

**SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)**  
**REGULAR MEETING**  
**Minutes**  
**September 7, 2016**

Members: Kari Hess, Marvin Peterson, David Kehoe, Michele Wright, Leon Polk, Sam Major, Ronald Henninger, and Sonny Stupek

Absent Members: Steve Smith, Dave Kent, Janet Rudd, and Charlie Menoher

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

Guests: Marjeanne Stone, Steve Lucarelli, Tammy Lucarelli, Susan Wilson, Christine Wright, Veronica Smith, Amber Sandhu, Sandra Wilson, Susan Power, Genell R., Marcia Ramstrom, Marjorie Stain, and Greg Hector

| Agenda Item               | Discussion  | Action | Individual Responsible   |
|---------------------------|---|--------|--|
| I. Introductions          | <ul style="list-style-type: none"> <li>➤ Past Chair extended a warm welcome to all attendees and advised that Chair is in the hospital.</li> <li>➤ Board members and HHSA staff introduced themselves.</li> </ul>   |        | <ul style="list-style-type: none"> <li>➤ Sam Major, MHADAB Past Chair</li> </ul>   |
| II. Public Comment Period | <ul style="list-style-type: none"> <li>➤ Guest spoke about her daughter and issues with dual diagnosis. She also discussed issue with going to different facilities and her daughter's records not going with her, so new doctors have no idea what medications she is on nor her history. It is important for medical records and medications go with the client.</li> <li>➤ Board member Henninger asked if there was a report. He has heard that when someone is discharged from the hospital to a facility that nothing goes with them. (i.e., current records, history, and medications.) Branch Director True advised that the standard is that records always follow the client. Communication is done with the ER regarding what medications people are on. Records and medication orders would follow the client.</li> <li>➤ Guest spoke about his daughter's issues along with his grandson's issue and the need for a "real" detox center in the area. He also agreed with the importance of records going with the client.</li> </ul> |        | <ul style="list-style-type: none"> <li>➤ Veronica Smith</li> <br/> <li>➤ Ronald Henninger</li> <br/> <li>➤ Greg Hector</li> </ul>  |
| III. Provider Reports     | <ul style="list-style-type: none"> <li>➤ <u>VISIONS OF THE CROSS (VOTC)</u> (Alcohol and Drug Treatment):<br/>Nothing new is going on.</li> <li>➤ <u>WRIGHT EDUCATION SERVICES</u> (DUI Provider):<br/>Everything is going well. Doing a lot with mild to moderate with Partnership HealthPlan.</li> <li>➤ <u>FAMILY DYNAMICS RESOURCE CENTER</u><br/>They are the recipient of a \$450,000 grant, which provides services for children for child abuse treatments.</li> </ul>  |        | <ul style="list-style-type: none"> <li>➤ Steve Lucarelli</li> <br/> <li>➤ Christy Wright</li> <br/> <li>➤ Sandra Wilson</li> </ul> |

