

**SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)**  
**REGULAR MEETING**  
**Minutes**  
**March 1, 2017**

Members: Steve Smith, Charlie Menoher, Ron Henninger, Sonny Stupek, Leon Polk, Michele Wright, Sam Major, Amanda Peterson, Carol Zetina, and Kerrie Hoppes

Absent Members: Kari Hess, David Kehoe and Marvin Peterson

Shasta County Staff: Donnell Ewert, Dean True, Dianna Wagner, Jamie Hannigan, Cara Schuler, Kerri Schuette, and Marc Dadigan, Dave Kent, and Dale Marlar

Guests: Genell Restuvo, Susan Powers, Christine Wright, Charles Horner, and Kate Gaston


Agenda Item	Discussion	Action	Individual Responsible
I. Introductions	<ul style="list-style-type: none"> <li>➤ Chair extended a warm welcome to all.</li> <li>➤ Board members and HHSA staff introduced themselves.</li> </ul>		<ul style="list-style-type: none"> <li>➤ Steve Smith, MHADAB Chair</li> </ul>
II. Public Comment Period	<ul style="list-style-type: none"> <li>➤ None.</li> </ul>		
III. Provider Reports	<ul style="list-style-type: none"> <li>➤ None.</li> </ul>		
IV. Approval of Minutes	<ul style="list-style-type: none"> <li>➤ Minutes from the November 2, 2016 and January 11, 2017 meetings were presented in written form.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Approve the November 2, 2016 and January 11, 2017 minutes as submitted.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Leon Polk (Motion)</li> <li>➤ Sam Major (Second)</li> </ul>
V. Announcements and Review of Correspondence	<ul style="list-style-type: none"> <li>➤ A meeting took place regarding the Data Notebook on February 24, 2017 and MHADAB Chair was the only individual from the Board who showed up. There will be a second meeting on March 27, 2017 at 2:00 pm.</li> <li>➤ Chair presented past member Captain Dave Kent with a certificate and thanked him for his contributions to the Board.</li> <li>➤ Chair presented Jamie Hannigan with flowers and a Certificate of Appreciation, which read: "In appreciation for your dedication, service, stewardship and support to the Mental Health, Alcohol and Drug Advisory Board. Your knowledge and guidance helped the Board in serving the residents of Shasta County. You will be sorely missed."</li> </ul>		<ul style="list-style-type: none"> <li>➤ Steve Smith, MHADAB Chair</li> </ul>
VI. Action Item	<p>A. Consider recommending to the Board of Supervisors the Membership Committee's nomination of Dale Marlar, term to expire December 31, 2019, to fill a vacant Mental Health, Alcohol and Drug Advisory Board position.</p> <ul style="list-style-type: none"> <li>• Lieutenant Marlar gave a little of his background to the Board.</li> </ul>	<p>A. Recommend the Board of Supervisors appoint Dale Marlar to fill a vacant Mental Health, Alcohol and Drug Advisory Board position – term to expire December 31, 2019.</p>	<ul style="list-style-type: none"> <li>➤ Charles Menoher (Motion)</li> <li>➤ Sam Major (Second)</li> </ul>

