

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

Members: Cindy Greene, Ronald Henninger, Elizabeth Jarrett, Kalyn Jones, Sam Major, Dale Marlar, Jo-Ann Medina, Charles Menoher, Marvin Peterson, Mary Rickert, Ron Vigil and Connie Webber

Absent Members: David Kehoe and Jessica Mitchell

Shasta County Staff: Donnell Ewert, Dean True, Nancy Bolen, Paige Greene, Kerri Schuette, Doug Shelton, Gene Ward, Carrie Diamond and Teri Linson

Guests: Victoria Vigil, Skyler Bates, Jennifer Phelps, Charles Horner, Kristina Birge and Dana Turgal

<b>Agenda Item</b>	<b>Discussion</b>	<b>Action</b>	<b>Individual Responsible</b>
I. Introductions	<ul style="list-style-type: none"> <li>➤ Chair extended a warm welcome to all attendees. Chair also read the Public Comment requirements.</li> <li>➤ Board members and staff introduced themselves.</li> </ul>		<ul style="list-style-type: none"> <li>➤ Charlie Menoher, MHADAB Chair</li> </ul>
II. Public Comment Period	<ul style="list-style-type: none"> <li>➤ None.</li> </ul>		
III. Provider Reports	<ul style="list-style-type: none"> <li>➤ Charles Horner advised that they are in need of DUI certified counselors and asked that we help to get the word out.</li> </ul>		<ul style="list-style-type: none"> <li>➤ Charles Horner, Cascade Circle</li> </ul>
IV. Approval of Minutes	<ul style="list-style-type: none"> <li>➤ Minutes from the September 4, 2019 meeting were presented in written form.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Approve the September 4, 2019 minutes as submitted.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Cindy Greene (Motion)</li> <li>➤ Marvin Peterson (Second)</li> </ul>
V. Announcements and Review of Correspondence	<ul style="list-style-type: none"> <li>➤ None.</li> </ul>		
VI. Action Items	<ul style="list-style-type: none"> <li>A. Consider approving the Ad Hoc Nominating Committee's recommendation for 2020 Mental Health, Alcohol and Drug Advisory Board Chair and Vice Chair: Sam Major and Ron Henninger.</li> <li>B. Consider recommending to the Board of Supervisors the following members for reappointment to three-year terms: Kalyn Jones, Ronald Henninger, Dale Marlar, Jo-Ann Medina and Connie Webber.</li> <li>C. Consider recommending to the Board of Supervisors the Membership Committee's nomination of the following new member to fill the vacant MHADAB position: Christine Stewart – term to expire 12/31/2020.</li> <li>D. Approve Mental Health, Alcohol and Drug Advisory Board 2020 meeting dates.</li> </ul>	<ul style="list-style-type: none"> <li>A. Approved the Ad Hoc Nominating Committee's recommendation for 2020 Mental Health, Alcohol and Drug Advisory Board Chair and Vice Chair: Sam Major and Ron Henninger.</li> <li>B. Recommend to the Board of Supervisors the following members for reappointment to three-year terms: Kalyn Jones, Ronald Henninger, Dale Marlar, Jo-Ann Medina and Connie Webber.</li> <li>C. Recommend to the Board of Supervisors the Membership Committee's nomination of the following new member to fill the vacant MHADAB position: Christine Stewart – term to expire 12/31/2020.</li> <li>D. Approved Mental Health, Alcohol and Drug Advisory Board 202 meeting dates.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Dale Marlar (Motion)</li> <li>➤ Marvin Peterson (Second)</li> <li>➤ Sam Major (Motion)</li> <li>➤ Elizabeth Jarrett (Second)</li> <li>➤ Connie Webber (Motion)</li> <li>➤ Cindy Greene (Second)</li> <li>➤ Marvin Peterson (Motion)</li> <li>➤ Jo-Ann Medina (Second)</li> </ul>

