SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
REGULAR MEETING
Minutes
May 2, 2018

Members: Charles Menoher, Dale Marlar, Michele Wright, Sam Major, Sonny Stupek, Ron Henninger, Kerrie Hoppes, Marvin Peterson and Kari Hess
Absent Members: Steve Smith and David Kehoe
Shasta County Staff: Donnell Ewert, Dianna Wagner, Paige Greene, Kerri Schuette, Kim Limon and Teri Linson
Guests: Art Seville, Genell Restivo, Charles Horner, Michelle Saldana, Sarah Fielding, KC Covington, Victoria Vigil and Joseph "Ron" Vigil

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 March 7, 2018 and the April 4, 2018 meeting were presented in written form.	➢ Approve the March 7, 2018 and the April 4, 2018 minutes as submitted.	➢ Dale Marlar (Motion) ➢ Marvin Peterson (Second)
V. Announcements and Review of Correspondence	➢ None.		
VI. Presentations	A. <u>ADULT SERVICES OVERVIEW – MILESTONES OF RECOVERY SCALE:</u> A PowerPoint presentation regarding Adult Services Overview – Milestones of Recovery Scale was provided by Paige Greene, Adult Services Deputy Branch Director. [See Attachment A] B. <u>AEGIS CLINIC AND HUB & SPOKE GRANT UPDATE:</u> A PowerPoint presentation regarding Aegis Clinic and Hub & Spoke Grant Update was provided by Judson Lea, Regional Manager and Michelle Saldana, Clinic Manager for Chico and Redding Medication Unit. [See Attachment B]		➢ Paige Greene, Adult Services Deputy Branch Director ➢ Judson Lea, Regional Manager and Michelle Saldana, Clinic Manager for Chico and Redding Medication Unit
VII. Action Item	A. Consider recommending that the Board of Supervisors approve establishment of a full methadone clinic in Shasta County.	A. Recommend that the Board of Supervisors approve establishment of a *<u>full narcotic treatment center</u>* in Shasta County.	➢ Kerrie Hoppes (Motion) ➢ Sonny Stupek (Second)
VIII. Director's Report	➢ The Director's Report was sent out prior to the meeting for the Board and guests to review. [See Attachment C]		➢ Donnell Ewert, HHSA Director

	The feedback from the CIT Training was very positive. There were approximately 30 people in attendance. It was mentioned that training went very well and that it was very informative		➢ Sam Major, MHADAB Member
IX. Discussions/Updates	A. <u>2018 GOAL SETTING DISCUSSION:</u> The Ad Hoc committee met to choose a goal for 2018 for Mental Health and for Alcohol and Drug. After reviewing the results from the MHADAB Goal Setting Session that took place at the March meeting, it was decided that they would recommend focusing on Youth Services for both Mental Health and Alcohol and Drug services. They would like to bring awareness and understanding to these services. In 2019 they would recommend focusing on Adult Mental Health and Alcohol and Drug services. Discussion took place and the Board agreed on these goals for 2018. [See attachment D] B. <u>MHADAB ANNUAL REPORT 2017 – REVIEW DRAFT:</u> HHSA Program Manager Schuette led discussion regarding the Annual Report. She asked that the Board review the report so that it can then be presented to the Board of Supervisors for their approval.		➢ Charlie Menoher, MHADAB Chair ➢ Kerri Schuette, HHSA Program Manager
X. MHADAB Standing Committee Report	➢ <u>MHADAB EXECUTIVE COMMITTEE MEETING:</u> The next Executive Committee Meeting will be held June 18, 2018 at 11:00 am.		➢ Charlie Menoher, MHADAB Chair
XI. Other Reports	➢ <u>STAND AGAINST STIGMA COMMITTEE:</u> Minds Matter Resource Fair will be held May 5th in the Promenade from 12:00 – 3:00. The Spoken Word Poetry Workshop with youth in Anderson went very well. There are a lot of activities planned for the intermountain area for Mental Health Month. ➢ <u>SUICIDE PREVENTION WORKGROUP:</u> No report. ➢ <u>ADP PROVIDER MEETING:</u> The next ADP Provider meeting will be held May 23, 2018 at 10:00 am. ➢ <u>HOMELESSNESS MEETING:</u> There are a lot of positive things happening. The Continuum of Care director is doing a great job of getting agencies together, working on the strategic plan and continuum of care. There is focus on		➢ Kerri Schuette, HHSA Program Manager ➢ Steve Smith, MHADAB Member ➢ Sam Major, MHADAB Member ➢ Charlie Menoher, MHADAB Chair

	permanent, supportive housing, the coordinated entry process and the homeless information system.		
XII. Reminders	➢ See Agenda.		
XIII. Adjournment		➢ Adjournment (6:45 p.m.)	

