>
IX. Directors' Report	<p>➤ The Directors' Report [see Attachment C] was sent out prior to the meeting for the Board and guests to review.</p>		

	Branch Director True provided further information on Local Emergency Room Pilot Project. Branch Director Wayda announced that she will be retiring from the County at the end of October and this will be her last meeting. She thanked Board members for their service on the Board.		
X. Discussions/Updates	<p>A. <u>MHADAB MEMBER RECRUITMENT:</u> Chair advised that there will be Board openings at the end of the year. If you know of any potential applicants, please let them know of upcoming recruitment.</p> <p>B. <u>AD HOC NOMINATING COMMITTEE OF CHAIR AND VICE CHAIR:</u> Chair advised that he has put together an Ad Hoc Nominating Committee for the 2016 Chair and Vice Chair. The Committee consists of Charlie Menoher and Marvin Peterson. Names to be considered will be brought to November meeting.</p>		<ul style="list-style-type: none"> ➤ Sam Major, MHADAB Chair ➤ Sam Major, MHADAB, Chair
XI. MHADAB Standing Committee Report	➤ <u>MHADAB EXECUTIVE COMMITTEE:</u> None.		➤ Sam Major, MHADAB Chair
XII. Other Reports	<ul style="list-style-type: none"> ➤ <u>COMMUNITY EDUCATION COMMITTEE (CEC):</u> Marc Dadigan advised that there have been some Brave Faces presentations. One was part of the CIT trainings. Several speakers will be participating in the Suicide Prevention Week events. There will be an Art with Impact movie event at Shasta on September 9th. New stories are being released on the Brave Faces website. Open Mic Night on September 10th at Grilla Bites with 20 confirmed participants. ➤ <u>MENTAL HEALTH SERVICES ACT ADVISORY COMMITTEE (MHS AAC):</u> Nothing to report. ➤ <u>SUICIDE PREVENTION WORKGROUP:</u> Member Smith advised that the Out of Darkness Walk is scheduled for September 12, 2015 at 8:30 a.m. by the Aquatic Center. ➤ <u>ADP PROVIDER MEETING:</u> See Directors' Report. 		<ul style="list-style-type: none"> ➤ Marc Dadigan, Community Education Specialist ➤ Jamie Hannigan, HHS A Program Manager, MHS A Coordinator ➤ Steve Smith
XIII. Reminders	➤ See Agenda.		
XIV. Adjournment		➤ Adjournment (7:30 p.m.)	➤ Marvin Peterson (motion) Steve Smith (second)

Sam Major, Chair

Cara Schuler, Secretary

MEDICATION ASSISTED TREATMENT (MAT) in Shasta County

Presentation to MHADAB
September 2, 2015
By Elizabeth Leslie, Adult Services

Thursday, August 27, 2015

What is MAT?

Medication Assisted Treatment is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. (SAMHSA)

- **Benefits of MAT**
 - Blocks euphoric effects of opiates
 - Relieve craving for opiates
 - Relieves symptoms associate with withdrawal
 - Does not cause euphoria or intoxication (with stable dosing.)
- Intended to be used in conjunction with drug/alcohol treatment.
- Current medications are for opiate and alcohol abuse only.
- Most commonly prescribed medications -
Methadone / Suboxone / Vivitrol.

Thursday, August 27, 2015

Methadone

- Full opiate agonist. Patients receive enough methadone to ward off opiate withdrawal symptoms but not enough to induce a narcotic high (when taken as prescribed.)
- Generally prescribed in a clinic-based setting and given in a daily / weekly / monthly regimen along with regular counseling.
- Closest provider is in Butte County.
- BOS approval of a clinic application is required before a clinic could be opened in Shasta County.

Thursday, August 27, 2015

Suboxone

- Partial opiate agonist. Prescribed by a physician and filled at a local pharmacy.
- Buprenorphine – Subutex / Suboxone (Buprenorphine and Naloxone).
- Training requirements to be a “waivered” physician.
- Suboxone Protocol developed by County.
- Sometimes recommended for weaning people off high doses of prescription drugs. Like methadone, it prevents withdrawal symptoms.