VII. Presentations	<p>A. <u>PSYCHOTROPIC MEDICATIONS:</u>  Dr. Greene drew a picture of a brain cell and a part of a nerve cell. They communicate with each other by using electricity and/or certain chemicals. Dr. Greene explained how the cells work in the brain. Every cell in our body has the same DNA. The thing that makes the cells different is how they use the DNA. The cell transfers information to the next cell traveling to the tail end of the cell. This is where pharmaceutical companies and medications come in. Chemicals are stored in sacks, or membranes. The chemicals are released into the space and receptors will transfer their information to the next cell in line, detach themselves, come back in, and be recycled and then put back into the “sack”. This all happens within a millisecond. Where do psychotropic medications come in? They can block chemicals from going back into the tail end of the cell, block chemicals from binding, or cause other chemicals to bind. Discussion took place.</p> <p>B. <u>EXTERNAL QUALITY REVIEW ORGANIZATION (EQRO) SITE REVIEW, JULY 26-27, 2016, UPDATE:</u>  A PowerPoint presentation regarding 2016 EQRO Site Review was provided by Adult Service Branch Director, Dean True [See Attachment A]</p>		<p>➤ Shepard Greene, MD, Chief of Psychiatry</p> <p>➤ Dean True, Adult Services Branch Director</p>
VIII. Directors’ Report	<p>➤ The Directors’ Report was sent out prior to the meeting for the Board and guests to review. [see Attachment B] Director True advised that the Hill Country CARE Center contract was approved. Staff will be out educating the community letting them know what will be available. Assisted Outpatient Treatment (Laura’s Law) will also be part of the CARE Center.</p>		<p>➤ Steve Smith , MHADAB Chair</p>
IX. Discussion:	<p>A. <u>AD HOC 2016 MHADAB ANNUAL REPORT COMMITTEE:</u>  Chair asked for Board members who would be interested on being on the committee. Sonny Stupek, Ron Henninger, Steve Smith, and Amanda Peterson offered to assist.</p> <p>B. <u>AD HOC MHSA FY 17/18 THROUGH FY 19/20 THREE-YEAR PROGRAM AND EXPENDITURE PLAN COMMITTEE:</u>  Chair asked for Board members who would be interested on being on the committee. Charlie Menoher offered to be on the committee.</p>		<p>➤ Steve Smith, MHADAB Chair</p> <p>➤ Steve Smith, MHADAB Chair</p>
X. MHADAB Standing Committee Report	<p>➤ <u>EXECUTIVE COMMITTEE MEETING:</u>  None.</p>		


XI. Other Reports	<p>➤ <u>COMMUNITY EDUCATION COMMITTEE (CEC):</u></p> <ul style="list-style-type: none"> <li>• Brave Faces – a series of trainings and presentations have taken this month. A Brave Faces display will be going in at the new CARE Center.</li> <li>• Managing Medications Forum will take place on March 8, 2017 at 5:30 pm at the First United Methodist Church.</li> <li>• The Minds Matter Mental Health Resource Fair and Music Festival will be May 4, 2017 in the afternoon and evening at the Downtown Promenade.</li> <li>• Approximately 75 attended the last Hope Is Alive! Open Mic Night in McArthur in February (population 300). Next Hope is Alive! is scheduled for May 12, 2017 at 6:00 pm at the Shasta Arts Council in Old City Hall.</li> </ul> <p>➤ <u>SUICIDE PREVENTION WORKGROUP:</u></p> <ul style="list-style-type: none"> <li>• The group is pushing Good Grief Suicide Loss Support Group on Facebook. Working to get more involved through social media.</li> <li>• Promoting the Quest Persuade Refer (QPR) class. See website.</li> </ul> <p>➤ <u>ADP PROVIDER MEETING:</u> Please refer to Directors' Report.</p> <p>➤ <u>HOMELESSNESS MEETINGS:</u> Nothing to report.</p>		<p>➤ Amanda Peterson, MHADAB Member</p> <p>➤ Steve Smith, MHADAB Chair</p>
XII. Reminders	<p>➤ See Agenda.</p>		
XIII. Adjournment		➤ Adjournment (6:58 p.m.)	

