SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
REGULAR MEETING
Minutes
March 7, 2018

Members: Charles Menoher, Dale Marlar, David Kehoe, Sam Major, Carol Zetina, Kari Hess, Kerrie Hoppes, Marvin Peterson, and Ron Henninger
Absent Members: Michele Wright, Sonny Stupek, and Steve Smith
Shasta County Staff: Donnell Ewert, Dean True, Dianna Wagner, Teri Linson, Cathy Tillman, Samantha Jackson, Justina Larson, JoBeth Azevedo, Amparo Buck, Kim McKinney, Laurinda Gifford and Kim Limon
Guests: Kristen Schreder, Susan Power, Art Sevilla, Marjeanne Stone, Monique Weilen, Susan Wilson, Ian Zdanovich, Connie Webber, Sierra Welander, John Whittenhouse, Alice Folsom, Gracious Palmer, Danielle Gehring, Billy Miller, Shannon Hunt, Marzi Fernandez, Kathrynne Raglin, Jill Phillips, Allic Maxwell, Barbara Carpenter, Lori Bridgeford, and Stephanie Gibbs

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	➢ None.		
III. Provider Reports	➢ None.		
IV. Approval of Minutes	➢ Minutes from the January 3, 2018 meeting were presented in written form.	➢ Approve the January 3, 2018 minutes as submitted.	➢ Kari Hess (Motion) ➢ Sam Major (Second)
V. Announcements	➢ None.		
VI. Presentations	A. MENTAL HEALTH, ALCOHOL AND DRUG SERVICES: A PowerPoint presentation regarding Mental Health, Alcohol and Drug Services was provided by Donnell Ewert, HHSA Director. [See Attachment A] B. YOUR MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD: A PowerPoint presentation regarding Your Mental Health, Alcohol and Drug Advisory Board was provided by Charlie Menoher, Chair. [See Attachment B] C. MHADAB GOAL SETTING SESSION: Katie Cassidy and Kerri Schuette invited community members to provide insights and guidance on priority topics for the MHADAB as focus to help set goals for the coming year. A community process was applied to insure every voice was accounted for, ideas were discussed and clarified, and the consensus was achieved as to the priority topics. [See Attachment C]		➢ Donnell Ewert, HHSA Director ➢ Charlie Menoher, MHADAB Chair ➢ Katie Cassidy, Interim HHSA Program Manager and Kerri Schuette, HHSA Program Manager

VII. Director's Report	➢ The Directors' Report was sent out prior to the meeting for the Board and guests to review. [See Attachment D]		
VIII. Discussions/ Updates	A. <u>AD HOC 2017 MHADAB ANNUAL REPORT COMMITTEE:</u> Chair asked who would be interested in being on the committee. Board members Kerrie Hoppes and Ron Henninger volunteered to be part of the Annual Report Committee. B. <u>AD HOC MHSA FY 17/18 ANNUAL UPDATE COMMITTEE:</u> Chair asked who would be interested in being on the committee. Board members Kari Hess, Sam Major and Ron Henninger volunteered to be part of the MHSA Annual Update Committee.		➢ Charlie Menoher, MHADAB Chair ➢ Charlie Menoher, MHADAB Chair
IX. MHADAB Standing Committee Report	➢ <u>MHADAB EXECUTIVE COMMITTEE:</u> The last meeting discussion revolved around the planning of the Goal Setting Session and calendaring items for future board meeting topics. A Letter of Support was endorsed for the Mobile Crisis Unit. The next Executive Committee meeting will be June 18, 2018 at 11:00 am.		➢ Charlie Menoher, MHADAB Chair
X. Other Reports	A. <u>STAND AGAINST STIGMA COMMITTEE</u>: • Brave Faces has been presented recently to 6 different organizations accounting for approximately 200 people. A presentation was made at Happy Valley Middle School to 6 periods of 6th, 7th and 8th graders with 5 Brave Faces speakers. • Hope is Alive! is collaborating with Anderson Teen Center. There will be a Spoken Word Artist workshop on April 20th. • Minds Matter Mental Health Fair is May 5th • Teaming up with Amy Sturgeon to bring Stand Against Stigma and Suicide Prevention to the Burney and Shingletown area where they will have an Intermountain Mental Health Week. B. <u>SUICIDE PREVENTION WORKGROUP:</u> Nothing to report. C. <u>ADP PROVIDER MEETING:</u> Vice Chair Hess reported that she attended the meeting and was excited about the new Hub and Spoke program for treatment in rural areas. The grant was funded through Aegis and will give rural areas access to medication and counseling.		➢ Carrie Jo Diamond, Community Education Specialist ➢ Steve Smith, Board Member ➢ Kari Hess, MHADAB Vice Chair

