SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
REGULAR MEETING
Minutes
March 4, 2020

Members: Cindy Greene, David Kehoe, Ronald Henninger, Elizabeth Jarrett, Kalyn Jones, Sam Major, Dale Marlar, Jo-Ann Medina, Marvin Peterson, Ron Vigil and Connie Webber
Absent Members: Christine Stewart, Mary Rickert, Jessica Mitchell and Charlie Menoher
Shasta County Staff: Donnell Ewert, Paige Greene, Nancy Bolen, Kerri Schuette, Matt Pontes, Brandy Isola, Karen Ramstrom, Gene Ward, Christopher Diamond, Denise Green, Josie Englin and Teri Linson
Guests: Tina Stephenitch and Marjeanne Stone

Agenda Item	Discussion	Action	Individual Responsible
I. Introductions	➢ Chair extended a warm welcome to all attendees. Chair also read the Public Comment requirements. ➢ Board members and staff introduced themselves.		➢ Samuel Major, MHADAB Chair
II. Public Comment Period	➢ None.		
III. Provider Reports	➢ SOBERING CENTER: The Sobering Center serves as an alternative to arrest, offering inebriates a safe place to "sleep it off". They have run into a roadblock in terms of the liability for Empire to provide services without medical clearance. They have served 16 people, of those, 15 have gone on to treatment. Discussion took place.		➢ Marjeanne Stone
IV. Approval of Minutes	➢ Minutes from the November 6, 2019 and February 5, 2020 meetings were presented in written form.	➢ Approve the November 6, 2019 and February 5, 2020 minutes as submitted.	➢ (Motion) Marvin Peterson (Second) David Kehoe
V. Announcements and Review of Correspondence	➢ None.		
VI. Action Items	➢ None.		
VII. Presentations	A. CORONAVIRUS UPDATE: Dr. Karen Ramstrom gave an update on the Coronavirus, which is a new illness that can affect your lungs and airways. The symptoms are a cough, a high temperature and shortness of breath. It is thought to be spread by sneezes and coughs in droplet form, so you are advised to keep 6 feet away from others and to wash your hands frequently. There are hopes of being able to test locally for the virus by the end of the week. Currently there are no local confirmations of the virus. The elderly, the homeless population, as well as people with underlying health conditions are most vulnerable to the Coronavirus. At this point, there is no specific treatment for the Coronavirus, although there are		➢ Dr. Karen Ramstrom, DO, MPH, Shasta County Health Officer

	expedited clinical studies being done in developing a vaccine. It is not recommended wearing masks unless you are sick, so the masks remain available for healthcare workers. If there is a known case, they would be advised to isolate at home. It is advised to not attend large group functions and to avoid social gatherings if possible. The Coronavirus can significantly affect mental health for everyone, especially those with mental illness. B. <u>MILESTONES OF RECOVERY SCALE (MORS):</u> Denise Green and Josie Englin each shared their personal stories as Peer Support Specialists with the hope of encouraging others from their experiences. A PowerPoint presentation was provided by Paige Greene regarding the Milestones of Recovery Scale. [See Attachment A] Discussion followed.		➢ Paige Greene, Adult Services Branch Director, Denise Green, Peer Support Specialist, Josie Englin, Peer Support Specialist
VIII. Discussions/Updates	A. <u>CENTER FOR MIND-BODY MEDICINE (CMBM) UPDATE:</u> MHADAB member Jarrett shared that the Center for Mind-Body Medicine now have 71 people trained in Shasta County with HHSA being a partner. The center has an 8-week training process with the facilitators teaching the process of self-care skills, connecting mind and body. Mind-body medicine has been researched for 40 to 50 years. She would like to encourage everyone to attend a free workshop. You can go to hillcountryclinic.org where you can get information and a list of current workshops. B. <u>AD HOC 2019 MHADAB ANNUAL REPORT COMMITTEE:</u> Program Manager Schuette explained the purpose of the Annual Report. Chair asked who would be interested in being on the committee. Board members Major and Webber volunteered to help with the MHADAB Annual Report. An email will be sent out to inform members of the date and time of the committee meeting. C. <u>AD HOC MHSA FY 2020/2023 THREE-YEAR PROGRAM AND EXPENDITURE PLAN COMMITTEE:</u> The role of the Board members for the MHSA Annual Report committee is to give an unbiased look at the report and give feedback. Chair asked who would be interested in being on the committee. Board members Henninger and Jones volunteered to assist. An email will be sent out to inform members of the date and time of the committee meeting.		➢ Elizabeth Jarrett, MHADAB Member ➢ Kerri Schuette, HHSA Program Manager ➢ Kerri Schuette, HHSA Program Manager