Steve Smith, Chair

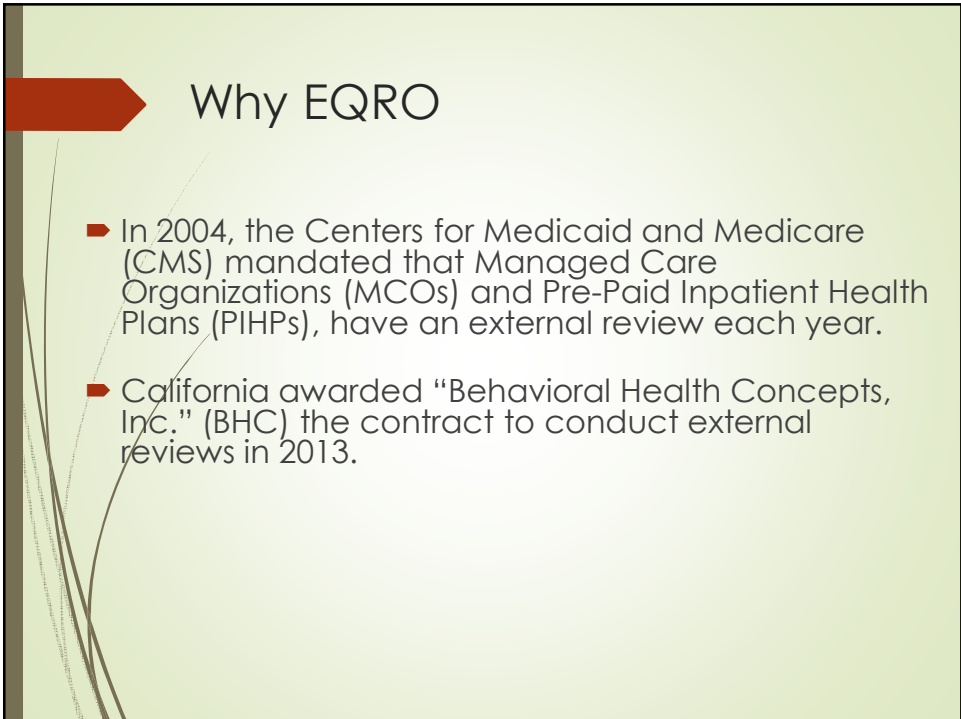
Cara Schuler, Secretary



External Quality Review Organization (EQRO)  
Site Visit of July 26-27, 2016  
Final Report Summary



Mental Health, Alcohol and Drug Advisory Board  
March 1, 2017



## Why EQRO

- In 2004, the Centers for Medicaid and Medicare (CMS) mandated that Managed Care Organizations (MCOs) and Pre-Paid Inpatient Health Plans (PIHPs), have an external review each year.
- California awarded “Behavioral Health Concepts, Inc.” (BHC) the contract to conduct external reviews in 2013.



