Dear Member of the Shasta County Board of Supervisors:

The members of the Shasta County Mental Health, Alcohol and Drug Advisory Board are pleased to present to you the SCMHADAB 2012 Annual Report. 2012 was an exceptionally busy year for our Advisory Board as we have set out on a journey to learn and understand the many services Shasta County Mental Health, Alcohol and Drug provides to our community. Our purpose for this Annual Report is two-fold;

1) To demonstrate to the Board of Supervisors our efforts in 2012 to establish regular opportunities for our community partners and providers, to make presentations at our board meetings. These informative presentations afforded our board members multiple opportunities to grow in their knowledge and understanding of Shasta County’s mental health, alcohol and drug programs and needs.

2) To establish a platform to create goals that will enable our board to better advise and give direction to Shasta County Mental Health, Alcohol and Drug. We plan to hold a retreat in 2013.

It is our sincere hope that the 2012 Annual Report will provide you a clear understanding of our intentions and direction as we continue forward in 2013.

Sincerely,

Pastor David Honey
SCMHADAB Chair
Board Mission and Responsibilities

The mission of the Shasta County Mental Health, Alcohol and Drug Advisory Board (MHADAB) is to inform and educate the public on alcohol, drugs, and mental health issues as well as to advise Shasta County Mental Health, Alcohol and Drug Services (SCMHADS) on program development, availability of services, and planning efforts established by Welfare and Institutions Code Section 5604.2, which includes the following responsibilities:

1. Review and evaluate the community’s mental health, alcohol and/or drug treatment needs, services and special problems as related to the above.

2. Review performance contracts.

3. Advise the Board of Supervisors (BOS), the County Director of Mental Health Services (Director), and the County Alcohol and Drug Program Administrator (Administrator) as to any aspect of the County of Shasta’s mental health, alcohol and drug treatment and prevention services.

4. Ensure citizen, consumer and professional involvement in the SCMHADS delivery planning efforts.

5. Submit an annual report to the BOS on the needs, challenges and performance of the County of Shasta’s mental health, alcohol and drug treatment and prevention services.

6. Review, interview and make recommendations on applicants for appointment of the Director and Administrator.

7. Review and comment on the County of Shasta’s performance outcome data and communicate its findings to the State of California Mental Health Planning Council and/or other appropriate entities.

8. Assess the impact of the realignment of services from the State of California on mental health services delivered to clients and within the Shasta County community.

9. Review draft Mental Health Services Act (Proposition 63, General Election of November 2004) plans and annual updates, make recommendations to the Director regarding the plans and updates, and make recommendations to the County Mental Health Department for revisions, as needed (per Welfare and Institutions Code Section 5848(b)).

10. Conduct public hearings on draft Mental Health Services Act (MHSA) plans, annual updates and other matters as appropriate.
Highlights

Community Correction Partnership / AB 109
Chief Probation Officer Wes Foreman gave two presentations on Community Corrections Realignment. His presentation focused on his office's efforts to rehabilitate a group of low-level offenders recently released from state prison that were formerly supervised by state parole upon release. Realignment funding to support counties perform this supervision has been allocated based on the numbers of returning offenders, and is derived from sales tax and Vehicle License fees. Sheriff Tom Bosenko joined Mr. Foreman for the “The Next Phase” presentation. This was an update from the January 2012 presentation given by Mr. Foreman. There was considerable discussion between the guest speakers, members, and guests.