IX. Directors' Report	➢ The Directors' Report was sent out prior to the meeting for the Board and guests to review. [See Attachment B]		➢ Paige Greene, Adult Services Branch Director, Nancy Bolen, Children's Services Branch Director
X. MHADAB Standing Committee Report	➢ <u>MHADAB EXECUTIVE COMMITTEE MEETING:</u> Discussion at the Executive Committee meeting centered around preparing for tonight's MHADAB meeting. Chair wanted to remind the Board that everyone is welcome to attend the Executive Committee Board meetings with the next meeting scheduled for April 20th at 11:00 am in the Mental Health Administrative Conference Room.		➢ Sam Major, MHADAB Chair
XI. Other Reports	➢ <u>STAND AGAINST STIGMA COMMITTEE:</u> The committee has been very busy. Last week they gave 2 Brave Faces presentations. They are also busy preparing for Mental Health Month in May, with the Mind Matters Mental Health Fair scheduled for Friday, May 8th from 5:00 – 9:00 at the Sundial Bridge. Chair encouraged Board members to attend and will look for volunteers to help with our booth. Additionally, Diamond went through the Center for Mind-Body Medicine training and will be conducting a workshop and will start his first group. ➢ <u>SUICIDE PREVENTION WORKGROUP:</u> Member Jarrett reported at the last meeting there was a video that goes with the *More Than Sad* teen presentation which was very informative. They are in need of volunteers to help to present the video to schools, etc. through Lotus Educational Services. ➢ <u>ADP PROVIDER MEETING:</u> No new report from the ADP Provider meeting. ➢ <u>HOMELESSNESS MEETING:</u> No new report from the Homelessness meeting.		➢ Christopher Diamond, HHSA Community Education Specialist ➢ Elizabeth Jarrett, MHADAB Member
XII. Reminders	.		
XIII. Adjournment		➢ Adjournment (6:48 p.m.)	

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Samuel Major, Chair

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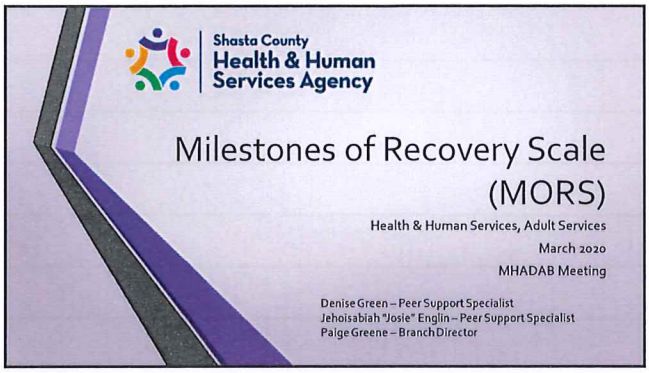
Teri Linson, Secretary



MORS Adopted

- The Milestones Of Recovery Scale (MORS) was adopted by Shasta County Adult Mental Health and has been in use since March 2014. MORS was created to capture aspects of recovery from the agency perspective.

Aim:

- The Milestones of Recovery Scale (MORS) was developed by Dave Pilon, PhD and Mark Ragins, MD, in collaboration with the California Association of Social Rehabilitation Agencies (CASRA) to provide mental health agencies with a tool to assess the objective and observable behavioral correlates (i.e., "milestones") of recovery.

Conceptual Foundation:

- Mental health recovery is a concept that is evolving through greater understanding of the lived experience of resilience and rebound among people with serious psychiatric disabilities. This focus on recovery has significant implications for the types of mental health services offered, the manner in which they are delivered, as well as the way in which the effectiveness of mental health programs are evaluated.

Development:

- The three underlying dimensions of the MORS were developed based upon feedback from a workgroup of 50 administrators, clinicians, and consumers in the mental health field. The MORS assesses a client's/consumer's (a) level of risk, (b) level of engagement within the mental health system; and (c) level of skills and supports
- The MORS was psychometrically tested using staff at The Village, a multi-service organization serving the mentally ill homeless population in Long Beach, CA, and staff at the Vinfen Corporation, a large provider of housing service to mentally ill persons in Boston, MA (Fisher et al., 2009).