_____
Charlie Menoher, Chair

_____
Teri Linson, Secretary

Milestones of Recovery (MORS)

Health & Human Services, Adult Services

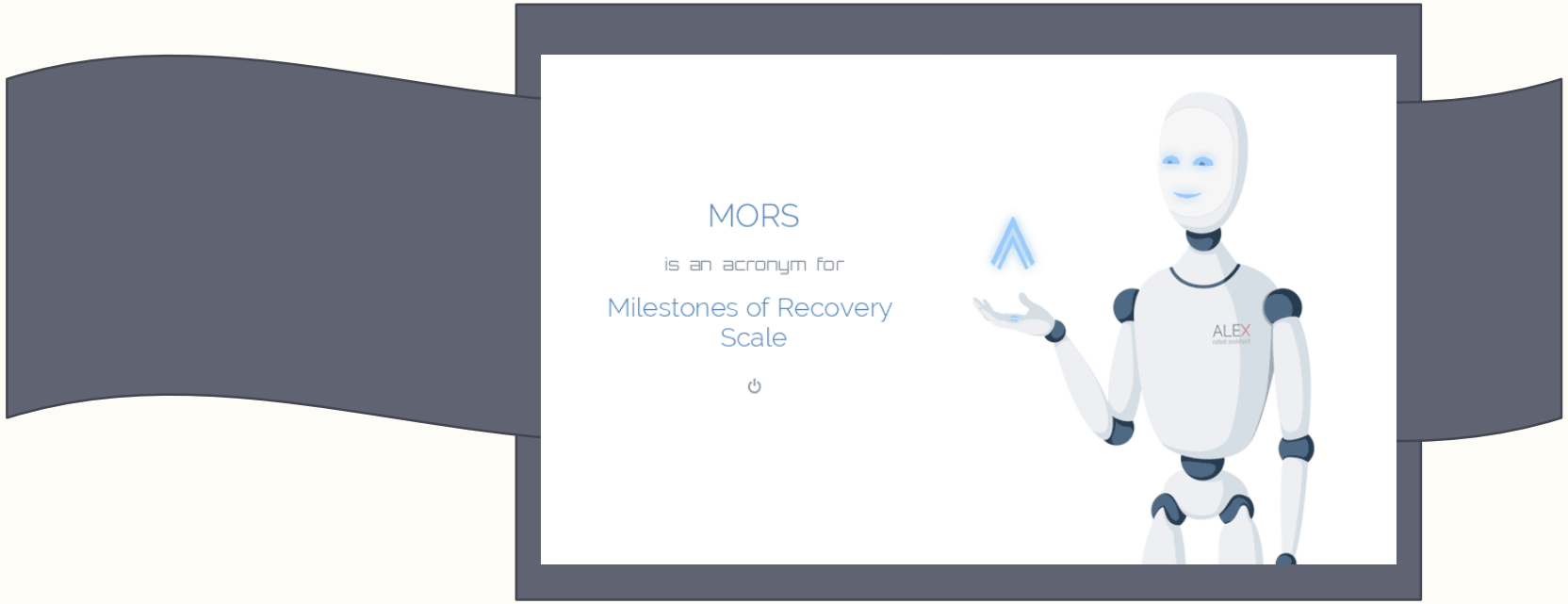
May 2018

MHADAB Meeting

By Paige Greene, MSW, LCSW

MORS Assessment Report

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.



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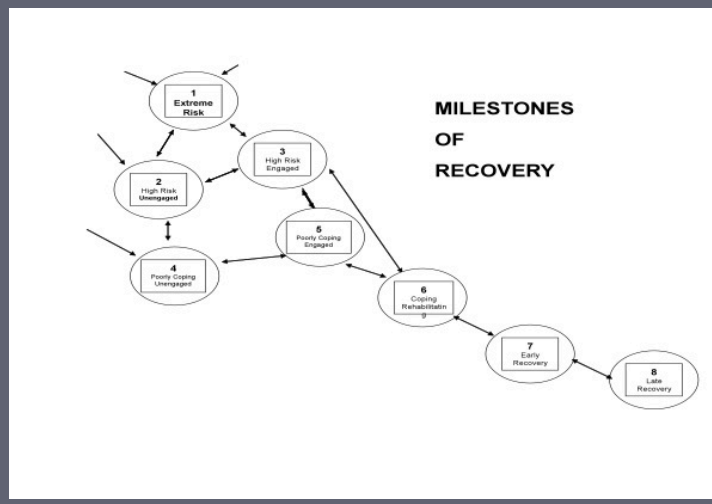
Psychometric Properties of the Milestones of Recovery Scale-Older Adult Version

- The Milestones of Recovery Scale (MORS) is a tool that mental health professionals can use to track clients' recovery. It has been shown to have good reliability and validity in an adult population. It is important to demonstrate its psychometric properties among the elderly. This study assessed the reliability and validity of the MORS among a multi-ethnic (52 % White) sample of adults 54 and older (M = 67) at several mental health agencies in California.