|   |   |  |   |
|---|---|--|---|
| IV. Approval of Minutes                       | ➤ Minutes from the July 6, 2016 meeting were presented in written form.   | ➤ Approve the July 6, 2016 minutes as submitted.   | ➤ Leon Polk (Motion)<br>Sonny Stupek (Second)   |
| V. Announcements and Review of Correspondence | ➤ Past Chair presented a certificate of appreciation to Marcia Ramstrom who was the Vice-Chair. He thanked her for her work and time on the Board.  |  | ➤ Sam Major, MHADAB Past Chair  |
| VI. Action Item                               | A. Review and consider approving the MHADAB 2015 Annual Report for submission to the Shasta County Board of Supervisors.  | A. Approve the MHADAB 2015 Annual Report for submission to the Shasta County Board of Supervisors. | ➤ Leon Polk (Motion)<br>Sonny Stupek (Second)<br>Kari Hess and David Kehoe (Abstained)      |
| VII. Presentations                            | A. <u>TRIPLE P MHSA PREVENTION AND EARLY INTERVENTION:</u><br>A PowerPoint presentation regarding What is Triple P along with the challenges and barriers and the plan for moving forward was provided by Dianna Wagner [See Attachment A]<br>B. <u>REPORT ON SITE VISIT TO THE RESTORATION CENTER/HAVEN FOR HOPE IN SAN ANTONIO, TEXAS:</u><br>A PowerPoint presentation regarding the site visit to the Restoration/Haven for Hope in San Antonio, Texas was presented by Donnell Ewert. [See Attachment B] |  | ➤ Dianna Wagner, Children's Services Branch Director<br><br>➤ Donnell Ewert, HHS A Director |
| VIII. MHSA Update                             | ➤ <u>WOODLANDS PROJECT:</u><br>MHSA Coordinator provided photos of how The Woodlands project is progressing. The project is on schedule with a move in date of Spring 2017.<br>➤ <u>EASTERN COUNTY HOUSING PROJECT:</u><br>MHSA Coordinator advised that a group will travel to Burney on September 29, 2016 to look at the proposed property. Due to meeting timing, photos were not shown of the property listing.  | ➤ Board Secretary to send link of proposed property listing to Board members.                      | ➤ Jamie Hannigan, HHS A Program Manager and MHSA Coordinator                                |
| IX. Directors' Report                         | ➤ The Directors' Report was sent out prior to the meeting for the Board and guests to review. [see Attachment C] Additional discussion took place regarding Aegis.  |  |   |
| IX. Discussion                                | A. <u>AD HOC NOMINATING COMMITTEE FOR CHAIR AND VICE CHAIR:</u><br>Past Chair advised that Chair will be working on an Ad Hoc Committee for Chair and Vice Chair for next year. If you are interested in being on the committee, please contact Cara. If you are interested in being a Chair or Vice Chair, please contact Steve or Cara.   |  | ➤ Sam Major, MHADAB Past Chair  |
| XI. MHADAB Standing Committee Report          | ➤ <u>EXECUTIVE COMMITTEE MEETING:</u> <ul style="list-style-type: none"> <li>Past Chair advised that the Board is still recruiting for new members and will begin interviews once Steve is well. If you know of anyone who is interested in</li> </ul>  |  | ➤ Sam Major, MHADAB Past Chair  |

|                    |   |   |   |
|--------------------|---|---|---|
|                    | <p>applying, please have interested individuals contact Cara.</p> <ul style="list-style-type: none"> <li>• With regard to Sales Tax Measures D and E, the Board cannot send a letter of support. Per HHS A Director Ewert, it is completely appropriate to take a position on the Measure and you can talk about it at the meetings, but you cannot do any direct advocacy for or against because the Board is an extension of government. You can as an individual citizen, but not as a Board.</li> </ul>   |   |   |
| XII. Other Reports | <ul style="list-style-type: none"> <li>➤ <u>COMMUNITY EDUCATION COMMITTEE (CEC):</u><br/>July 2016 a Becoming Brave training was held and Getting Clean Forum on stigma substance use addiction took place on July 17, 2016. Approximately 70 attended. On August 5, 2016, The Good News Rescue Mission hosted an Open Mic Night. Several Brave Faces presentations are taking place at local churches. On September 8, 2016, A Hope is Alive Variety Show is taking place. In addition, some MH response trainings with CHP are taking place. Getting Clean II will be taking place October 12, 2016 in Burney.</li> <li>➤ <u>SUICIDE PREVENTION WORKGROUP:</u><br/>Out of Darkness Walk is September 10, 2016 from 8 am-1 pm.</li> <li>➤ <u>ADP PROVIDER MEETING:</u><br/>Please refer to Directors' report.</li> <li>➤ <u>HOMELESSNESS MEETINGS:</u><br/>A full-time director will be hired and purchase of a new data system will be made.</li> </ul> |   | <ul style="list-style-type: none"> <li>➤ Marc Dadigan, Community Education Specialist</li> <li>➤ Donnell Ewert, HHS A Director</li> <li>➤ Sam Major, MHADAB Past Chair</li> </ul> |
| XIII. Reminders    | <ul style="list-style-type: none"> <li>➤ See Agenda.</li> </ul>   |   |   |
| XIV. Adjournment   |   | <ul style="list-style-type: none"> <li>➤ Adjournment (7:23 p.m.)</li> </ul> | <ul style="list-style-type: none"> <li>➤ Kari Hess (Motion)</li> <li>➤ Leon Polk (Second)</li> </ul>  |