Underlying Dimensions

- The client's **LEVEL OF RISK** is comprised of three primary factors:
  - 1) the client's likelihood of causing physical harm to self or others,
  - 2) the client's level of participation in risky or unsafe behaviors, and
  - 3) the consumer's level of co-occurring disorders.
- The client's **LEVEL OF ENGAGEMENT** is the degree of "connection" between the client and the mental health service system. Note that level of engagement does not mean amount of service.
- The client's **LEVEL OF SKILLS AND SUPPORTS** should be viewed as the combination of the client's abilities and support network(s) and the level to which the client needs staff support to meet his/her needs.

Populations:

- The MORS is intended for use with adults from diverse racial/ethnic backgrounds who have been diagnosed with a serious mental illness or who have a dual diagnosis.
- Individuals from several racial/ethnic groups were included in the sample during testing at The Village: Black or African American, White, and limited testing with Hispanic or Latino individuals, Asian individuals, and members from other minority groups. Individuals from several racial/ethnic groups were also included in the sample during testing at the Vinfen Corporation.

Service Settings & Frequency of Administration:

- The MORS is intended for use with individuals who receive services in outpatient service settings, peer-run programs, residential service settings, and comprehensive community support programs. Testing of the instrument included data gathered from individuals receiving services in many of these settings.
- The MORS should completed by clinical staff at intake, every 3 months (outpatient) & every month (STAR) and at discharge.

Data Outcomes

- What did the MORS tell us...
  or not tell us?

MORS Report Example

Table 3: Change in MORS ratings from FY2015-16 Q3 to FY2017-18 Q1 (18 months)

The green highlighted counts indicate improvement, the grey highlighted counts stayed the same, and the yellow highlighted counts went down.

			FY2017-18 Q1 MORS										
	Count of Clients	Percent	1	2	3	4	5	6	7	8	Improved	Stayed the Same	Declined
	4	2%	1	2		1					N/A	1	3
	8	4%	2	1	4						3	1	4
	27	15%	1	12	1	1	1	1			23	1	3
	25	14%	2	1	5	11	1				9	11	5
	68	37%	1	11	7	10	24	2			42	24	2
	40	22%	1	4	7	12	12	3			37	3	0
	5	3%	1			1	1	1	1		4	1	0
	5	3%						2	2	1	3	2	N/A
	182	100.0%	11	45	24	46	46	9	2	2	121	44	17
			6%	25%	13%	25%	25%	5%	1%	1%	67%	24%	9%

Length of Service: For those clients with at least one MORS in the reporting quarter, analyses were conducted to evaluate the change in MORS ratings over time. Ratings that were recorded at 18 or more months prior to the reporting quarter were compared to the most recent MORS assessment.

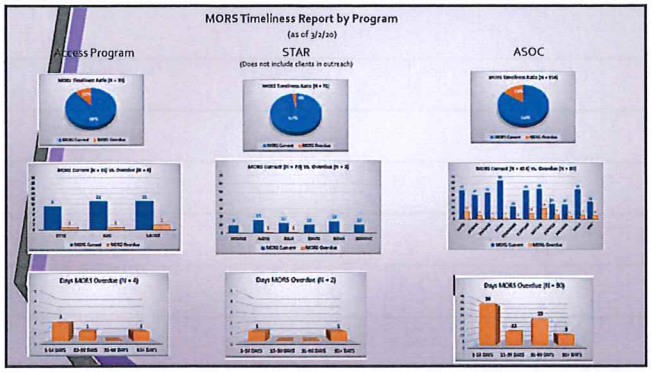
What do we want our MORS to tell us?