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.



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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.

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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.

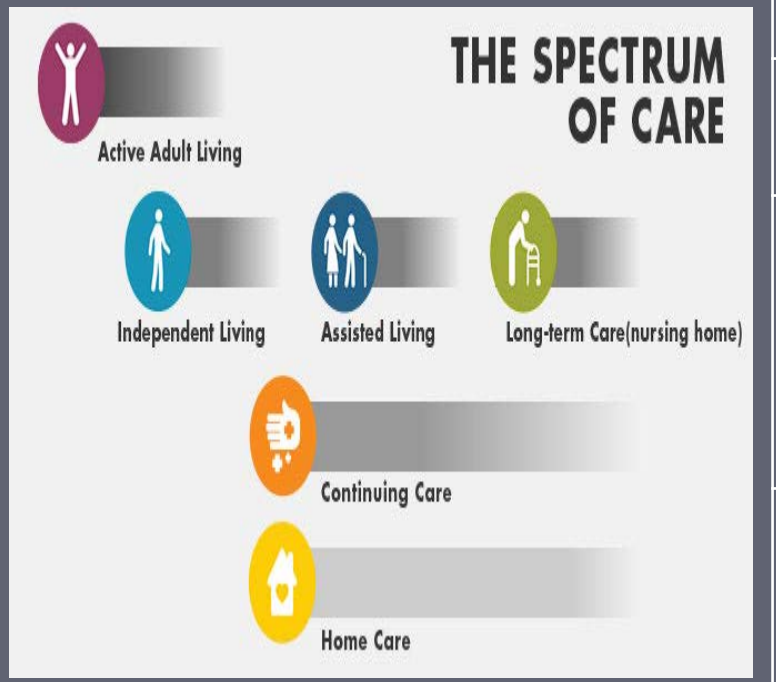
Items and Domains:

Clients are given one of eight ratings:

- (1) extreme risk,
- (2) experiencing high risk/not engaged with mental health providers,
- (3) experiencing high risk/engaged with mental health providers,
- (4) not coping successfully/not engaged with mental health providers,
- (5) not coping successfully/engaged with mental health providers,
- (6) coping successfully/rehabilitating,
- (7) early recovery, or
- (8) advanced recovery.

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

Recovery Based Spectrum of Care



Milestones of Recovery Levels of Service (Recovery Based Spectrum of Care)						
Extreme risk	Unengaged		Engaged, but not self coordinating		Self-responsible	
Locked settings (State Hospital, IMDs, etc.)	Outreach and engagement	Drop in center	Intensive case management	Case management team	Appointment based clinic	Wellness center
Extreme risk (1)	High risk, unengaged (2) Poorly coping, unengaged (4)		High risk, engaged (3)	Poorly coping, engaged (5) Coping, rehabilitating (6)	Coping, rehabilitating (6) Early recovery (7)	
1:1 supervision Legal interventions Community protection Acute treatment Engagement	Welcoming/Charity Evaluation and triage Documentation Benefits assistance Accessible Medications Drop-in services		Case management Full Service Partnership Accessible medications Supportive services (Supported Housing, Employment, Education) Direct subsidies Rehabilitation		Appointment based therapy “Medications only” Wellness activities (WRAP) Self-help Peer support Community integration	

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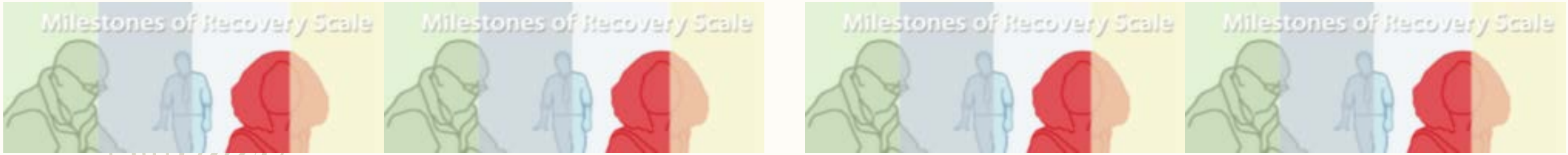
Populations:

- 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.