Sam Major, Past Chair

Cara Schuler, Secretary

# TRIPLE P

## MHSA Prevention & Early Intervention



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

## What is Triple P? Positive Parenting Program

- Triple P was developed at the University of Queensland in Australia as a multilevel system of parenting intervention designed to improve the quality of parenting education.
- Global Implementation
  - International – 26 Countries
  - Nationwide – 42 States
    - 3141 Counties
    - Armed Forces Overseas
  - California – 26 Counties



## Core Principles of Positive Parenting

1. Ensure a safe and engaging environment
2. Create a positive Learning environment
3. Use assertive boundaries
4. Have a realistic expectations
5. Take care of yourself as a parent



## Children's Competencies Promoted Through Triple P

1. Social and Language Skills
2. Emotional Self-Regulation Skills
3. Independence Skills
4. Problem Solving Skills



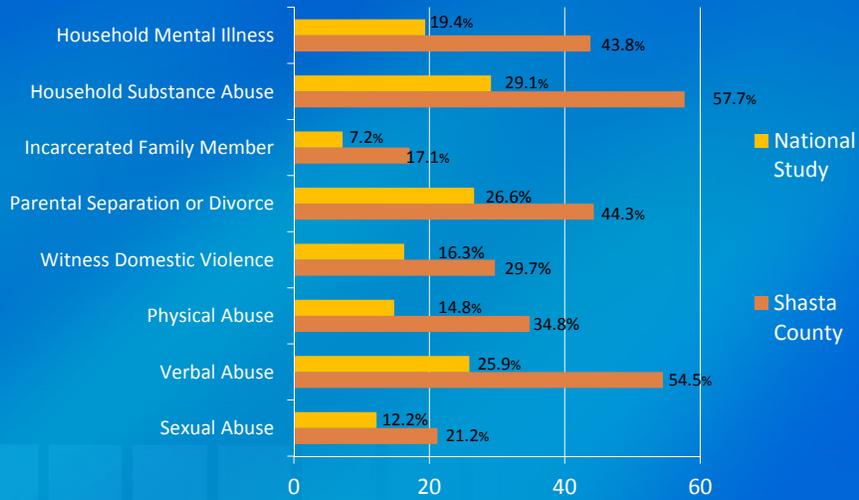
*“The Triple P study showed that if you engage people before things go awry, they can avoid problems that we might have predicted for them, or they might have predicted for themselves.”*

Richard Barth  
Dean of the University of Maryland School of Social Work

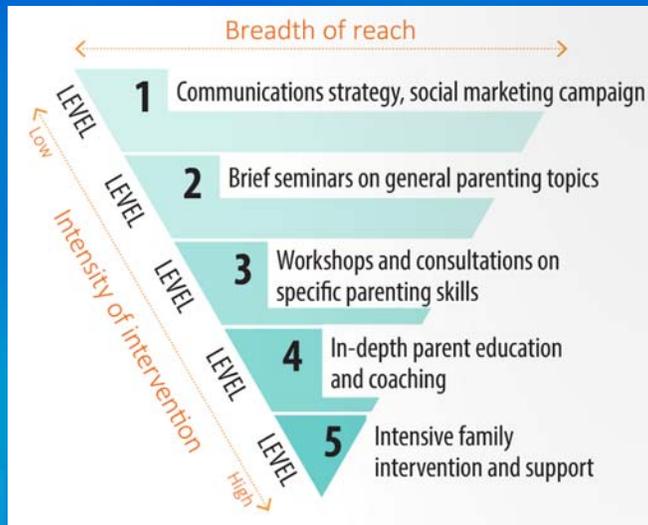
## Why Did Shasta County Implement Triple P?