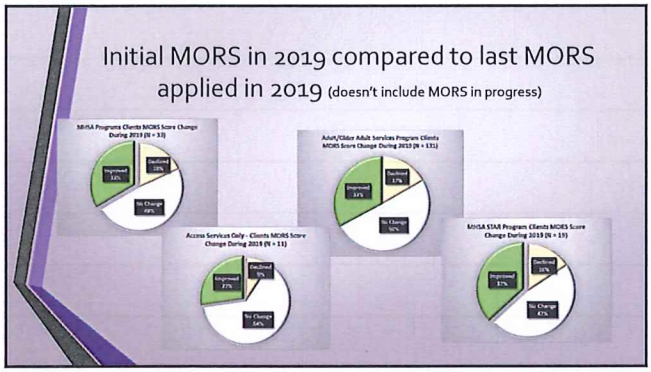
- To be used as a treatment planning ***DIRECTIONAL*** support tool
- To ***MONITOR*** changes/transformations for those we serve, at individual level, program level, system level
- To be used as a ***COMMUNICATION*** tool between practitioners
- To provide ***OUTCOME*** data for decision making

Mostly: To tell the story about the good work we do each and every day

Building Habits

- Setting standards = 80% of MORS completed a minimum of quarterly
  - ASOC/ACCESS = quarterly & STAR = monthly
- Producing monthly MORS reports to track progress of MORS completion





MORS vs MORS +

- Moving from MORS to MORS +
- Why?

Milestones of Recovery Scale

(1) Extreme Risk
(2) Experiencing high risk/not engaged with mental health provider(s)
(3) Experiencing high risk/engaged with mental health provider(s)
(4) Not coping successfully/not engaged with mental health provider(s)
(5) Not coping successfully/engaged with mental health provider(s)
(6) Coping successfully/Rehabilitating
(7) Early Recovery
(8) Advanced Recovery

Raters are instructed to select the level describing the milestone of recovery that an individual displayed over the past month.

Determinants of Care

	Does the client...	Yes = 1, No = 0
1	...require staff support to manage his/her own financial resources?	
2	...require staff support to coordinate his/her own transportation needs?	
3	...require staff assistance with 2 or more ADLs?	
4	...require at least once per week contact with staff to coordinate his/her care?	
5	...require staff support to manage his/her medication?	
6	...require staff to manage community relations and minimize disruptive behaviors?	
7	...show less than 6 months' stability at his/her current level of recovery?	
8	...require CSS (Flex) funds to meet basic needs (food, weather appropriate clothing, and housing)?	
	Total	

MORS Score + Determinants of Care Sum Score = Level of Care

LEVEL OF CARE	RULE PARAMETERS:
5 Residential / Hospital services for people who are gravely disabled or are currently a danger to self or others	If MORS score is a 1 then LEVEL OF CARE is a 5
4 High Intensity Community Based OP	If MORS score is a 2 or 3, then LEVEL OF CARE is a 4 and/or If sum of determinants equals 5 or more, then LEVEL OF CARE is a 4 and/or If sum of determinants equals a 3 or 4 and one of those determinants is required weekly care coordination, then LEVEL OF CARE is a 4
3 Moderate Intensity Community Based OP	If sum of determinants equals a 3 or 4 and required weekly care coordination IS NOT one of those determinants, then LEVEL OF CARE is a 3 and/or If sum of determinants is 2 or less and MORS score is 4 or 5, then LEVEL OF CARE is a 3 and/or If sum of determinants is 2 or less and MORS score is 6 or 7 and the client has been stable at the current MORS score for less than 6 months, then LEVEL OF CARE is a 3
2 Wellness Services	To be determined. All other clients not meeting above rules will be assigned to LEVEL OF CARE 1 OR 2.
1 Recovery Maintenance	To be determined. All other clients not meeting above rules will be assigned to LEVEL OF CARE 1 OR 2.

Shasta County Levels of Service

DRAFT

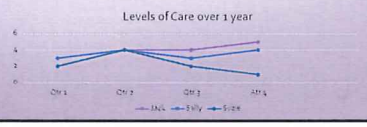
Milestones of Recovery Levels of Service (Recovery Based Spectrum of Care)