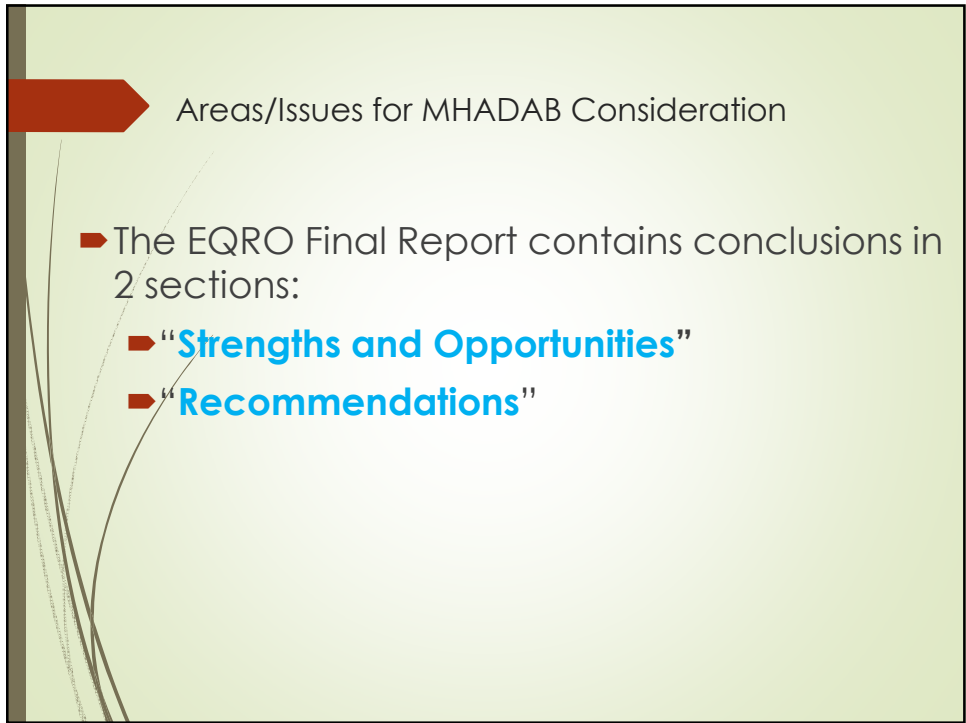
## Purpose of the EQRO

- ▶ Overarching principle, purpose, and activities of the review:
  - ▶ Look at how data (information) is used to promote quality improvement activities within county mental health services.
  - ▶ Review and evaluate current Performance Improvement Projects (PIPs) – BHC reviewed and validated two PIPs, one clinical and one non-clinical.
  - ▶ Review and evaluate current outcome measurements being captured
  - ▶ Provide 'Technical Assistance and Training' to assist in the above activities.



## EQRO Onsite Review Team

- ▶ Lead Reviewer –  
**Jovonne Price, LMFT**
- ▶ Information Systems Reviewer –  
**Lisa Farrell, Chief Information Systems**
- ▶ Consumer/Family Member Consultant –  
**Gloria Marrin, Consumer Family/Member Consultant**



Areas/Issues for MHADAB Consideration

- ▶ The EQRO Final Report contains conclusions in 2 sections:
  - ▶ **“Strengths and Opportunities”**
  - ▶ **“Recommendations”**



Strengths and Opportunities

- ▶ This section is broken into 4 areas:
  - ▶ Access to Care
  - ▶ Timeliness of Service
  - ▶ Quality of Care
  - ▶ Consumer Outcomes



## Strengths and Opportunities Access to Care

- Strengths:
  - Shasta does a good job of focusing on its target populations including foster care youth, substance use, those on probation, and individuals at risk of homelessness.
  - Shasta has expanded its telepsychiatry contract to include psychiatry services for Adult Systems of Care clients.
- Opportunities:
  - Telepsychiatry services appear to experience delays in start-up due to technology, and consumers often experience brief or cancelled sessions.
  - Limitations exist with regard to law enforcement officer participation in Crisis Intervention Team training; certification of CIT training for law enforcement may assist.



## Strengths and Opportunities Timeliness of Service

- Strengths:
  - Data dashboards are produced and reviewed by management teams.
  - Shasta has started a Performance Improvement Project (PIP) that focuses on reducing wait times at the emergency room for crisis evaluations.
- Opportunities:
  - 'Timeliness' indicators are not standardized across the adult and children's services. Example: there are no established written standards for response to urgent conditions or no-show rates.
  - There is a need for increased consistency in timely response to crisis calls
  - Staff indicate that the electronic health record they utilize has limitations to accurately capturing 'timeliness' of service: time between request for service and when it began.



## Strengths and Opportunities Quality of Care

- Strengths:
  - The Quality Improvement (QI) team has become more stable with staffing and response to stakeholder needs.
  - Shasta conducts and documents efforts at working with QI Data Committee in order to coordinate data informed care.
  - Shasta has increased its efforts and successfully filled management positions when vacated as able.
  - Efforts to create welcoming strategies were implemented and continue to be assessed.



## Strengths and Opportunities Quality of Care *continued*

- Opportunities:
  - Managed Care/Compliance and Information Technologies (IT) teams are within the agency's Business and Support Services Branch (BSS) and may not provide optimum coordination with program staff delivering services.
  - Shasta's organizational chart does not have a dedicated "Quality Improvement" unit or staff member as a component of its infrastructure.
  - Joint information sharing meetings do occur, but there appears to be limits between understanding clinical application of data (timeliness, diagnosis, PIP analysis, etc).