	D. <u>HOMELESSNESS MEETING:</u> Chair Menoher advised that the major focus of the meeting was the Homeless Management Information System (HMIS), getting it up and going and getting all the providers in the homeless arena to participate. Kristen Schreder advised that they are sponsoring an "Empty Bowl" fundraiser on March 29th, that will benefit the Catalyst Mentoring Center and the Hill Country Wellness Program for homeless youth outreach.		➢ Charlie Menoher, MHADAB Chair
XI. Reminders	➢ See Agenda.		
XII. Adjournment		➢ Adjournment (7:21 p.m.)	

_____
Charlie Menoher, Chair

_____
Teri Linson, Secretary

MENTAL HEALTH, ALCOHOL AND DRUG SERVICES

Tackling community challenges together

Donnell Ewert, MPH
Shasta County Health and Human Services Agency Director

A

Who provides mental health services?

- Shasta County provides specialty mental health services to people on Medi-Cal who have severe and persistent mental illness (2,500 adults and 2,200 youth)
- Partnership HealthPlan finances services for people with mild to moderate mental illnesses who are on Medi-Cal
  - *Federally Qualified Health Centers*
  - *North American Mental Health*
  - *Walk-in-clinics*
  - *Redding Rancheria Clinic on Churn Creek*
- Veterans Administration serves veterans
- Private psychiatrists serve people with Medicare or private insurance

A

How does Shasta County serve clients?

- Outpatient clinic provides care management and groups (walk-ins are welcome)
- Community organizational providers – counseling for youth
- Network of care
  - *After-hours walk-in – CARE Center*
  - *Inpatient hospitals*
  - *Long-term care facilities*
  - *Crisis Residential and Recovery Center – 15 beds (up to 30 days)*
  - *Board and care facilities*
  - *Permanent supportive housing (NVCSS)*
    - New Path Housing – 34 apartments
    - Woodlands – 19 apartments

A

Gaps addressed in the past five years

- Inpatient beds
  - *Restpadd Redding, 2013 (16 adult beds)*
  - *Restpadd Red Bluff, 2017 (16 beds for adults and youth)*
- Board and care beds: Ridgeview (2014) has 16 beds, plus 16 slots in independent living
- After-hours walk-in: CARE Center (2017)
- Crisis services – doubled staff and put clinicians in hospital emergency departments
- Permanent supportive housing – 19 units at the Woodlands; 34 people live in them (2017)
- Assisted Outpatient Treatment, also known as Laura's Law (2017)

A

Gaps addressed in the past five years

- Whole Person Care pilot – expanding from 50 to 100 slots in 2018
- Field-based nursing – nurses visit clients where they live
- Remodeled mental health services clinic on Breslauer Way
- Behavioral Health Court
- Embedded clinician and alcohol/drug counselor in Community Corrections Center
- Suicide prevention's Captain Awesome campaign for middle-aged men, plus partnership with gun stores and instructors
- Training academy and addition of Peer Support Specialists
- Middle school intervention – Positive Action and Life Skills
- Moved children's mental health services near child welfare services

On the horizon

- Mobile crisis team
- Pharmacy in our mental health clinic
- Shasta Regional Medical Center will have up to 20 beds for involuntary mental health holds (5150)
- Restpadd Mental Health Rehabilitation Center – 14 beds in Anderson
- Permanent supportive housing in Burney
- No Place Like Home – permanent supportive housing
- Regular Crisis Intervention Training for law enforcement (24-hour course)