	Extreme risk	Unengaged			Engaged, but poorly self coordinating		Self-responsible		Self-supporting
Types of programs/facilities indicated	Locked settings (State Hospital, MCH, etc.)	Laura's Law, Outreach, FHT, CRIC, ER/BH/LE/JAIL Evaluations	Outreach and engagement	Drop-in center	Intensive case management	Case management team	Appointment based clinic	Wellness center	Company independent
Milestones	Extreme risk (1)	Extreme risk (1) - plus High risk, unengaged (2)	High risk, unengaged (2) Poorly coping, unengaged (2)		High risk, engaged (3)	Poorly coping, engaged (3) Coping, rehabilitating (3)	Coping, rehabilitating (3) Early recovery (3)		Advanced Recovery (3)
Level of Care	5	5	4		3	3	2		1
	Residential /Inpatient services for people who are gravely disabled or are currently a danger to self or others	Residential/CRIC	High Intensity Community Based Outpatient		Moderate Intensity Community Based Outpatient	Moderate Intensity Community Based Outpatient	Wellness Services		Recovery Maintenance
Contact Minimum/Settings	Quarterly Facility Contacts	Daily	Minimum 3/WK		1X/Week	1X 1X/Month	Quarterly to FRN		Linked to CP/Self Care Closed
Services/Interventions	• 1:1 supervision • Lapa • interventions • Community protection • Acute treatment • Engagement	• Daily contact •	• Welcoming & Fast Bridging • Evaluation and triage • Quality of life goals • Benefits assistance • Nature consequences • Medications • Drop-in services		• Case management • Skill building • Accessible medications • Supportive services (Supported Housing, Employment, Education) • Direct activities triage • Supportive rehabilitation & triage services, independent follow-through/skills		• Community integration • Appointment based Therapy • Growth promoting the spy • "Medications only" • Wellness activities • (WTAP) • Self-help • Peer support		• Growth promoting treatment • Complete Community integration
SC Be Health Program	LPS	Adult (TBS-Like) – short term intensive	ACT/ETAI		STAR/CF		Of/Community Partner		ComPan/Self

Using (MORS +) Levels of Care as a tool

Name	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Nick	3	3	2	2
Sally	4	5	4	3
Susie	3	3	2	2

Stayed the same as previous	Increased from previous	Declined from previous



Questions

Shasta County
Health & Human Services Agency

Directors' Report – March 4, 2020

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

Adult Services Branch Update:

- **Medication Assisted Treatment (MAT) in the Jail:** The contract amendment with Empire to provide substance use disorder assessment/counseling services in the jail is essentially complete. Because of the initial low amount of funding the amendment can be approved at the County Executive Officer level, which is in process. The Sheriff's Office continues to move to completing its contract language amendments with WellPath – this will provide the "medication" piece necessary for a full MAT program. Medications to be used will be primarily suboxone and Vivitrol (injectable naltrexone).

- **Grant Awarded:** Shasta County applied for and was awarded a small grant through the California Institute of Behavioral Health Solutions (CIBHS). The grant centers on providing technical support for a program referred to as "Individual Placement and Support (IPS)" which seeks to increase access to employment and education to individuals with serious mental illness and/or substance use disorders. The CIBHS team will be coming to Shasta for a first meeting on Thursday, February 27th.

- **Drug Medi-Cal Organized Delivery System (ODS)**: While significant progress has been made, the California Department of Health Care Services (DHCS) and the federal Centers for Medicare/Medicaid (CMS) have determined that a formal "State Plan Amendment" (SPA) must be approved before final approval of our regional ODS. This has unfortunately postponed our "go live" implementation date, and it is uncertain how long this process will take. Conservatively, the ODS will likely not start until late summer and/or early fall, though this is only a guess at this point. DHCS has not given any firm communication other than they are committed to seeing the process through and ultimately having our regional model go forward.

- **ADP Provider Meeting:** A meeting was held on February 26th, and information will be provided as available.
    - Next Quarterly Meeting: Wednesday, May 27, 2020 at 10:00 am at the Mae Helene Bacon Boggs Conference Center.

Children's Services Branch Update:

- **CANS & CFTs:** Children's Services continues to pilot the use of the Child and Adolescent Needs and Strengths (CANS) assessment in child and family teams for those youths in foster care. The CANS are used as the communication tool between Mental Health and Child Welfare. The CANS help the Child Family Team (CFT) gain a shared understanding of the child's strengths and needs which results in better case planning. We are participating on the Statewide Implementation team: Lori Steele from Mental Health, Daniel Lynch with Child Welfare.

- **Intensive Services Foster Care (ISFC):** Children's Services has certified additional Intensive Services Foster Care (ISFC) homes. The intensive services will include behaviorally based services, mental health services, supervision, care, and activities in a resource family home with wraparound care and practices using child family team meetings. Specialty Mental Health services are provided to the family in the home with 24-hour on call response. The program supports youth who require a higher level of intensive services.

- **YOR-MAT Grant:** Children's Mental Health and Empire Recovery are partners to deliver support to youth with opiates addiction and medication assisted treatment (attached flyer).