Psychiatric Health Facility (PHF) and Crisis Stabilization Services by RESTPADD, Inc. Psychiatric Health Facility (PHF) and Crisis Stabilization Services by RESTPADD, Inc.
Dr. Okechukwu Nwangburuka, an owner of RESTPADD, Inc., gave the Board a presentation on his plan to open a licensed 16-bed Psychiatric Health Facility (PHF) with mental health, alcohol and drug, and crisis services for youth and adults. The proposed location is 2750 Eureka Way in Redding. RESTPADD took over Crisis Stabilization Services at the Breslauer Campus in July 2012 and planned to open the PHF in January 2013. It is planned that Crisis Stabilization Services would then be moved to that location as well. Initially, the PHF will accept patients who have no insurance or are on Medi-Cal. At some point in the future the facility will accept Medicare and private insurance. Following the closure of the county mental health hospital in 2006, hospitalized patients have been placed in out of county facilities. Dr. Nwangburuka has served as a psychiatrist for Shasta County for 6.5 years and is the medical director of a psychiatric hospital in Sacramento.

Conducted a Public Hearing to receive comments on the MHSA Fiscal Year 2012/13 Annual Update to the Three-Year Program and Expenditure Plan
The MHSA Annual Update to the Three-Year Program and Expenditure Plan provides the community with a progress report on implementation of the MHSA in Shasta County. The Update includes current program activities; changes to, or deletions of, existing programs; the addition of new programs; program outcomes data; and an overview of funding. Prior to approval, the MHSA Annual Update is subject to a 30-day Public Comment Period, as well as a Public Hearing held by the Mental Health Alcohol and Drug Advisory Board.
Presentations

Older Adult Gatekeeper Program (MHSA funded)
Joanne McCarley and Colleen Nelson of Compass Shining Care gave a presentation of the Older Adult Gatekeeper Program, along with an explanation of other services Compass Shining Care offers.

Health Effects of Marijuana
A presentation entitled “Marijuana and Health” as well as a research report entitled “Marijuana Abuse” was provided to share with the community. The presentation contained information regarding marijuana’s harmful effects to the health of our communities. Shasta County Health Officer Andrew Deckert, MD, MPH.

HOPE Van
Ron Sand, MD provided a background on Shasta Community Health Center (SCHC), a Federally Qualified Health Center (FQHC), which provides primary medical care to those in the community who do not have health insurance. The HOPE Van provides those services out in the community.

Alcohol and Drug Program Overview and Updates
A PowerPoint presentation was provided by HHSA Director Marta McKenzie, RD, MPH regarding alcohol and drug services within HHSA and their funding streams.

EQRO (External Quality Review Organization) Site Review, August 7-8, 2012
Deputy Director Dean True provided a presentation on the EQRO, which does an annual audit in order to analyze mental health treatment system outcomes, rather than an individual’s treatment outcomes. During their site review, EQRO provides comparison data on counties of similar size to assist the counties in gauging how they’re doing. Once completed, EQRO will provide an audit report defining their overall findings.

Adult and Children Systems of Care Presentations
A presentation regarding Adult System of Care was provided by Adult Services Deputy Branch Director Dean True and Children’s System of Care was provided by Children’s Services Branch Director Maxine Wayda.

Committees
Several Board members serve on various committees of the board and community meetings including: the MHADAB Executive Committee, the California Association of Local Mental Health Boards/Commissions, the Community Education Committee, the Mental Health Services Act Advisory Committee, and the Suicide Prevention Workgroup.

Other duties
The Board was also represented in the selection of HHSA Director Donnell Ewert to replace Marta McKenzie when she retired and the selection of HHSA Adult Services Director Dean True.
Funding

- Realignment (from sales tax and vehicle license fees) provided nearly $6.8 million in 2011/2012. Of this amount, $6.1 million came from the 1991 Realignment that has traditionally been received by the Mental Health Department. This number increased about $600,000 from 2010/2011 but remains lower than years prior to the economic downturn. These funds are used to match federal Medi-cal and EPSDT funds (FFP below), and support the care provided to persons who are uninsured. In addition to the 1991 Realignment, funds previously provided by the State General Fund for Alcohol and Drug Programs were Realigned (2011 Realignment) resulting in nearly $700,000 additional Realignment revenue.

- County General Fund provided $368,622 during 2011/2012. By statute, the county must allocate $266,778 in order to receive Realignment funds for Mental Health. The additional General Fund received includes the MOE for Alcohol and Drug Programs as well as some improvements to the Mental Health Roof and Elevator.

