SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
REGULAR MEETING
Minutes
March 6, 2019

Members: Charles Menoher, Sam Major, Marvin Peterson, Connie Webber, David Kehoe, Cindy Greene, Ronald Henninger, Elizabeth Jarrett, Dale Marlar and Ron Vigil
Absent Members: Kari Hess, Sam Major and Mary Rickert
Shasta County Staff: Donnell Ewert, Dianna Wagner, Paige Greene, Kerri Schuette, Carrie Jo Diamond, Marc Dadigan, Cara Schuler and Kim Limon
Guests: Charles Horner, Art Sevilla, Marjeanne Stone, Tammy Allan, Kristen Schreder, Rachel Popovich, Courtney Parker and Brad Hart

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.		➢ Charlie Menoher, MHADAB Chair
II. Public Comment Period	➢ MHADAB Member Henninger announced that Temple Beth Isreal is hosting a film for Mental Health Month "No Letting Go". A true-life story on a young boy who struggles with debilitating mental illness. It will take place on May 19, 2019 at 1:30 pm at the Redding Library.		➢ Ron Henninger, MHADAB Member
III. Provider Reports	➢ CASCADE CIRCLE (DUI Provider): They are in the process of applying for three grants. One of the grants is from Department of Healthcare Services to do Substance Use Disorders assessments for DUI offenders, so they can refer folks to treatment facilities.		➢ Charles Horner, Cascade Circle
IV. Approval of Minutes	➢ Minutes from the January 2, 2019 meeting were presented in written form.	➢ Approve the January 2, 2019 minutes as submitted.	➢ Marvin Peterson (Motion) Connie Webber (Second)
V. Announcements and Review of Correspondence	A. MHADAB Chair welcomed new members Mary Rickert and Elizabeth Jarrett. Member Rickert was not in attendance.		➢ Charlie Menoher, MHADAB Chair
VI. Action Items	A. Consider authorizing MHADAB Chair to sign a letter on behalf of MHADAB to the Board of Supervisors and the Sheriff's Department regarding support of MAT in Jail. B. Review and consider approving the MHADAB 2018 Annual Report for the submission to the Shasta County Board of Supervisors. C. Consider approving an additional $1 million in Mental Health Services Act funding in exchange for five two-bedroom units in The Woodlands 2.	A. Authorize the MHADAB Chair to sign a letter on behalf of MHADAB to the Board of Supervisors and the Sheriff's Department regarding support of MAT in Jail. B. Approve the MHADAB 2018 Annual Report for the submission to the Shasta County Board of Supervisors. C. Approve an additional $1 million in exchange for five two-bedroom units in The Woodlands 2.	A. Ron Henninger (Motion) Marvin Peterson (Second) B. Cindy Greene (Motion) Marvin Peterson (Second) C. Connie Webber (Motion) Marvin Peterson (Second) Ron Henninger (Abstained)

	• HHSA Director Ewert gave a brief history of the original Woodlands project and then discussed the current Woodlands 2 project and the funding for the project and how many units for Full Service Partners (FSP) clients. D. Open public hearing to receive comments on the "Mental Health Services Act Request for One-Year Extension for MHSA Innovation CARE Center Project"; close public comment period; and close public hearing (as required by California Code of Regulations, Title 9, Section 3315A). • Deputy Director Greene spoke about the CARE Center and the program offered. • MHSA Coordinator Schuette advised that the Innovations project was originally 4-years and they are requesting one more year for the project. Another year will be beneficial for data analysis to study the results and figure out how to fund it afterwards. Asking $740,000 from the Oversight & Accountability Commission for another year and MHSA does have the funds. • Tammy Allan from Hill Country also spoke about the programs at the CARE Center and the great work everyone does there and the amount it is utilized by the community. E. Consider approval of the "Mental Health Services Act Request for One-Year Extension for MHSA Innovation CARE Center Project" and consider recommending that the Shasta County Board of Supervisors approve the "Mental Health Services Act Request for One-Year Extension for MHSA Innovation CARE Center Project."	E. Approve the "Mental Health Services Act Request for One-Year Extension for MHSA Innovation CARE Center Project" and consider recommending that the Shasta County Board of Supervisors approve the "Mental Health Services Act Request for One-Year Extension for MHSA Innovation CARE Center Project."	E. Marvin Peterson (Motion) Elizabeth Jarrett (Second)
VII. Presentations	A. <u>THE SOBERING CENTER:</u> A PowerPoint presentation on The Sobering Center was provided by Marjeanne Stone and Art Sevilla of Empire Recovery Center. [See Attachment A] B. <u>MOBILE CRISIS UNIT:</u> Tammy Allan from Hill Country CARE Center presented on the Mobile Crisis Outreach Unit. She went over the handouts and answered questions. [See Attachment B]		➢ Marjeanne Stone, Executive Director and Art Sevilla, Empire Recovery Center ➢ Tammy Allan, Behavioral Health Director, Hill Country Health & Wellness Center