- **System Improve Plan:** Children's Services is in the process of completing the System Improve Plan (SIP) element of the C-CFSR (California Child and Family Service Review). The plan outlines how the county will improve their system of care for children and families in the Child Welfare System.

- **Juvenile Rehabilitation Facility:** Proposed Rehab Program/MH Treatment. The Probation department has requested partnership from Children's Services to create a youth Rehabilitation/Vocational/Community Treatment Program in a vacant pod in the JRF. The program will require mental health funding to support the youth who otherwise would have been placed in an STRTP (Short Term Residential Therapeutic Program) for appropriate youth referred for this level of care. There is a gap in both Shasta County and California which will help fill the unmet need due to STRTP/Group Home closures and keep youth locally. Youth would be ordered to this program by the Judge. More information to come.

Board of Supervisor Staff Reports (January - February):

- **No Place Like Home Program Competitive Funding** (Take the following actions for the project known as The Center of Hope Apartments: (1) Approve and authorize the Health and Human Services Agency and the Housing and Community Action Agency to submit an application to the California Department of Housing and Community Development with co-applicants ADK Properties, LLC and The McConnell Foundation for Competitive allocation of funds from the HCD No Place Like Home Program for the development of permanent supportive housing for adults with a serious mental illness who are homeless, chronically homeless, or at risk of chronic homelessness; (2) adopt a resolution which, in summary, authorizes Christy Coleman, the Director of the Housing/CAA or her designee, or Donnell Ewert, HHSA Director or his designee, to act on behalf of the County either individually or jointly in connection with the NPLH Competitive allocation award, and to enter into, execute, and deliver a State of California Standard Agreement, and any and all other

documents required or deemed necessary or appropriate as security for, evidence of, or pertaining to the NPLH Program funds, and all amendments thereto, including retroactive, subject to approval as to form by County Counsel; (3) approve submission to HCD of a preliminary draft Memorandum of Understanding between County, the Project Owner, and the Lead Service Provider, Hill Country Community Clinic, in compliance with HCD's NPLH application criteria, with the intent to return to the Board at a later date with a revised, final version of the MOU for the Board's consideration, approval, and signature, for the Project Owner to provide property management and Hill Country to provide supportive services at the project site for a period of 20 years from the date the Certificate of Occupancy is issued or the date the County executes the final MOU, whichever is later; and (4) find that the proposed authorizations, approvals, and funding allocations are not subject to the California Environmental Quality Act under CEQA Guideline 15378(b)(4) as they are government funding mechanisms or other government fiscal activities, which do not involve any commitment to any specific project which may result in a potentially significant physical impact on the environment.)

- **Agreement with Shasta County Children and Families Commission** (Approve a retroactive agreement with Shasta County Children and Families Commission in an amount not to exceed $198,000 to provide match funding for a school-based parent partner program for the period October 1, 2019 through September 30, 2020, with two automatic one-year renewals.)
- **Agreement with Lilliput Children's Services** (Approve a retroactive renewal agreement with Lilliput Children's Services in an amount not to exceed $800,000 to provide foster youth family finding and post adoption and guardianship support services for the period January 1, 2020 through June 30, 2020, with two automatic one-year renewals.)
- **Agreement with Sutter Bay Hospitals dba Alta Bates Medical Center (**Approve an agreement with Sutter Bay Hospitals dba Alta Bates Summit Medical Center in an amount not to exceed $100,000 to provide physical health and mental health care services to one youth for the period January 14, 2020 through May, 31 2020.)
- **Amendment to Agreement with Catherine Hart (**Approve an amendment, to the agreement with Catherine Hart to provide educational workshops about commercial sexual exploitation of children which increases maximum compensation by $70,000, for a new total of $120,000, to continue to provide services for the full term of the current agreement, retaining the term January 11, 2019 through December 31, 2019, with one automatic one-year renewal.)
- **Request for Consent to Assignment Letter for Lilliput Children's Services** (Take the following actions regarding the Lilliput Children's Services and Wayfinder Family Services merger to approve and authorize the: (1) Health and Human Services Agency Director, or any Branch Director or Deputy Branch Director designated by the Director, to sign Lilliput's Request to Consent to Assignment Letter to transfer agreements with the HHSA - Children's Services Branch to Wayfinder for two agreements: (a) Family Finding Step Down and Post Adoption Services; and (b) Resource Family Training, Retention, and Recruitment; and (2) Director, or any Branch Director or Deputy Branch Director designated by the Director, to sign future amendments to these two agreements solely to change the name from Lilliput to Wayfinder once the merger is finalized.)