## Strengths and Opportunities

### Quality of Care continued

- ▶ Opportunities:
  - ▶ Difficulty in recruiting on-site psychiatrists due to climate of competitive salaries.
  - ▶ Stakeholder groups noted inconsistent availability and variable quality of telepsychiatry services.
  - ▶ Contract providers continue to transport paper documents to the county for entry into electronic record.
  - ▶ Line staff focus groups indicated that despite increased number of clients each person has on their case load there are no supportive strategies to effectively manage service delivery.



## Strengths and Opportunities

### Consumer Outcomes

- ▶ Strengths:
  - ▶ The Milestones to Recovery Scale (MORS) has been incorporated into the electronic health record.
  - ▶ Shasta has increased the use of the Child and Adolescent Needs and Strengths scale for its children's services.
- ▶ Opportunities:
  - ▶ Overall, consumer responses for the bi-annual consumer perception survey is limited.
  - ▶ The Child and Adolescent Needs and Strengths data is not analyzed at a system-wide level. This tool is not integrated into the electronic health record.



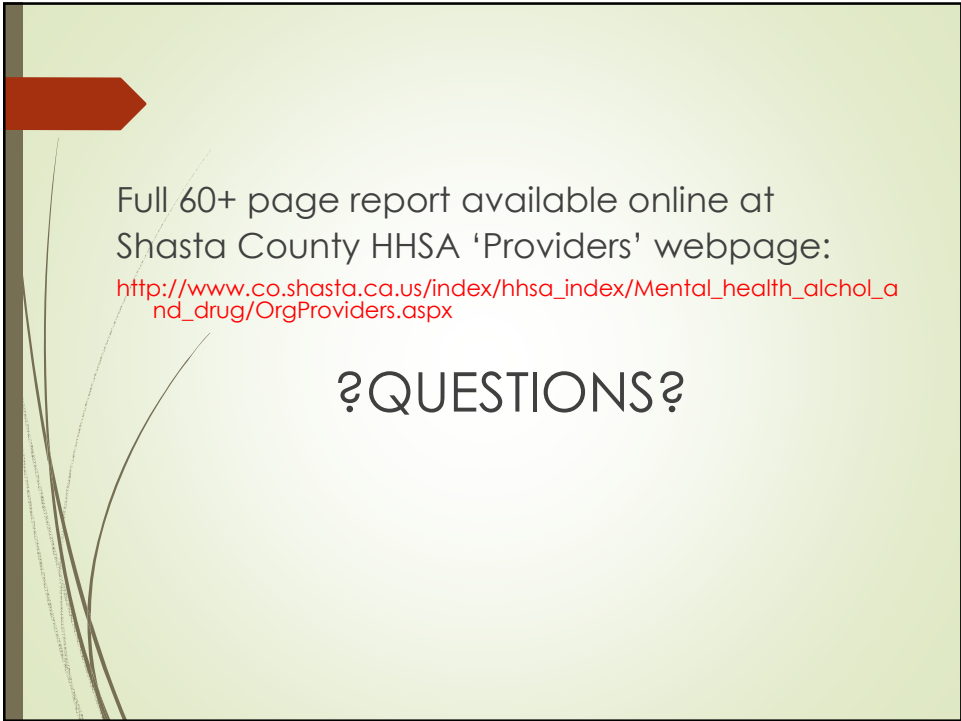
## Recommendations

- Determine whether the current structure of the Quality Improvement (QI) assignment is effective.
- Conduct a joint meeting between the clinical members of the Quality Improvement Committee and the data analysts to determine the needed data elements for data integrity and clinical application of the data reports.
- Consult with vendor as needed for data retrieval. (Examples: timeliness indicators, diagnoses, staffing capacity, and caseload reports).



## Recommendations **cont'd**

- Monitor up-time of the telepsychiatry equipment and track issues to resolve re-occurring issues and increase system availability. Investigate internet connectivity and quality issues in order to increase the quality of telepsychiatry services and client satisfaction.
- Investigate the feasibility of having contract providers complete direct data entry to further improve both data quality and timely access to relevant clinical EHR data.
- Initiate system-wide standards for response to urgent conditions and no-show rates. Produce data reports, review, and analyze, at a minimum, quarterly for progress towards goals.