A

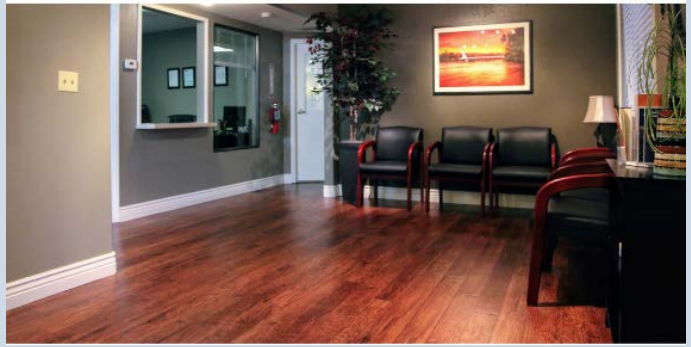
Harmful substance use

- Shasta County operates a system of care for substance use treatment for people on Medi-Cal and indigent individuals
  - *1,185 outpatient (45% complete treatment), 583 residential (55% complete)*
- The system also includes:
  - *Prevention (schools, community coalitions, education, policy)*
  - *Outpatient (medication-assisted treatment, social model)*
  - *Intensive outpatient (includes perinatal, social model)*
  - *Residential (pregnant and postpartum women only)*
  - *Methadone maintenance*
  - *Addicted Offender Program*
  - *Youth Drug Court*

A

Gaps addressed in the past five years

- NoRxAbuse coalition
  - *Change in prescription practices*
  - *Built suboxone treatment capacity*
  - *Naloxone distribution*
  - *Unneeded drug disposal system*
- Aegis methadone medication-only clinic – 175 slots currently
- Two distributions of naloxone to community healthcare and law enforcement
- Drug disposal kiosks
- Media campaign about risks of marijuana use
- Sam Quinones event about opiate epidemic
- Training in youth drug treatment modalities



A

On the horizon

- Drug Medi-Cal Organized Delivery System through Partnership HealthPlan
- Possible expansion of Aegis methadone clinic to full clinic with counseling
- New alcohol and drug provider – Groups
- Building a community collaborative to address underlying causes of all addictions

A

Housing

- Safe, stable housing helps people care for their mental health
- HHSA case managers have helped 363 people obtain housing in 3.5 years
- Another 34 are living in the 19 MHSA units at The Woodlands

A

Questions?

A

Your Mental Health, Alcohol and Drug Advisory Board

B

Your Board

- Meets every other month, plus occasional special meetings
- Mission: To inform and educate the public on alcohol, drug and mental health issues, and to advise the Shasta County Mental Health Plan on program development, availability of services and planning efforts

B

Board duties

- California Welfare and Institutions Code established local mental health, alcohol and drug boards
- Members are appointed by the Board of Supervisors, and the Board must include:
  - 10-15 members
  - 50 percent consumers who are/have been receiving mental health services, or their family members

B

Meetings

- The public can address the Board on matters on or off the agenda
- Anyone can make a public comment, but Board cannot take action or comment on it because it is not on the agenda
  - The Board may refer the subject matter to the appropriate staff for follow-up and/or to schedule the matter on a subsequent Board agenda
  - The Board may ask clarifying questions

B

Tonight's goal

Board has 10 responsibilities
We have chosen to set goals under Mission #1:

- Review and evaluate the community's mental health, alcohol and/or drug treatment needs and service gaps.
- Seeking the public's input:
  - Where are the service gaps for mental health?
  - Where are the service gaps for alcohol and drug?

We will use this feedback to choose one priority topic for Mental Health and one priority topic for Alcohol and Drug to focus on in 2018

B

MHADAB Goal Setting Session Summary

At the March 7, 2018 Mental Health Alcohol and Drug Advisory Board meeting, community members were invited to provide insights and guidance on priority topics for the MHADAB as focus to help set goals for the coming year. A community input process was applied to insure every voice was accounted for, ideas were discussed and clarified, and consensus was achieved as to the priority topics.