Thursday, August 27, 2015

Current Waivered Physicians:

Redding Opioid Recovery Medical Center

- Leonard Soloniuk, MD
- Paul Scipione, MD
- Theodore Workman, MD

Shasta Regional Medical Center

- Qazi Mohsin, MD

Redding Rancheria

- Daniel Weiner, DO
- Paul Richard Davis, DO

VA Outpatient Clinic

- Aravind Pai, MD

Shingletown Medical Center

- Candy Stockton-Joreleg, MD

James White, MD

Jeffrey Grolig, MD

Thomas Andrews, MD

Julian Fuentes, MD

Thursday, August 27, 2015

Vivitrol

- Naletrexone (oral daily medication.)
- Vivitrol (Monthly shot.)

- Opioid antagonist
 - Diminishes craving
 - Reduces high

- Covered by Medi-Cal for people in the criminal justice system. Otherwise, each shot is about \$500.

- County pilot project.

Thursday, August 27, 2015

Where MAT is prescribed

- **Primary Care Physician**
- **Clinic-based (methadone)**
- **OBOT - Office Based Opioid Treatment**
- **At drug treatment provider (Dr. Fuentes)**

Thursday, August 27, 2015

Issues in Medication Assisted Treatment

- **Potential for Abuse**
- **Misunderstanding in the community**
 - **AA/NA (Abstinence Model)**
 - **Treatment Programs**
 - **Other community services**
- **Lack of waived doctors to prescribe**
- **MD/Treatment Program coordination**

Thursday, August 27, 2015

Future of MAT

- Evidence-based effectiveness
- Waiver
- PHC/County Partnership (Opioid Task Force)
- Upcoming Trainings

Thursday, August 27, 2015

Laura's Law/
Assisted Outpatient Treatment (AOT)
- "Recap" of 2013 Presentation -

Mental Health, Alcohol and Drug Advisory Board
September 2, 2015

Dean True, Branch Director
Adult Services

- ▶ Since 2001, counties have had an option to implement a court-ordered outpatient treatment program.
- ▶ For many years only one county - Nevada - had implemented, in part due to the state not providing any specific funding.
- ▶ In the last 2 years many counties have formally started an AOT program, including larger counties such as Orange. No additional specific dollars have been provided, but there have been some changes in statute that allow counties more flexibility.

- ▶ AOT laws can only be utilized if the county can state on the record: “no voluntary mental health program serving adults, and no children’s mental health programs, (will) be reduced as a result of implementation.” (Welfare and Institutions Code, section 5349)
- ▶ A variety of people may request that someone be considered for AOT including family, people living with the individual, mental health provider treating the person, law enforcement, etc.

Criteria for Laura’s Law

An individual must meet all nine of the following criteria “by clear and convincing evidence”, for a court to order AOT:

- ▶ 1) 18 years of age or older;
- ▶ 2) Has a “serious mental disorder” that is persistent in duration and causes “behavioral functioning” that interferes substantially with activities of daily living;
- ▶ 3) There has been a clinical determination the person is unlikely to survive safely in the community without supervision;

Criteria for Laura's Law

continued

- ▶ 4) Has a history of not complying with treatment that has resulted in either: a) two involuntary hospitalizations within the last 36 months, or; b) due to mental illness has committed, or threatened to commit, at least one act of violence against self or others within the last 48 months;
- ▶ 5) Has been offered to participate in voluntary mental health treatment but continues to fail in following through;
- ▶ 6) The individual's condition is currently considered to be substantially deteriorating;

Criteria for Laura's Law

continued

- ▶ 7) Participation in AOT would be the least restrictive placement that leads to recovery and stability;
- ▶ 8) In view of individual's history and current behavior the person is in need of AOT to prevent relapse or deterioration that will lead to their meeting 5150 criteria (danger to self/others, or grave disability);
- ▶ 9) It is more than likely the individual will benefit from AOT.