MRS Milestones of Recovery Scale

LEVEL OF CARE	RULE PARAMETERS
5 Residential / inpatient 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 MORS score is 4 or 5, then LEVEL OF CARE is a 3
2 Wellness Services	If MORS score is 6 or 7, then the LEVEL OF CARE is a 1 or 2
1 Recovery Maintenance	If MORS score is 8, then the LEVEL OF CARE is a 1 accompanied by discharge planning and transition to a lower level of care or out of services

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%	3	1	4						3	1	4
	27	15%	1	22	1	1	1	1			23	1	3
	25	14%	3	1	5	11	5				9	11	5
	68	37%	1	15	7	19	24	2			42	24	2
	40	22%	1	4	7	13	12	3			37	3	0
	5	3%	1			1	1	1	1		4	1	0
	5	3%						2	1	2	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.

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Questions?

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AEGIS

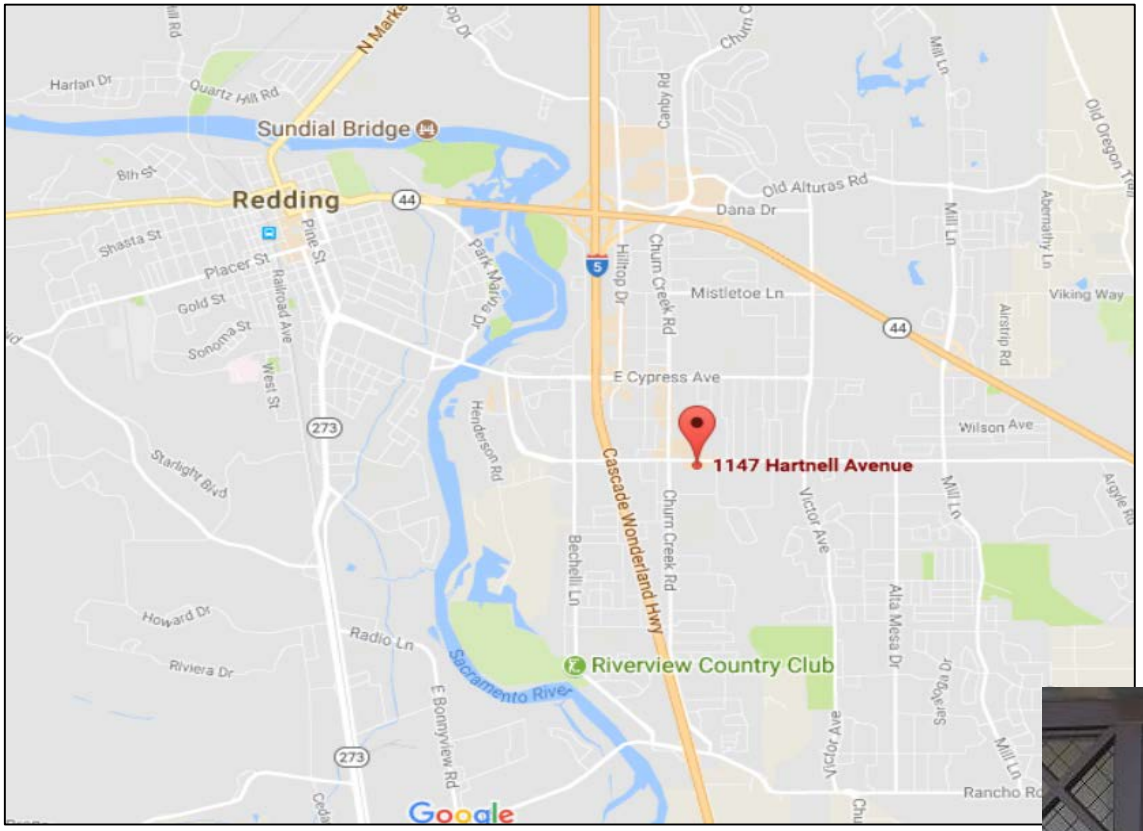
One Year Later…

Redding Medication Unit Update

Michelle Saldana, *Manager Chico & Redding*
Judson Lea, *Northern Regional Manager*

B

the Location



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the MU

B

AEGIS

the Lobby

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AEGIS

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AEGIS

the Patient Medication Room

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AEGIS

the Dispensary

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the Community Room

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the Team

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Ambassador Program, Good Neighbor Policy and the Concierge

AEGIS TREATMENT CENTERS, LLC

AEGIS REDDING MEDICATION UNIT GOOD NEIGHBOR POLICY

Patients and staff at Aegis place great value on the treatment and working environment at all our medical clinics. Aegis is proud of the professionalism of our treatment environment, as well as the beneficial program services provided.