The community was asked to help answer the question **"What should be priority topics for the MHADAB as they are setting goals?"**

To focus the discussion, each participant was given two slips of paper to record their answers to the starting questions.

The answers are all contained in the table below.

The main service gap for Mental Health is:	The main service gap for Alcohol and Drug is:
Housing	Dual diagnosis
Housing	Program awareness/public
Mobile mental health outreach	More education and services for non-medical centers
Rural transportation	Not being educated on drug effects
Community knowledge/awareness	It's too easy to obtain
Immediate services	Providers
Youth facility	More treatment centers
Give youth a voice. Childhood prevention. Get youth who have success stories to share their experiences.	Residential treatment for men and youth
Transitional age youth programs	Residential treatment for men and also for youth
Adolescent access	Residential treatment
Access, especially adolescents	In-county treatment for children
Coordination of ALL services	Treatment for youth
Dual diagnosis	Rural transportation
Case management/care coordination	Immediate service
Collaboration with primary care doctors	Training and education for hospitals and law enforcement
Co-occurring disorder treatment, specialty mental health services substance use disorder services	Treating co-occurring diseases
MDT strategies understanding root causes of addictions	Lack of quick inpatient
Understanding of co-occurring issues	Same at mental health
Co-occurring treatment programs	Prevention and early intervention services for youth
More community education and coordination of all services. (Less duplication and more cost effective.)	Case management/care coordinator
Psychiatrists	Assessing ACEs and providing the necessary care/therapy accordingly
Access for mild to moderate clients	Give youth a voice. Childhood prevention. Can we get youth who have success stories to share their experiences?
Additional in-county inpatient treatment for suicidal clients	Medical detox in rehab programs
How are assessment tools CANS/MORS used to influence practice/procedures?	Supportive sober housing
The social stigma	Access, especially adolescents
Expenses	Adolescents

Counseling	Adolescents detox, residential and outpatient services
Facilities for inpatient care	Dual diagnosis
Ongoing case management	Sober center in jail
No accountability/looking at number instead of completion	Housing
Services for very young children	Special populations
Appointment follow-up/follows who are shaky about making appointments are sometimes lost for long periods because of their meds.	Little, if any, discussion at board meetings.
Paperwork, we need to know out audience.	Appropriate treatment for teens and children
Assessing ACEs and providing the necessary care/therapy accordingly	Detox
Prevention and in-county treatment for children	Funding for residential treatment

Once each participant had the opportunity to document their answers to these questions, they were asked to gather in small groups to share their ideas. These small groups were given more paper and asked to write down the ideas that resonated most strongly with the group. They were asked to provide at least one answer to address mental health and one answer to address alcohol and drug. These items were collected and presented to the entire audience.

The entire group was then asked to group similar ideas together. Each idea was discussed and placed next to ideas that were similar or complimentary. Once the participants were satisfied that all similar items had been grouped, each group was examined for an overall theme and given a title.

The community was able to answer the Board's question "**What should be priority topics for the MHADAB as they are setting goals?"**

"The priority topics for MHADAB focus include:"

Whole Person Care-Interagency Coordination	Expanded Youth Crisis Services	Dual Diagnosis Treatment	Case Management	To and Through the Door	Ideas that did not have a group:
Jail system	In-county treatment for children/ Inpatient	Dual diagnosis transitional programs	Case management follow up longer	Access	*Youth = age groups defined or specified.
Coordination of all services/wellbeing	Crisis residential treatment center for youth	Co-occurring treatment mental health and substance disorder treatment	Immediate follow up for missed appointments	More immediate and robust service teams	Youth peer support specialists
Care coordinators MDTs		Dual diagnosis	Case management	Accessibility	Address ACEs early
Coordination of Care: Physical mental health drug and alcohol					Housing

					Education of Medi-Cal providers and private insurance
					More long-term facilities
					Stigma
					All levels of residential adult care locally
					Expenses

*The participants made special note that Youth should be defined or specified by age groupings.