VIII. Discussions/Updates	A. <u>DATA NOTEBOOK:</u> MHADAB Chair gave a description of the topic for the Data Notebook for 2018. He asked the Board to review and to provide feedback by the end of the month as the Notebook needs to be submitted back to the California Mental Health Planning Council. B. <u>MHADAB YOUTH SERVICES GOAL UPDATE:</u> MHADAB Chair went over the Youth Services Goal regarding creating a communication plan to get information about Mental Health and Substance Abuse. A pre-survey was conducted and results were reviewed. Marc Dadigan went over the communication plan that is starting March – Social media posts that will last 10 months and fliers are created and will be handed out in schools and churches.	A. Board Secretary will send a copy of the Data Notebook to all Board members for their review.	➢ Charlie Menoher, MHADAB Chair ➢ Charlie Menoher, MHADAB Chair and Marc Dadigan, Supervising Community Education Specialist
IX. Directors' Report	➢ The Directors' Report was sent out prior to the meeting for the Board and guests to review. [See Attachment C] Further discussion took place regarding the Methadone Full Clinic and Youth Substance Use Treatment Collaborative.		➢ Donnell Ewert, HHSA Director and Dianna Wagner, Children's Services Branch Director
X. MHADAB Standing Committee Report	➢ <u>MHADAB EXECUTIVE COMMITTEE MEETING:</u> HHSA Director Ewert gave a brief update on the Navigation Center.		➢ Charlie Menoher, MHADAB Chair
XI. Other Reports	➢ <u>STAND AGAINST STIGMA COMMITTEE:</u> Spoken word artist, Brandon Leake will be in Shasta County to do spoken word workshops for youth called "Restoration: Healing through Art" April 1st-5th. A youth focused Hope Is Alive! Open Mic will take place on Friday, April 5th at the Arts Council where youth can share their own creations. Mental Health month planning is in full swing. The Minds Matter Mental Health Fair will be Friday, May 10th and will feature a Hope Is Alive! Open Mic outdoors. It will hopefully, take place at the Sundial Bridge which will be lit in green for mental health awareness. Plans for Intermountain Mental Health (May 13-17) week are in progress also. So far, the week will feature a Mental Health First Aid training, a Hope Is Alive! Open Mic at the Rex Club, and a Stand Against Stigma Committee Meeting. Arrangements are also being made to bring a screening of the Resilience Documentary to Burney during that week also.		➢ Carrie Jo Diamond, Community Education Specialist

	➢ SUICIDE PREVENTION WORKGROUP: No report. Steve Smith has resigned and will need to get a new person on the committee. ➢ ADP PROVIDER MEETING: There was a lively discussion about MAT in jail. SABG (Substance abuse block grant) formerly SAPT, is an old funding stream being repurposed. It was a last resort for treatment, but because of the Medi-Cal expansion, we do not have as much call on the funding source because of Medi-Cal. The next ADP Provider meeting is scheduled for May 22, 2019 at 10:00 am. ➢ HOMELESSNESS MEETING: Instead of the County COC, there will be NorCal COC. Shasta is the big player. There will be a reorganization. Each county will be asked of have their own advisory board and then their advisory board will send a representative to a 7 person/7 county Executive Board.		➢ Charlie Menoher, MHADAB Chair ➢ Charlie Menoher, MHADAB Chair ➢ Charlie Menoher, MHADAB Chair
XII. Reminders	➢ See Agenda.		
XIII. Adjournment		➢ Adjournment (6:45 p.m.)	

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Charlie Menoher, Chair

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Cara Schuler, Secretary

SOBERING CENTER

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A pilot program through a partnership between Shasta County and the Empire Recovery Center.