- Evidenced Based Practice
- Prevention & Early Intervention
- Community Wide Framework
- Child & Family Well-Being Focused
- Impact the Whole Population
- Aim to Increase Positive Parenting
- Encourage and Support Community Caregivers
- Treatment

# ACEs in Shasta County 2012



# Triple P System Framework



# Triple P Intervention Levels

## Level 1: Universal

- triplepshasta.com, brochures offered

## Level 2 Seminar

- Target separate age groups: 0-12yr or 13-16yr
- Three x 90 min presentations (each on separate topic)

## Level 3: Primary Care

- Four 15-30 min sessions

## Level 4: Standard/Group/Stepping Stones

- Group: 8 sessions
- Standard/Stepping Stones: 10 Sessions

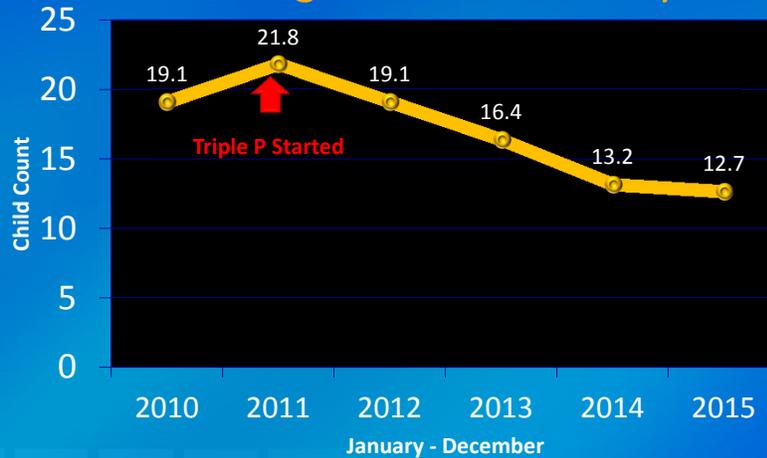
## Level 5: Enhanced / Pathways

- Behavioral family intervention
- Individually tailored and can extend to the home environment.

# Active Triple P Practitioners By Level

| Level   | # of HHSA Practitioners | # of Participating Org Provider Practitioners |
|---|-------------------------|---|
| Level 2 Seminar   | 1                       | 6   |
| Level 2 Teen Seminar  | 0                       | 4   |
| Level 3 Primary   | 9                       | 65  |
| Level 3 Teen  | 1                       | 7   |
| Level 4 Standard  | 11                      | 33  |
| Level 4 Teen  | 11                      | 14  |
| Level 4 Group   | 4                       | 19  |
| Level 4 Group Teen  | 2                       | 5   |
| Level 4 Stepping Stones   | 3                       | 4   |
| Level 5 Enhanced  | 8                       | 13  |
| Level 5 Pathways  | 6                       | 13  |
| <b>Total # of Individual Practitioners active in the last 12 months</b> | <b>18</b>               | <b>91</b>                                     |

## Rate of Substantiated Allegations of Child Abuse and Neglect in Shasta County

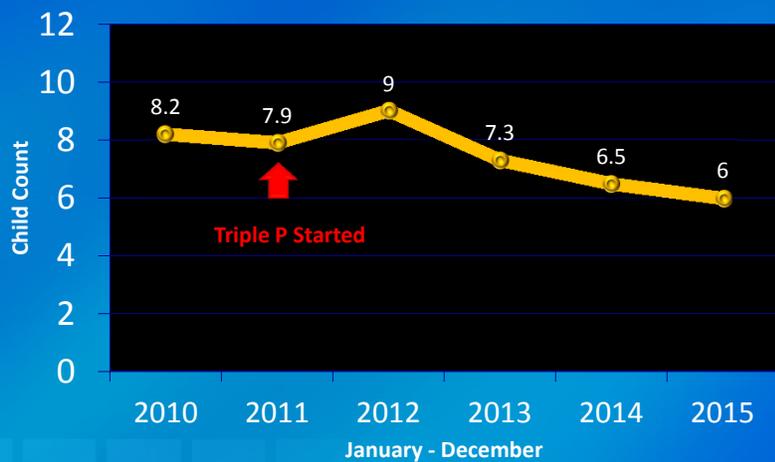


Child Welfare Only – Substantiated Disposition - 0-17 years  
Children with one or more Allegations Incidence per 1,000

CCWIP Substantiation Rates Dashboard." California Child Welfare Indicators Project. Berkeley University of California, Spring 2016. Web

## Shasta County Entry Rates

0-17 year olds in foster care for 8 days or more



Child Welfare Only – All Children Entering Incidence per 1,000

CCWIP Entry Rates Dashboard." California Child Welfare Indicators Project. Berkeley University of California, Spring 2016. Web