It is important that you, as a part of the Aegis treatment community, understand the seriousness with which we take our relationships with the local community. Therefore, as part of Aegis's Medication Unit Good Neighbor Policy, we ask that everyone do their part to eliminate potential for issues or incidents with the Medication Unit's neighbors and neighboring businesses. This includes refraining from any type of disturbance or altercation with any other patients coming in and out of this medical facility. Rest assured, staff are held to the same standards as our patients.

We expect that when you are at Aegis you will immediately enter and wait in our waiting area. When your visit is completed we ask that you leave in a timely manner. If you are being picked up by someone, we would appreciate it if you could arrange for your ride to be available shortly after you are finished and immediately depart when they arrive.

We ask and require that you agree to the following requirements of the Medication Unit Good Neighbor Policy:

- **Loitering:** I understand that Aegis patients are not to loiter in or around the Medication Unit. I understand that this also includes smoking cigarettes and eating on the premises. I also understand that any trash I have must be placed in a proper trash receptacle.
- **Double Parking:** I understand that patients of Aegis are to comply with all posted signs, and will not double-park in the designated parking lot. I understand that I am also responsible for the actions of anyone who may be driving me (including dropping me off or picking me up).
- **Nearby Organizations:** I understand that Aegis patients are not to loiter on the grounds of our neighboring businesses or in the general area, nor contribute to situations likely to result in complaints.
- **Excessive Noise:** I understand that Aegis patients are not to make excessive noise while in and around the clinic.
- **Politeness:** I understand that Aegis patients are not to use profanity in and around the clinic and must respect other patients, staff and the general public at all times.

We want all of our patients to be comfortable in our treatment environment and proud of their treatment program. Our staff is committed to treating all patients with the respect and professionalism. We expect that you will honor this commitment, and treat this policy with the same level of respect.

By signing below, you acknowledge that you have read this Good Neighbor Policy, and will comply fully. Failure to comply with the Good Neighbor Policy or violations of Aegis Patient's Program Rules and Orientation Manual may result in loss of the privilege to utilize the Medication Unit which would require daily attendance at the Chico Aegis Treatment Center.

Signature of Patient _____ Date _____

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KVIP / KMWR KNDZ

Over 40 Years of Non-Denominational Ministry

1139 Hartnell Avenue
Redding, CA 96002-2113
(530) 222-4455 Fax (530) 222-4484

April 11, 2018

To Whom It May Concern,

The Pacific Cascade Communications Corporation offices are located next door to AEGIS Treatment Center in Redding California. AEGIS has been in operation and our neighbor for a year now here at the Redding site and from our observations they have conducted their operation of the Treatment Center in a professional manner.

One element of their professionalism that we appreciate is that AEGIS employs a "concierge". Their concierge oversees the coming and going of their clients to bring a secure atmosphere because they value their neighbor's and their clients.

If you have any questions regarding AEGIS Treatment Center please don't hesitate to contact me.

Sincerely,

Mary Slosted

Mary Slosted
Office Manager / Bookkeeper
Pacific Cascade Communications Corporation
530-222-4455
mary@kvip.org

A NON-DENOMINATIONAL MINISTRY OF PACIFIC CASCADE COMMUNICATIONS CORP.

Altures 101.7 / Brookings-Crescent City 90.7 / Burney 103.7 / Burns 89.5 / Cedarville 89.3 / Chemult 91.7 / Chiloquin 88.7 / Coarsegold-Oakhurst 91.5 / Condon 88.3 / Dorris 90.3 / Dunsmuir-Mt Shasta 105.5 or 90.3 / Eureka 89.3 / Gerlach-Empire 89.1 / Happy Camp 89.5 / Happner 90.5 / Klamath Falls 90.9 / Lakehead 101.7 / Lakeview 105.5 / Meadview 90.9 / Nubieber-McArthur 95.9 / Oakridge 90.3 / Redding 98.1 / Scott Valley 88.3 / Silver Lake 89.5 / Sunriver 90.3 / Susanville 97.7 / Weaverville-Junction City 107.1 / Weed 92.7 / Willow Creek 107.9 / Yreka 94.3 or 90.7 / Roseburg-Winston KGRV-AM 700