Shasta County HHSA

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The Center is a safe, short-term option specializing in the monitoring and management of persons who are under the influence of alcohol and/or drugs. It is designed to be an alternative to arrest and going to jail or being taken to an Emergency Department.

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A sobering center was included in the portfolio of programs to be funded through the Shasta County Whole Person Care Pilot.

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Modeled after the sobering centers in San Antonio, San Francisco, and Santa Cruz, the Empire Sobering Center is the first rural community program.

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The Empire Recovery Center was willing to participate in the pilot because it offered a similar service in the past and it operates the only social model alcohol and drug detoxification unit in the North State.

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The Empire Sobering Center will receive individuals found to be intoxicated who either come into contact with law enforcement or are in one of the emergency departments in our community, have been medically cleared and are in need of a place to sleep.

For law enforcement, individuals will need to be briefly medically screened in the field to determine they do not have any major immediate medical problems before being consider for admission.

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Empire Recovery Center is working with the following agencies and groups:

- Shasta County Sheriff
- Redding Police Department
- Anderson Police Department
- Shasta Regional Medical Center Emergency Department
- Mercy Medical Center Emergency Department
- American Medical Response

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All individuals must be agreeable to the referral and enter the sobering center voluntarily.

Admission criteria: acute alcohol intoxication; no signs of withdrawal.

No acute medical need requiring further emergency room or inpatient follow-up. No severe medical conditions.

Must be age 18 or over.

Must be able to get in and out of car with minimal assistance.

Referrals from Law Enforcement and Emergency Departments only and must be in advance (to assure as bed is available).

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Where we were....

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Construction

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We're almost there...

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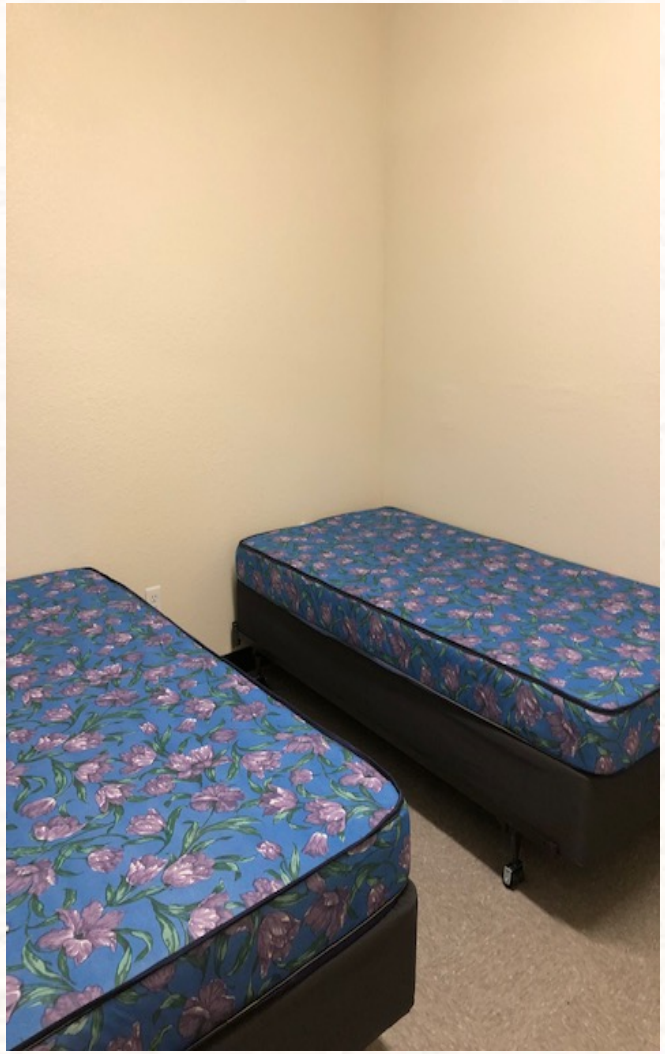

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- **The average length of stay is 6 to 12 hours.**
- **Individuals will be given adequate time to rest, and to obtain a degree of sobriety.**
- **Additional intake data and information will be completed, including withdrawal assessments.**
- **Staff will utilize motivational interviewing techniques, and whenever possible, offer redirection, and information to help guide the individuals into better choices and a better life through referral and connections to services.**