- ▶ If the county Mental Health Director, or their designee, receives a request for AOT, they will review records, etc., to consider if appropriate to file a petition.
- ▶ After conducting the investigation, the Mental Health Director may file a petition but only if they have determined there is “a reasonable likelihood that all 9 necessary elements can be proven in a court of law by clear and convincing evidence.”
- ▶ Only the county Mental Health Director, or his/her designee, can file a formal petition for AOT with the court;

- ▶ The individual being considered for AOT has the right to counsel, including assignment of a public defender if needed, through the entire process.
- ▶ If the individual refuses to be examined prior to the hearing, the court has the authority to order a 5150 evaluation.

Court Hearing

- ▶ The mental health provider who submitted the affidavit must testify as to need for AOT.
- ▶ The individual and their counsel will have copies of all materials submitted, including evaluations, etc.
- ▶ The individual has the right to present evidence and cross examine witnesses.
- ▶ The individual has the right to appeal any/all decisions.
- ▶ Order for AOT is given for up to 6 month increment.

AOT Services

- ▶ If the court issues an order for AOT, services will be specified in court order and comply with the following:
 - Staff to client ratio of no more than 1:10”,
 - Client centered and recovery oriented treatment planning
 - Psychiatric, treatment, case management, etc. designed to assist client in reaching and maintaining highest level of independence.

AOT Services continued

- ▶ AOT does not include forced medications.
- ▶ “Involuntary medication shall not be allowed absent a separate order by the court pursuant to Section 5332 to 5336, inclusive.”
- ▶ 5336 - “Determination of a person’s incapacity to refuse treatment with antipsychotic medication.”
- ▶ Often referred to as a “Capacity” Hearing, also called a “Riese Hearing”:
 - Individual has the right to have representation
 - Individual has the right to contest and/or present evidence.

- ▶ Any time before or after a court order for AOT, individuals have the right to agree to - and be offered - voluntary services.
- ▶ If the individual voluntarily agrees to mental health services after an AOT order is given, then a “settlement agreement” is created.
- ▶ The settlement agreement is much like a client treatment plan, with the additional need for formal written approval issued by the court.



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 – September 2, 2015 **Mental Health, Alcohol and Drug Advisory Board**

Adult Services Branch Update:

Private Facilities:

- The Ridgeview project in Shasta Lake City is open. County staff had the opportunity to tour the facility and see improvements already completed. There have been many major improvements made to the building and property, and once completed, the services available will offer excellent opportunity for not only local Board & Care living, but also independent living for up to 16 people within its efficiency apartments. In addition to being licensed by California Community Care Licensing as a Board & Care, the county is supporting the 15 bed Board & Care section project to receive certification as a Transitional Residential Treatment Program under California, Title 9, section 531.
- The Woodlands project received final confirmation that it had won the essential tax credits needed for the project to move forward. It is hoped that construction/ground breaking will occur in December, with completion and move-in to take place sometime in early 2017.

External Quality Review Organization (EQRO):

- Shasta County's mental health services had an onsite EQRO review on August 11th & 12th. The EQRO team met with a variety of staff, and conducted reviews centering on how Shasta uses data to understand and help improve its services. There were generally positive comments at their exit interview, but final results will be contained in their report due within approximately 60 days of their visit. The county will provide a brief summary of that report at a future MHADAB meeting once received.

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

- Shasta County has tentatively planned to give a presentation to the County Board of Supervisors on Tuesday, September 15th. The MHADAB received a presentation on AOT in the summer of 2013, and at that time formally supported the creation of a Mental Health Court program that would assist the county in the future should it decide to implement. In January of 2014 Shasta did begin a mental health court program, referred to as Behavioral Health Court (BHT). AOT is an intensive outpatient program that can provide a process for individuals to be 'court ordered' to attend outpatient services. Each county within California has the option to implement, and over the last 2 years there have been many counties choosing to adopt. The MHADAB will have an opportunity to discuss and weigh in on this issue further at its September 2nd meeting.