## Addressing Barriers and Challenges

| 2011-2016  | Moving Forward  |
|--|---|
| Number of practitioners active in program evaluation is lower than expected compared with the number of trained practitioners. | Better utilization of trained staff to meet the prevention & intervention needs of CW/MH. |
| Data Collection - Understanding Scoring Application and Metrics  | Streamline outcome reporting: New Scoring Application & iPad Pilot.                       |
| Long term Sustainability   | County wide Sustainability Committee re-convening in the fall.                            |
| Program Fidelity   | Utilize monthly Triple P Support Group for practitioners                                  |
| Parent Engagement  | Normalize Participation - Increase follow-up with parents that stop                       |
| Accessibility and Community Outreach   | Simplify and update brochure and website  |

## Triple P Moving Forward

### New in 2016-2017

- Level 4 Stepping Stones Training - October
- Quarterly Sustainability Committee Meetings
- Triplepshasta.com Update Coming Soon



### Ongoing Efforts

- Monthly Triple P Technical Assistance Call
- Contracts
  - NVCSS
  - Remi Vista
  - VCSS
  - Wright Education
  - Family Dynamics
  - Right Roads



***QUESTIONS?***

*Thank You*

# Report on Site Visit to Restoration Center and Haven for Hope

Presented by Donnell Ewert  
Shasta County HHSA Director

## San Antonio/Bexar County

- ▶ Population of Bexar County - 1.7 million people
- ▶ Crisis 10 years ago
  - ▶ Overcrowded jail - ordered by court to reduce jail population
  - ▶ Considered building a new jail with 1,000 beds
  - ▶ Instead, instituted programs to divert mentally ill/SUD offenders from jail
  - ▶ Now have 1,000 vacant beds in existing jail



## The Restoration Center, San Antonio



## Bill Greehey - Billionaire Benefactor



## Restoration Services

### San Antonio-Bexar County

- ▶ Crisis Care Center - 16 beds
- ▶ Mobile Crisis Team
- ▶ Josephine Recovery Center
  
- ▶ Public Sobering Unit
- ▶ Residential Detoxification
- ▶ Intensive Outpatient SUD Tx
- ▶ Mommies SUD Tx Program
- ▶ Opioid Addiction Treatment (OATS)

### Shasta County

- ▶ **Proposed CSU - 4 beds**
- ▶ **Proposed mobile crisis team (WPC)**
- ▶ Crisis Residential and Recovery Center (CRRC)
- ▶ **Proposed Sobering Center**
- ▶ Social model detox (Empire)
- ▶ Intensive Outpatient SUD Tx -VOTC
- ▶ Perinatal SUD Tx Program - County
- ▶ **Proposed medication-only methadone clinic - Aegis**

## Additional Restoration Services - not currently planned for Shasta

- ▶ Minor Medical and Injured Prisoners' Clinic
- ▶ The Monarch Project - supporting victims of sexual violence
- ▶ HIV Prevention, Intervention, and Outreach (fulfilled at SCHC)
- ▶ CenterCare Clinic - primary health care
- ▶ Video tour:  
[https://www.youtube.com/watch?v=FD\\_wv49tO1Q](https://www.youtube.com/watch?v=FD_wv49tO1Q)

## Haven for Hope

- ▶ 22 acre campus just west of downtown San Antonio
- ▶ Partner with 90 organizations - 30 on the campus
  - ▶ Center for Health Care Services - mental health and SUD services; runs The Courtyard
  - ▶ San Antonio Food Bank - provides meals and training in culinary arts
  - ▶ St. Vincent de Paul Society - provides meals for The Courtyard guests
  - ▶ I Care Vision Center - vision services
  - ▶ San Antonio Christian Dental Clinic - dental services
  - ▶ YMCA - provided early childhood education and childcare
  - ▶ Centro-Med - primary care medical services