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- **Individuals will be reminded that no aggression, violence, or threats of violence will be tolerated.**
- **The most important facets will include real time data collection that targets age, gender, drug(s) of choice, living situation, or lack of housing, ethnicity, income, and resource needs.**
- **The ERC will provide monthly reports to Shasta County detailing the total number of clients served in a month, the duration of each client's stay, the disposition of and/or referrals made for each client, and the number of clients who are referred to and participate in a 72 hour detoxification stay.**

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Our goals are to free up law enforcement officers from the time-consuming repeated arrests of inebriates, offering an alternative to incarceration and/or hospitalization, freeing up unnecessary use of the emergency rooms, and helping individuals who are experiencing active intoxication to have an opportunity to access a path to recovery.

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And today....

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Hill Country Mobile Crisis Outreach Team

When Should You Call?

It may be difficult to know when to request an urgent mobile crisis response. The following guidelines have been developed to aid with decision making BEFORE YOU CALL 911 OR DIRECT SOMEONE TO AN EMERGENCY ROOM.

Appropriate Calls

- **Any situation that involves a person in a mental health crisis with likelihood that the person would require psychiatric hospitalization (5150) at that time or 1-2 days after, if left unattended or untreated.**
- **Suicidal thoughts** (person doesn't necessarily need to verbalize a plan or means)
- **Bizarre or psychotic behavior** likely necessitating 5150 for Grave Disability (mental illness prevents person from providing for own basic, life-sustaining needs
- **Manic symptoms and behaviors** – talking faster than normal, displaying excessive energy, evidence or report of recent impulsive or dangerous or reckless behavior (e.g., excessive spending, atypical sexual behavior, unusual substance abuse), extreme lack of sleep, grandiose presentation
- **Extreme anxiety or "panic attacks"** – (i.e. tightening or pounding of chest, shortness of breath, trembling, shaking, sweating, fear of death)
- **Severe depression or extreme hopelessness** (i.e. "There is no point in going on." "I feel like going to sleep and never waking up."). These persons are at risk of suicide even though they may not be verbalizing such thoughts or plans.

Inappropriate Calls

- **Any crisis situation in which someone is in <u>IMMEDIATE DANGER</u>, firearms are onsite, or another weapon is involved** – **contact 911 immediately**
- **Any crisis situation in which the person of concern is under the age of 16** – **contact Shasta County Children's Team, go to CARE Center or Emergency Room or call 911**

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- **Dementia-related behavior with no known history of mental health problems** (e.g., typically a person is advanced in age with symptoms such as short-term memory loss, difficulty performing normal tasks, disorientation, misplacing things, changes in mood and personality) -- **contact caregiver, primary care provider, or emergency services/911**

- **Concerns related to abuse, neglect, or exploitation** -- **contact Adult Protective Services**

- **Anxiety, nervousness, or depressed mood, but not severe or overwhelming enough to be a crisis** -- **contact CARE Center, Shasta County Adult Services, or 211norcal.org to connect person with outpatient mental health services**

- **Relationship problems** -- **If someone has been threatened or attacked, call 911 immediately, otherwise refer to CARE Center or Shasta County Adult Services or 211norcal.org for assistance accessing appropriate services and community resources.**

- **A youth, 16 or 17 years old, who is having a dispute with his/her parent(s), with no other evidence of a mental health crisis** -- **contact CARE Center or Shasta County TAY Services or 211norcal.org for assistance accessing appropriate services and resources**

- **Injured persons** -- **assist in obtaining appropriate medical treatment or call 911**

- **Person exhibiting concerning behavior is clearly severely intoxicated** -- **contact emergency services to access sobering center or obtain medical clearance**

- **Person has already been evaluated by a licensed mental health practitioner at a public/private agency** (e.g., clinic, school, private psychotherapy office) – **if 5150 hold is necessary, the evaluating mental health practitioner should assist the person in accessing Shasta County Adult Services, refer person to emergency room, or contact Shascom/911**

Maybe Appropriate Referrals

- **Depression or anxiety with unclear safety risks.** Although the person may not be making statements clearly suggesting a crisis, it may still be appropriate to call, especially if there is concerning behavior and the person is reluctant to seek help or there is a history of psychiatric hospitalizations/suicide attempts.