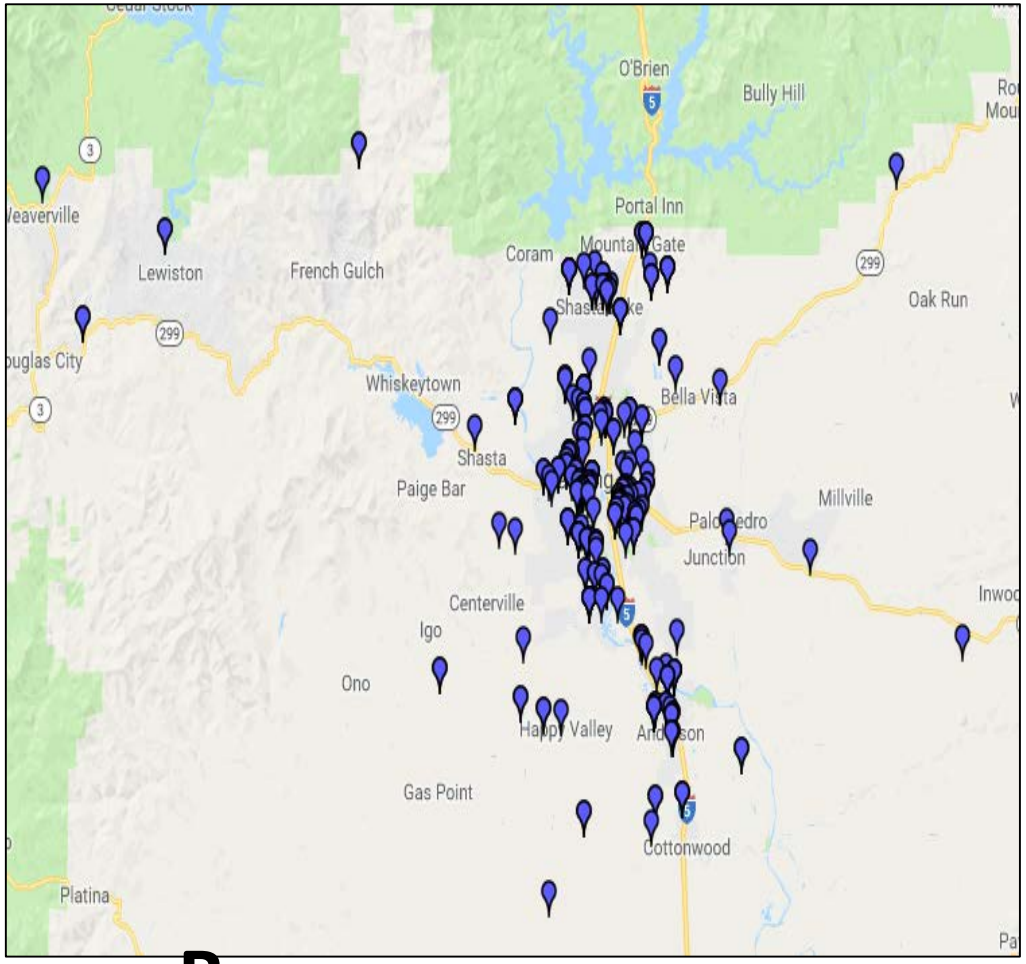
"Over 40 Years of Ministry to 4 Western States"

AEGIS

Results of Improved Access to Treatment

- Opened w/ 50 Pts on April 5th, Now **135 Pts!**
- Low Overall No show for Medication rates (5.5% in March)
- 86.8% of pts tested illicit opiate free after 90 days (last 12 months)

Mapping of Shasta County Admits since MU opened



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MHADAB Updates

- *Redding MU Update*
- *Additional services available in the full clinic?*
- *Current # patients vs full clinic potential?*
- *How will the Redding Hub & Spoke will improve access to MAT in rural areas?*
- *Action needed by the Board of Supervisors for full clinic?*