## Haven For Hope

- ▶ The Courtyard - outdoor safe sleeping area
  - ▶ Lockers, showers, meals, client engagement
- ▶ Transformational Campus - long-term living quarters and services
  - ▶ Job training and employment readiness
  - ▶ Education services - ESL, GED, financial literacy, parenting, computer skills, etc.
  - ▶ Behavioral Health Services - SUD, counseling, psychiatry
  - ▶ Permanent housing assistance
  - ▶ Animal kennel
  - ▶ Library and computer center

## Crisis Intervention Training (CIT)

- ▶ All sworn officers in SAPD and BCSO get 40 hours of CIT training
- ▶ Return on investment - less use of force; less officer injuries; fewer lawsuits
- ▶ Mental Health liaison for each force
  - ▶ Work directly with mental health agencies
  - ▶ Extra training for working with mentally ill community members needing assistance
  - ▶ Prevention of officer suicides; resource for officers with MH issues
- ▶ Video: <http://abcnews.go.com/US/deadly-consequences-police-lack-proper-training-handle-mental/story?id=33023577>

Questions?





# Health and Human Services Agency

Donnell Ewert, MPH, Director

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

## **Directors' Report – September 7, 2016** **Mental Health, Alcohol and Drug Advisory Board**

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

#### **Behavioral Health Court Update:**

Over the past year, the BHC team received approximately 60 referrals for possible admission to the program. Of those 60, 23 were evaluated to meet the program's admission requirements (voluntary participation, have an SMI, etc.) and were enrolled. Of those enrolled, 10 failed to follow through with the program and were disenrolled. Three have graduated this year, and 10 continue as participants in the year-long program. During any given month, the program has averaged an enrollment number of approximately 14. The county continues to develop data reports to better track success, but preliminary information indicates a significant reduction in both incarcerations (for those who remain successfully enrolled) and psychiatric inpatient hospitalizations.

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

Contract development and negotiation meetings with Hill Country Health and Wellness Center for the new MHSA Innovations project, working title 'Community Mental Health Resource Center', are well underway. The contract for services will be comprehensive and include afterhours pre-crisis mental health services, Assisted Outpatient Treatment (Laura's Law), and foster family support. Despite the complexity of services, all parties involved are optimistic that a final contract will be complete sometime late November or early December, and that the center will be open for services in the first part of 2017.

#### **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. HHSA has added new staff, with weekends now generally covered for approximately 18 hours as well. Anecdotal reports and collaboration meetings continue to be very favorable: for individuals not needing inpatient psychiatric hospitalization, time to evaluation and discharge is shorter. Emergency Room representatives, and county staff from HHSA Outcomes, Planning & Evaluations (OPE) unit have begun meeting with a goal of sharing and producing data reports that reflect meaningful numbers with regard to pilot project outcomes (reduced times, etc.).

#### **Outpatient Shasta County Mental Health (SCMH) Update:**

The county continues active recruitment for full-time psychiatrists; however, like many other counties and private rural organizations, this continues to prove very difficult. At this time, SCMH Adult Services has one full-time psychiatrist on site and Children's Services has one psychiatrist working approximately 2 hours a week. Both Adult and Children's Services rely significantly on tele-psychiatry services to provide medication support services. Adult Services recently contracted with an additional tele-psychiatrist to bring total service hours between two providers to approximately 48 hours a week.

### **Alcohol and Drug Treatment Provider Meeting Updates:**

- Aegis Treatment Centers presented information about their Narcotic Treatment Program (NTP) in Butte County. They included information on how Medication Assisted Treatment can help with people suffering from substance use disorder and how an NTP can fit into the array of services currently offered in Shasta County. The presentation was followed by a Q & A session that included many questions from County and provider staff.
- Attendees were given an update on the status of the Regional Implementation Plan in process with Partnership Health Plan and the eight northern California counties. Items of interest to the providers include the centralized intake process, the role of Partnership, and residential pre-authorization. A draft plan is expected to be available in October.
- On August 19, several HHSA staff, along with interested community members and leaders, toured the Aegis clinic currently operating in Chico. In addition to touring the facility and observing firsthand day-to-day clinic operations, attendees had the opportunity to ask questions of staff and their Medical Director.
- Aegis has indicated they are in contact and consultation with the California Department of Health Care Services (DHCS) about opening a 'medication-only unit' in Redding. The Chico clinic is currently serving approximately 67 Shasta County residents who must drive each day some 65 to 70 miles each way to receive their methadone. Aegis' proposal to the state is to open a medication-only unit in Redding to serve these individuals. The individuals could then receive daily medications in Redding, while still be required to initially enroll at the Chico clinic, and attend additional treatment (groups and counseling) at least once a week in Chico. Information from DHCS indicates that final planning and approval for such an option would likely take anywhere from 3 to 6 months.
- The next ADP Provider meeting will be November 23, 2016 at 10:00 am at the Boggs Building.