- **Unusual or bizarre behavior**, but unclear whether the behavior is mental health related.

- **Substance use** – if the individual in crisis is **mildly intoxicated** but able to participate in an interview, an MCOT call could be appropriate.

**** When in doubt, make the CALL. MCOT services can easily be withdrawn or cancelled, if other services are more appropriate**

HILL COUNTRY HEALTH AND WELLNESS CENTER
INTEGRATED BEHAVIORAL HEALTH SERVICES

MOBILE CRISIS OUTREACH TEAM

To initiate an urgent MCOT response: 238-7133
For general info or to reach the MCOT case manager, call: 238-7134

Hours: Mon - Fri 8:30am to 5pm **(hours will expand soon to include weekends and holidays)**

Overview

Hill Country Health and Wellness Center is partnering with Shasta County HHSA to provide a Mobile Crisis Outreach Team to enhance mental health crisis services and support in the greater Redding area, including some parts of Shasta Lake and Anderson. We offer prompt, professional and compassionate crisis intervention to adults and transitional aged youth (ages 16 and up) and provide immediate linkage to appropriate community resources. The intention of the Mobile Crisis Outreach Team is to improve the quality and timeliness of care that Shasta County residents receive during a mental health crisis and to ensure appropriate follow up care to prevent recurrent crises. Desired outcomes of this program are to safely and effectively manage mental health crises, reduce unsafe behavior (e.g., harm to self or others), and prevent unnecessary emergency room visits, arrests, and incarcerations.

Services

Hill Country's Mobile Crisis Outreach program evolved from our experience serving people with complex mental health conditions, often combined with serious health problems, addictions, and adverse living conditions (e.g., homelessness). Such conditions often impede mental health recovery and contribute to repeated crises. Our services include a broad focus on crisis prevention, intervention, and recovery support for people who are experiencing an acute psychiatric or emotional crisis or persons whom are thought to have a serious mental illness when there is significant concern about the person's safety or the ability of the person to adequately care for themselves.

The Outreach Team provides safety and mental status evaluations, stabilizing interventions, and a general needs assessment with immediate linkage (including transporting, when safe) to needed services and community resources. Psychiatric holds may be initiated by the Outreach Team when appropriate and necessary, but less or non-restrictive stabilizing interventions are always attempted. The Team will follow up with any person they assist to resolve crisis situations that may be prolonged and ensure engagement with health care and other services to support recovery.

Who can initiate a call?

This program augments Shasta County's current crisis triage and response services, providing relief to overloaded law enforcement officers and overcrowded emergency rooms. The Outreach Team will be available to assist law enforcement officers and other emergency responders when there are 911 calls regarding mental health crisis situations. And, when there is no evidence of risk of harm to staff, the Outreach Team will respond to calls from involved service agencies, community organizations, family members, and others in the community who are concerned about a person's mental health status and safety.

The Outreach Team is not intended to duplicate therapeutic or case management services already being provided, but the MCOT may partner with mental health and other service providers to enhance interventions during acute crises, especially when a mobile crisis response would prevent a 911 call or unnecessary emergency room visits.

HILL COUNTRY HEALTH AND WELLNESS CENTER
INTEGRATED BEHAVIORAL HEALTH SERVICES

INTENSIVE CASE MANAGEMENT AND SPECIALTY CARE PROGRAMS

Hill Country offers intensive case management support to help people with a mental illness, addiction, or serious medical condition accomplish their wellness and recovery goals and provides support and resources to help people before, during, and after a crisis. Our case management programs take the whole person into account and our case managers work one-on-one with people to understand their total situation, including their strengths, resources, and interests. Our case managers work together as a team with a person and his/her health care providers and other service providers to address the various life challenges they face and improve the overall situation wherever possible.

Some people who have a mental illness deal with especially complicated life stressors and may be homeless or close to being placed in a hospital or incarcerated. We do our best to work closely with people in these situations and do "whatever it takes" to help them regain security, support, and stability in their lives.