- Medi-Cal Federal Financial Participation (FFP) pays for half of all claimable mental health services provided to Medi-Cal beneficiaries ($8.6 million in 2010/2011).

- Medi-Cal Managed Care was increased from $611,889 in 2010/2011 to $913,038 in 2011/2012. With this state funding, counties in California agree to provide or contract for mental health services for the Medi-Cal eligible mentally ill population.
Early Periodic Screening, Diagnosis and Treatment (EPSDT) ($3,080,463 million in 2010/11) is the state matching funds for the Medi-cal program that provides mental health services for eligible low-income youth up to 21 years of age.

The Mental Health Services Act provides approximately $5 million per year. Funds come from a 1 percent tax on people with incomes more than $1 million. The funds are used to expand California's public mental health system.

Substance Abuse Prevention & Treatment (SAPT) Federal Block Grant - $1,359,375 – used to provide services for both Alcohol and Drug and Perinatal clients, drug testing, and prevention services that are not otherwise claimable to Medi-Cal.

Drug Medi-Cal - $69,067 – Federal FFP funding for allowable services to Medi-Cal clients

CalWORKs - $674,258 – Services provided to CalWORKs recipients for whom substance abuse or mental health issues are barriers to employment

### Expenses

**Mental Health Alcohol & Drug**
**Fiscal Year 2011/2012 Expenditures - $29,448,459**

- **Board & Cares**: $88,509 (0%)
- **Staff**: $11,331,870 (39%)
- **Contract Provider**: $5,954,268 (20%)
- **Inpatient**: $5,383,669 (18%)
- **Hospitals**: $2,649,617 (9%)
- **State Hospital**: $340,558 (1%)
- **IMD**: $2,393,494 (8%)

The majority of funding is used to provide client services. Salary and benefit expenses make up less than half of the county's mental health budget, with some additional funding dedicated to contracting with providers to care for mentally ill patients. A portion of the budget is used to provide crisis care as well as hospitalize people with severe psychiatric problems or to provide longer-term residential care.

The total cost of inpatient care for people with acute emergency psychiatric problems and long-term residential care increased considerably from around $4 million per year to nearly $5.4 million in 2011/2012 and includes:
Acute psychiatric care at hospitals that provide short-term care with the goal of stabilizing the acute psychiatric condition and linking the patient to community services and supports when they’re released. This responsibility is sometimes complicated by persons who have both medical and psychiatric challenges that require a facility that can meet both needs.

Long-term residential care in Institutes of Mental Disease (IMD) which provide residential care for people with severe and debilitating mental illness in a secure environment. Most of these clients are under LPS conservatorship because they struggle to make decisions for their own care. Approximately 40-50 conserved Shasta County residents were served in IMDs during 2011/2012, which represents an increase over previous years. The cost for this care is entirely funded through Realignment. Federal regulations prevent Medi-Cal reimbursement for this type of locked facility. The $2.4 million cost in FY 2011/2012 is an increase over the previous average annual cost of about $1.6 million.

State hospitals care for the most serious mentally ill with criminal backgrounds and/or those with significant medical needs in addition to their serious mental illness. Expenditures on housing county residents at state hospitals have varied from $75,000 to $469,365 in the past 8 years, (an average of $ 253,867). Two Shasta County residents received this care in 2011/2012.

Acknowledgements

The Board would like to thank the Shasta County Board of Supervisors and Chair David Kehoe for their support and ongoing commitment to our meetings, goals and concerns. Also, we offer a special thank you to Executive Assistant Cara Schuler for her dedication, ongoing assistance, and support. Finally, we thank all County staff for providing the help that we need as a Board to do our work. Thanks to HHSA Director Donnell Ewert, Adult Services Director Dean True and Children's Services Maxine Wayda for all their assistance and cheerleading.