Full 60+ page report available online at  
Shasta County HHSA 'Providers' webpage:  
[http://www.co.shasta.ca.us/index/hhsa\\_index/Mental\\_health\\_alchol\\_and\\_drug/OrgProviders.aspx](http://www.co.shasta.ca.us/index/hhsa_index/Mental_health_alchol_and_drug/OrgProviders.aspx)

?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 – March 1, 2017

### Mental Health, Alcohol and Drug Advisory Board (MHADAB)

#### CURRENT ISSUES:

##### Adult Services Branch Update

- **Private Facilities Update:** The County heard recently from staff at the proposed new RESTPADD facility in Tehama County that they are hoping to be open before summer. They are optimistic that this can be achieved, and continue to work diligently on construction remodel, regulations/policies in accordance with Department of Health Care Services (DHCS), etc. The plan continues to be a 16-bed facility (as is the Redding facility), that serves both youth, ages 13-17, and adults over 18.
- **Mental Health Services Act (MHSA) Innovations Project:** The contract for the new MHSA Innovations project will be presented to the Board of Supervisors (BOS) on Tuesday, February 28, 2017 and an outcome of that meeting will be presented to MHADAB members on March 1. Hill Country Health and Wellness Center hopes to open their 'CARE Center' (Counseling and Recovery Engagement Center) beginning March 1 if the contract is approved by the BOS.
- **Whole Person Care Pilot Project:** The County continues to develop program/contracts for this exciting opportunity that will target services for individuals with Serious Mental Illness, substance use disorders, frequent emergency room visits, and homelessness (or risk of homelessness). The program is designed to serve the target population who also are Medi-Cal or CMSP (County Medical Services Program) beneficiaries. Adult Services will be the lead in overseeing the pilot project. Specific Adult Services staff have been identified and/or hired: Liz Leslie, Program Manager; Katie Cassidy, Community Development Coordinator, and Josette McKrola, Senior Staff Services Analyst.

##### Alcohol and Drug Program (ADP) Provider Meeting Minutes from February 15, 2017:

- A presentation was given regarding the new Drug Medi-Cal / Organized Delivery System (DMC/ODS) that is a regional model by Partnership Health of California (PHC). The presentation included presenting a 'Draft' of the Regional Implementation Plan that will need to be submitted to the Department of Health Care Services (DHCS) later this year. Providers were requested to provide comments/feedback to Liz Leslie in the next 30 days if interested.
- A presentation was given on the new Health and Human Services Agency (HHS) Strategic Plan. Many providers were pleased and agreed with the overarching vision that targets reduction of harmful substance use in our community.
- Aegis Treatment Centers continues to move forward with their plan to open a 'Medical Unit' office in Redding that will dispense methadone to Shasta County Medi-Cal beneficiaries who are currently traveling to Chico daily. The unit is expected to open sometime later this year.
- The next ADP Provider meeting will be May 24, 2017 at 10:00 am at the Boggs Building.

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

- **Youth Substance Use Treatment:** A group of community providers, HHSA employees, and MHADAB member are meeting on a monthly basis to discuss prevention to treatment of substance use disorders in Shasta County. Their goal of this group will be to develop a continuum of interventions for youth in our community around substance use.
- **MHSA-Prevention & Early Intervention:** There was a stakeholder meeting on January 25, 2017 at the Redding Library Community Room there were questions regarding the process of next steps and the Social Skills Program (ART) that was being recommended. Children's Branch met last week with Gateway Unified School District to discuss MHSA and the At Risk Middle School focus and potential for implementation into their schools.

### **Board of Supervisor Staff Reports (January-February)**

- Approve and authorize the Chairman sign a retroactive renewal agreement with Sutter-Yuba Behavioral Health Authorizing Application of Laura's Law through January 1, 2022
- Agreement with Hill Country Community Clinic for a Community Mental Health Resource Center
- Amendment to Agreement with Catholic Charities CYO of the Archdiocese of San Francisco, dba St. Vincent's School for Boys