More treatment options available.
Text "opioid" to 898211

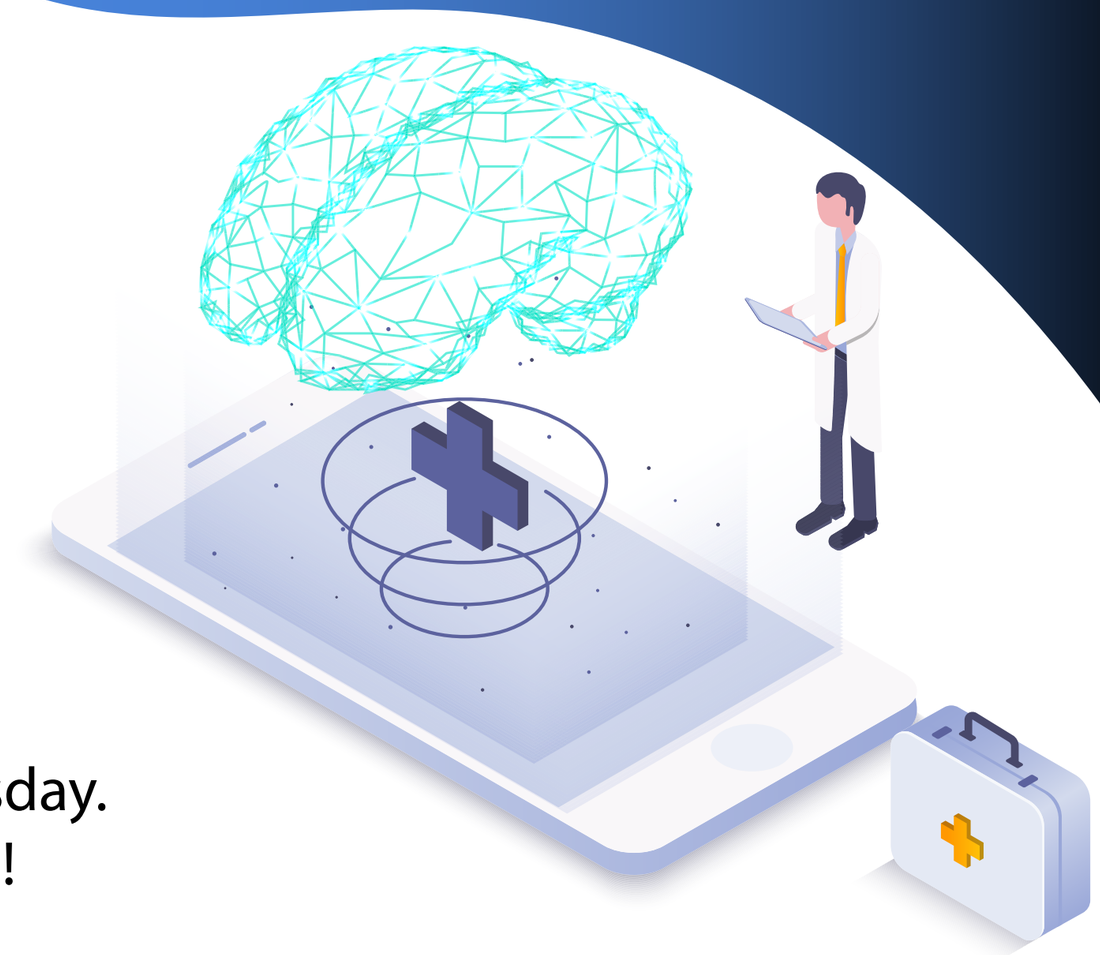
EMPIRE
RECOVERY CENTER

Medication Assisted Treatment (MAT) for opioid use disorders now available for ages 12-24.

Call (530) 244-7074 for information or an assessment appointment.

Walk-ins welcome from 9 a.m. to 3 p.m. every Thursday.
On-the-spot assessments, no appointment needed!

1616 West St., Redding



YOR CALIFORNIA
California Youth Opioid Response

Shasta County
Health & Human Services Agency

This service is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services.

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