Local Emergency Room Pilot Project:

- Shasta County is currently in discussion with both Mercy and Shasta Regional to develop a pilot project in conjunction with their tele-psychiatry services. The project will include consideration of giving local emergency room tele-psychiatrist "5150 Designation" that would allow them to make important decisions regarding involuntary hospitalization. There are many different aspects to the project, and it is anticipated that the matter will be brought forward to the Shasta County Board of Supervisors for consideration sometime in September.

Alcohol and Drug Updates:

- An Alcohol Drug Program (ADP) Provider Meeting was held August 19, 2015. Items of discussion:
 - Mental Health Access process and facilitating exchange of information. Discussion took place on the desire for a universal Release of Information (ROI) form.
 - Information was shared about Beacon and their role. Unfortunately, Beacon was not able to attend, but brochures were handed out.
 - Hill Country and Redding Rancheria discussed about how they are integrating mental health, alcohol and drug, and primary care in their programs.
 - HHSa and Hill Country discussed their co-occurring groups.
 - HHSa Director Ewert announced that the DHCS 1115 Waiver for Drug Medi-Cal had been approved.
 - Next ADP Provider meeting is November 16, 2015, 10:00 AM in the Boggs Building.

Children's Services Branch Update:

There are a number of proposed bills in the State Legislature in the current session related to mental health treatment for children and youth in the foster care system. Below is a snapshot of the most significant among them. It is undetermined if any or all of them will be enacted by the end of the current session in September.

- There are four bills addressing various issues related to the prescribing and oversight of psychotropic medications for foster youth (SB253, SB238, SB319, and SB484). These bills would add various duties and responsibilities for the prescribers and for County Child Welfare Agencies related to the prescribing, approval and management of psychotropic medications for foster youth. Of particular concern is when youth are prescribed multiple medications of the same class, particularly anti-psychotic medications. One proposed increase in oversight, requiring a second opinion from a prescriber in certain circumstances, is of concern based on the limited availability of child psychiatrists statewide. Other changes would add additional information to the scope of what the prescribing psychiatrist must address in the already required declaration that goes to the court for approval of the recommended medications.
- Another bill, AB1299 has potential significant impact for counties as it would establish the option of a presumptive transfer of responsibility for the provision of Specialty Mental Health Services when foster children are placed out of their home (jurisdiction) county to the county where they are in residence. If passed the Department of Health Care Services would be required to issue policy guidance that establishes the presumptive transfer of responsibility. The responsibilities of the county where the child is placed (residence) would include authorization, provision and payment for services. In addition to questions about how this would be paid for, there is concern about the potential for disconnect between the jurisdiction county that has legal authority/responsibility for the child and the county of residence that would become responsible for the child's mental health services.
- The last major bill, AB403 would enact a body of work referred to as Congregate Care Reform. The focus of this "reform" is addressing how children with significant mental health needs are cared for in the foster care system. The bill would create a new program and payment structure that would eliminate the current group home programs and provide for the creation of short term residential treatment programs. Another major focus is moving as many children as possible into family home settings, with relatives or specially trained foster parents and providing supportive services to the child and family that would allow the child to function successfully and have their treatment needs met while in a family home setting.

Board of Supervisor Staff Reports (July - August 2015):

- Second Amendment to the Agreement with Willow Glen Care Center, Incorporate
- Empire Hotel, EHARC, Inc., dba Empire Recovery Center for Residential Treatment Services
- Mental Health Services Act Fiscal Year 15/16 Annual Update
- Agreement with Kathaleen Waltz dba LeBrun Adult Residential Care Facility
- California Department of Health Care Services Performance Agreement for Fiscal Year 2015-16
- Agreement with Victor Community Support Services, Inc.