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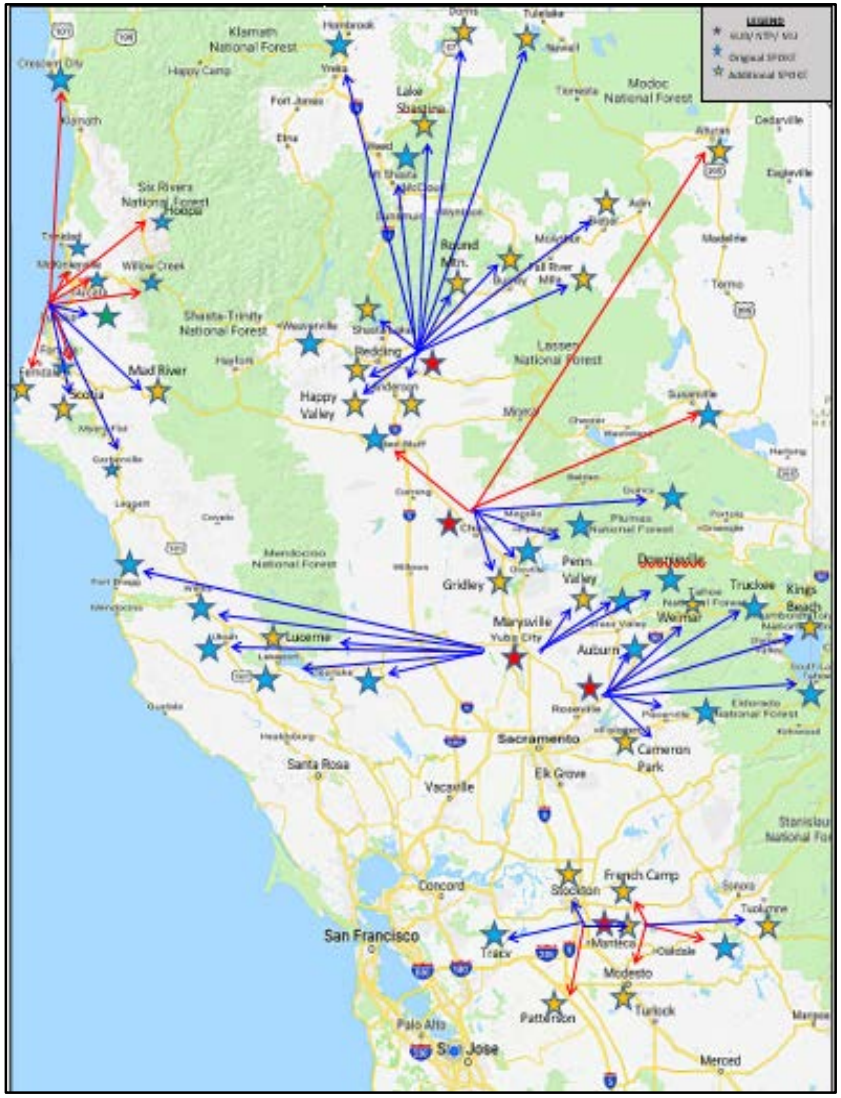
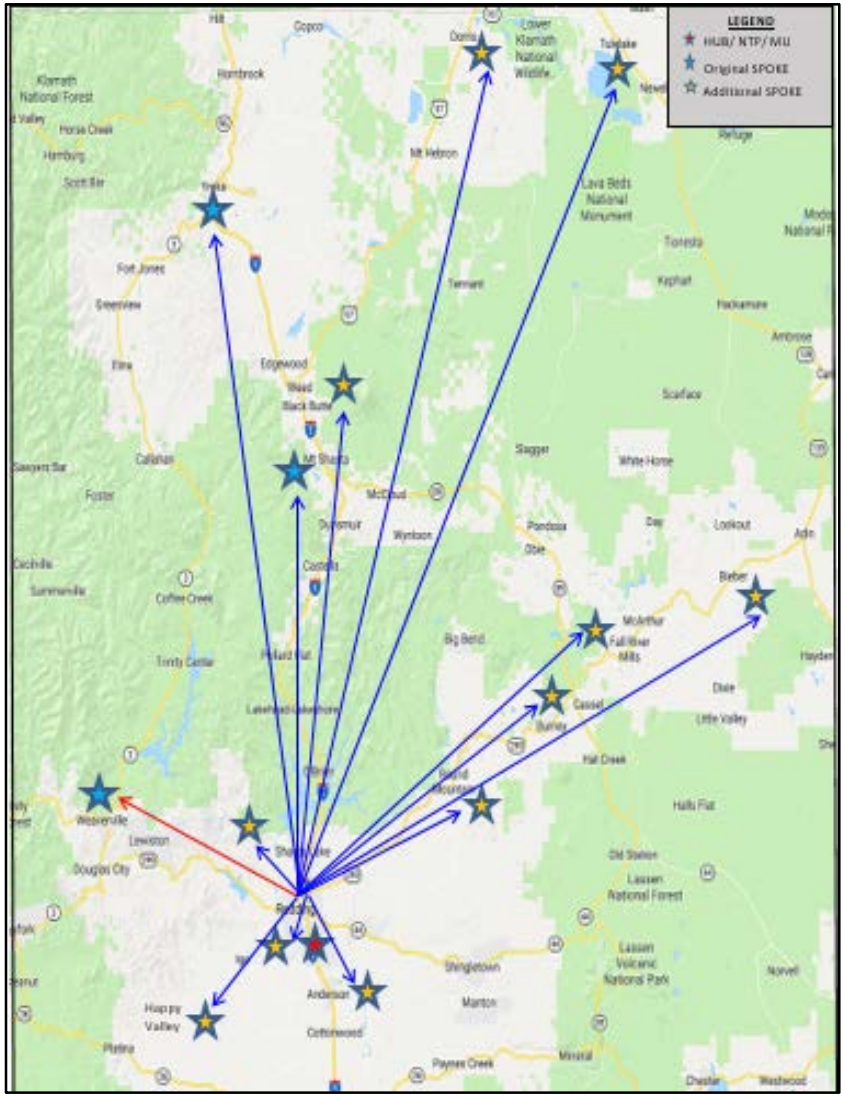
Hub & Spoke