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

Please see attached.

### **Board of Supervisor Staff Reports (July - August 2016):**

- Mental Health Services Act Fiscal Year 16/17 Annual Update
- California Department of Health Care Services Performance Agreement for Fiscal Year 2016-17
- First Agreement to the Integrated Mental Health & Primary Care Services Agreement with Hill Country Community Clinic



**Continuum Of Care Reform**

- The Continuum of Care Reform (CCR) is the comprehensive reform of the foster care system that is the culmination of years of effort. CCR draws together a series of existing and new reforms to our child welfare services program designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed nurturing family homes. Through engagement of stakeholders (youth, parents, probation, tribes, mental health, and others), AB 403 (Chapter 773, Statutes of 2015) is being implemented to ensure that foster youth have the opportunity to grow up in permanent supportive homes and to become self-sufficient, successful adults.
- The intent of the law is to:
  - Increase the number of children placed with resource families.
  - Improve the assessment process to help make sure that the first out-of-home placement is the right one.
  - Provide counties with more funding and support to better recruit and train resource families.
  - Transform the group home system into short-term residential treatment programs providing temporary specialized support.

**Resource Family Approval**

- The Resource Family Approval (RFA) program was developed to help meet California's goal of ensuring that all children live in committed, nurturing and permanent families. Specifically, RFA establishes a new family-friendly and child-centered approval process for all related and non-related families seeking to care for children and youth in foster care.
- Because this new process consolidates and replaces existing requirements (foster parent licensing and certification, relative approval, adoption, and guardianship approvals) no additional home approvals are necessary should a family wish to pursue adoption or guardianship of a child in foster care (updates to the approval will occur at least annually and may be necessary if there are changes in the household or personal life events).
- Under the program, which will be state wide beginning January 2017, all caregivers of children and youth in foster care are approved to be "resource families." Once approved, a Resource Family is able to be an emergency, temporary and/or permanent family for a child.

**Group Homes**

- Group homes transform into a Short-term Residential Therapeutic Program (STRTP). A residential facility licensed by CDSS pursuant to Health and Safety Code §1562.01. An STRTP provides short-term, specialized, and intensive treatment, and 24-hour care and supervision to children and youth who have been assessed by an interagency placement committee, as recommended by a Child and Family Team, to require this intensive level of care. Facilities seeking licensure as STRTP must demonstrate the capacity to meet the treatment level needs of children and make available an array of "core services" including mental health services, in order to transition children/youth quickly back to a home based family placement.

**RFA and Relatives**

- CCR is making big changes to the way family approval occurs. Relatives will be substantially impacted by implementation of RFA because they will have to go through new risk assessments, psychosocial assessment, and meet new training requirements. It is important to remember that relatives often enter the system in a crisis situation with a sudden call informing them that a family member has been detained by the child welfare agency.
- Current law allows children to be placed with relatives (and NREFMs) on an emergency basis prior to home approval to protect the child from additional trauma.

**Recruitment, Retention, and Support of Resource Families**

- One of the most critical objectives of the CCR is to increase the availability of home based placements (resource families) through innovative recruitment, retention and support strategies. A portion of this funding for FY 16/17 will be used to fund the Mental Health Resource Center to better support Resource Families (foster families) in Shasta County.

**California Child Welfare Core Practice Model**

- The Core Practice Model (CPM) is a family-centered approach to improve coordination/collaboration among child welfare, mental health and other formal and informal supports, and children and families involved with the child welfare system. The CCR and the CPM must work together seamlessly.
- The CPM practice elements call for accountability to ensure all services provided to children—whether in-home or in out-of-home care—are individually tailored toward the ultimate goal of maintaining a safe and stable permanent family and enhancing well-being.