Examples of what our case managers do to help:

- Provide stabilization assistance during a crisis and obtain emergency care as needed
- Advocate as needed to obtain mental health care, housing, public benefits, health care, and other community resources
- Provide emotional support and encouragement in working toward goals
- Help figure out options to solve day-to-day or ongoing problems using strengths and personal resources
- Assist in obtaining basic needs when needed (i.e. food, clothing, shelter)
- Accompany to appointments, substance abuse groups, and other meetings
- Assist in obtaining and organizing medications
- Help develop budgeting and money management skills
- Coach daily living skills, social skills, and communication skills
- Provide transportation as needed and find other transportation resources
- Help find opportunities and resources to promote wellness and recovery and improve quality of life (e.g., social connections, continuing education, employment, volunteering, hobbies, recreation, etc.)

If you think you or someone you know would benefit from these services, please call us at 530-691-4446 or walk in to the CARE CENTER at 1401 Gold St.

*NOTE: Case managers are not intended to replace or be a substitute for family members or other caregivers who are able to provide these services and supports.

Shasta County
Health & Human Services Agency

Directors' Report – March 6, 2019

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

Adult Services Branch Update

- **Updates on Improvements - County's Continuum of Care for Mental Health and Substance Use Disorders:**
    - Mobile Crisis – Hill Country is now providing services. As planned, they are serving the City of Redding initially, during business hours, M-F. There will be a presentation regarding this program to the MHADAB at the March meeting.
    - Sobering Center – Empire Recovery Center is planning on providing services beginning in March. There will be a presentation regarding this program to the MHADAB at the March meeting.
    - Methadone Full Clinic - Aegis is planning to open their full clinic in Redding on May 1st.

- **Medication Assisted Treatment (MAT) in the jail:** The project is on hold for the moment – future discussions may take place if the Sheriff's Office changes its policy position.

- **Learning Collaborative targeting opioid treatment within the criminal justice system:** HHSA continues to participate in the learning collaborative to explore options, with discussions centering on making both Vivitrol injections, and/or Suboxone.

- **Drug Medi-Cal Organized Delivery System** – Partnership HealthPlan is optimistic that the Department of Health Care Services will soon approve the fiscal plan. Start-up is not likely before fall 2019.

- **ADP Provider Meeting:** next scheduled for Wednesday, May 22, 2019, 10:00 am at the Mae Helene Bacon Boggs Conference Center.

Children's Branch Update:

- **Youth Substance Use Treatment Collaborative:** Due to the continuance of implementing the SUD organized delivery system until late summer 2019. Partnership has extended the grant to June 30, 2019. Therefore, the Youth SUD Collaborative is continuing our work with Dr. Rachel Gonzales-Castaneda through 2019. The collaborative be holding training in the spring/summer 2019 to address harmful substance use of youth 11-17. We will

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also be developing a Secondary Prevention curriculum to educate youth 11-17 on the impact harmful substance use can have on their developing bodies.

- **AB 1299 (Presumptive Transfer): In February 2019,** the Board of Supervisors approved a contract with California Mental Health Services Authority (CalMHSA) to utilize the reimbursement bank being established by Joint Power Authority (JPA) so that we will be reimbursed for the mental health services we provide to out-of-county foster youth residing in Shasta County. Dianna Wagner testified before the legislature regarding concerns about this legistration.

- **At Risk Middle School:** Children's held a training on Botvin Life Skills for: Kings View, Gateway Unified School District, Cascade Elementary School District and The Child Abuse Prevention Coordinating Council, so they can begin their full implementation of Botvin Life Skills into the 6th grade classrooms and at sites in the community.

Board of Supervisor Staff Reports (January - February)

- Agreement with Sutter Valley Hospitals dba Sutter Center for Psychiatry
- Driving Under the Influence Program Needs Assessment
- Agreement with Restpadd Health Corp. for psychiatric inpatient services
- Agreement with Dragos Adrian Iordache-Stir dba Care Horizons Assisted Living for Residential Care Facility Services
- Second Amendment to the Agreement with Vista Pacifica for Mental Health Treatment Services
- First Amendment to Agreement with the State of California Department of Health Care Services for Substance Use Disorder Services
- Proclamation Designating February 2019 as Shasta County 2-1-1 Awareness Month
- Unsheltered Adult Navigation Center Presentation
- Renewal Agreement with Mountain Valley Child & Family Services
- New agreement with Binti, Inc.
- Agreement with Sutter Valley Hospitals dba Sutter Center for Psychiatry
- Agreement with California Mental Health Services Authority (CalMHSA) for Foster Youth Specialty Mental Health Services