Directors' Report – March 7, 2018

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

Adult Services Branch Update

- **SB 82 Triage Grant:** A little over 2 years ago Shasta County applied, but was not awarded, during the first round of SB 82 Triage Grant funding. As a reminder, SB 82 dollars were part of an initiative to improve mental health services in specific areas including mobile crisis teams (triage). It has been determined by the state that additional dollars are still available, and a 2nd round of grant funding is being made available. Dollars to be awarded will be much less compared to the first round: approximately $100K to a small county who submits an approved application. Shasta County is preparing a new application, and with lessons learned from the first round we have a high degree of confidence this time around.

- **Assisted Outpatient Treatment / Laura's Law:** There was an "update" presentation made to the Shasta County NAMI chapter on February 27, 6pm, at the CARE Center. Both the county, and the contracted provider for treatment services (Hill Country) discussed how the program is currently operating.

- **Crisis Intervention Team (CIT) training:** Key county law enforcement personnel and NAMI met with Michael Summers on Tuesday, February 20, to discuss the upcoming 3-day training scheduled for April 23-25. Mr. Summers, lead trainer and coordinator, is a retired law enforcement officer who has gathered a team of professionals to provide a truly 'law enforcement' focused training. The training is being made available through the AB 109 Community Corrections Partnership and is limited this time to law enforcement individuals working within Shasta County. Included in the training will be 2 panels: one consisting of family members coordinated through NAMI, and the other consisting of speakers from the Brave Faces speakers bureau.

- **Alcohol and Drug Programs:** The California Department of Health Care Services (DHCS) held a meeting on Tuesday, February 20 with all counties who are planning to join the proposed Partnership Regional Model Drug Medi-Cal Organized Delivery System (DMC-ODS). This is a high unique proposal, and the only one of its kind in California. The meeting was critical to moving this innovative project forward. There was a general agreement between all parties and DHCS that the plan will ultimately meet all requirements and be approved. The start date for the DMC-ODS, however, may be delayed to the fall due to the protracted state approval process for our fiscal model.

- **Alcohol/Drug Program (ADP):** A Provider meeting was held on Wednesday, February 28th, and a summary of discussions that took place will be available in the next Director's Report in May. The next ADP Provider meeting is scheduled for Wednesday, May 23, 2018, 10:00 am at the Boggs Building.

Children's Branch Update:

- **Youth Substance Use Treatment:** A series of onsite trainings set to begin this month to increase mental health professional's knowledge and skills regarding SUD treatment.

- **Adverse Childhood Experiences:** Master trainers are busy making presentations about ACEs all over the county. Anyone interested in having an ACE master trainer present to you or a group you know please request the training at http://www.shastastrongfamilies.org.

- **Children's Services Branch: We have moved!** Outpatient Mental Health Services are now located at 1560 Market Street near the Downtown Promenade.

- **At-Risk and Homeless Youth Initiative:** Community members and service providers met on February 9, 2018 to continue the discussion regarding resources in the community to address the needs of at-risk and homeless youth.

Board of Supervisor Staff Reports (January-February)

- Whole Person Care (WPC) Pilot Program Agreement with Hill Country Community Clinic for intensive medical case management teams
- Whole Person Care (WPC) Pilot Program Agreement with Shasta Community Health Center for intensive medical case management teams
- Agreement with the State of California Department of Health Care Services for Substance Abuse Prevention and Treatment Services
- First Amendment to Agreement with Cascades Management Inc., dba Ridgeview Residential Care Home
- Renewal Agreement with Lilliput Children's Services
- Second Amendment agreement with NVCSS
- Agreement with Lilliput Children's Services
- Agreement with Remi Vista Inc.
- First Amendment with Victor Treatment Center, Inc.
- Second Amendment to the Agreement with Aurora Behavioral Healthcare-Santa Rosa, LLC.
- Agreement with South Coast Health & Wellness Corp DBA Community Care on Palm