CA Aegis Map



Redding Grant



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AEGIS

Summary

- Medication Unit great proof of concept for improved access.
- Full clinic will provide even better access
- Grass Valley MU opened yesterday!
- Lease signed for Placerville MU

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Q & A

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Directors' Report – May 2, 2018

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

Adult Services Branch Update

- **Assisted Outpatient Treatment / Laura's Law:** The county continues to work with AOT staff at the C.A.R.E. Center to identify potential clients who would benefit from the program. Outreach and Engagement to these clients is challenging and takes time, but the staff are committed to reaching out and creating therapeutic relationships wherever possible. 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:** The training took place as scheduled on April 23-25. The 30 class participants included members from the county's Sheriff's office and Probation, as well as officers from Redding and Anderson Police Departments. The county is gathering feedback from participants on their experience, and an additional training has already been scheduled for early September.

- **Alcohol and Drug Programs:** There is a new Drug/Alcohol Counselor working at the Community Correction Center: She is working closely with our AB 109 Clinician at the center to identify and link individuals coming out of jail to needed services. The new position is funded by the county's Community Corrections Partnership (CCP), and is another successful collaboration between the Health and Human Services Agency and Probation.

- **Contracts to improve the county's continuum of care for mental health:** The Health and Human Services Agency continues to actively pursue to important contracts with community partners: a Mobile Crisis Team with Hill County Health & Wellness; an inpatient psychiatric services for those on 5150 with Shasta Regional Medical Center; and a mental health rehabilitation center with Restpadd. It is hoped that contracts and services in these important areas will begin before the end of this year.

- **Woodlands 2 housing:** On April 24, the Board of Supervisors approved the application by Redding PC Apartments to access the $587,832 that Shasta County has on deposit with the California Housing Finance Agency (CalHFA) to develop housing for individuals with severe mental illness. The application will be submitted to CalHFA by Redding PC Apartments by May 3 for consideration before the tax credit financing competition in July 2018.

- 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:** the contract went to the Board of Supervisors May 1, 2018 to contract with Rachele Gonzales-Castaneda. We will have our first of serval training for Mental Health Clinicians and Drug and Alcohol Counselors beginning on Monday.

- **Adverse Childhood Experiences:** We will be hosting our 2nd Town Hall which will be the screening of the film: Resilience: The Biology of Stress & The Science of Hope. Register for this event at www.Eventbrite once at the page type in Redding, CA.

- **At-Risk and Homeless Youth Initiative:** Community members and service providers met on April 13, 2018 to continue the discussion regarding resources in the community to address the needs of at-risk and homeless youth. A sub-group will be developing a Youth Needs Assessment (with youth perspective) that will be completed by high school youth in the Fall 2018.

Board of Supervisor Staff Reports (March-April)

- Agreement with Vista Pacifica Enterprises, Inc.
- Renewal Agreement with BHC Heritage Oaks Hospital, Inc. for Inpatient Hospital Services
- Renewal Agreement with BHC Sierra Vista Hospital, Inc. for Inpatient Hospital Services
- Second Amendment to Agreement with California Locums P.C. for Psychiatric Services
- Agreement with City of Redding Police Department for Investigation of Crimes Against Elder/Dependent Adults
- Renewal agreement with Charis Youth Center
- Agreement with Kings View Corporation
- Application for MHSA Funding to Provide Permanent Supportive Housing for Persons with Psychiatric Disabilities for the Development Project, Woodlands 2

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.