VII. Presentations	<p>A. <u>INTEGRATED FAMILY WELLNESS PROGRAM</u>: A PowerPoint presentation on the Integrated Family Wellness Program was provided by Doug Shelton. Discussion followed. [See Attachment A]</p> <p>B. <u>CALIFORNIA ADVANCING AND INNOVATING MEDICAL (CalAIM)</u>: A PowerPoint presentation regarding California Advancing and Innovating Medi-Cal was provided by Dean True. Discussion followed. [See Attachment B]</p> <p>C. <u>DEPARTMENT OF HEALTH CARE SERVICES (DHCS) MENTAL HEALTH PERFORMANCE AGREEMENT</u>: A PowerPoint presentation was provided by Donnell Ewert regarding the Department of Health Care Services Mental Health Performance Agreement. Discussion followed. [See Attachment C]</p>		<ul style="list-style-type: none"> <li>➤ Doug Shelton, Children’s Services Clinical Division Chief</li> <li>➤ Dean True, Adult Services Branch Director</li> <li>➤ Donnell Ewert, HHS Director</li> </ul>
VIII. Discussions/Updates	<p>A. <u>2019-2020 ADULT SERVICES GOALS AND DISCUSSION OF OUTCOMES</u>: MHADAB Chair advised that focusing on outcomes will be the main goal for the next year. The presentation tonight from Doug Shelton provided outcomes from his program. The March MHADAB meeting will be focusing on the MORS and CANS reports which are both outcome driven.</p> <p>B. <u>2020 SITE VISITS</u>: MHADAB Chair discussed adding site visits to the calendar for the upcoming year, to possibly begin in February. Some suggestions are:</p> <ul style="list-style-type: none"> <li>• The Olberg Wellness Center</li> <li>• Ridgeview Residential Center</li> <li>• The Juvenile Detention Center</li> <li>• Visions of the Cross</li> <li>• The Sobering Center</li> <li>• The Crisis Residential and Recovery Center</li> <li>• The Crestwood Wellness &amp; Recovery Center</li> <li>• Northern Valley Catholic Social Service</li> </ul>		<ul style="list-style-type: none"> <li>➤ Charlie Menoher, MHADAB Chair</li> <li>➤ Charlie Menoher, MHADAB Chair</li> </ul>
IX. Directors’ Report	<ul style="list-style-type: none"> <li>➤ The Directors’ Report was sent out prior to the meeting for the Board and guests to review. [See Attachment D] Discussion took place regarding Crisis Intervention Training (CIT) and the possibility of an overview of the training provided to the Board. Branch Director True advised that he will look into providing a summary of the training to the Board. Director Ewert advised that he will send out a link to</li> </ul>		<ul style="list-style-type: none"> <li>➤ Dean True, Adult Services Branch Director and Nancy Bolen, Children’s Services Branch Director</li> </ul>

	<p>a video that is very informative and features the CIT training. Branch Director Bolen shared that she is very excited to announce that Miguel Rodriguez will be the new Deputy Branch Director for Children's Services, beginning on November 25<sup>th</sup>.</p>		
X. MHADAB Standing Committee Report	<p>➤ <u>MHADAB EXECUTIVE COMMITTEE MEETING:</u> Discussion at the Executive Committee meeting centered around preparing for tonight's MHADAB meeting. Also discussed was a possible discussion or presentation with Public Health at the joint meeting regarding the issue of vaping in Shasta County.</p>		<p>➤ Ron Henninger, MHADAB Member</p>
XI. Other Reports	<p>➤ <u>STAND AGAINST STIGMA COMMITTEE:</u> Recover Happens took place in September. It was very successful, with the actual event doubling in size and putting out a very positive message in celebrating almost 700 years of sobriety. One highlight in October was that two of the LGBT Brave Faces speakers spoke at the Shasta College series, "Gender in the North State, All Things Not Being Equal." They both shared about how mental health also fit in to their stories. There was also a collaboration in October with the "Art from the Ashes" exhibit where they had a Hope is Alive! open mic.</p> <p>➤ <u>SUICIDE PREVENTION WORKGROUP:</u> Member Jarrett reported the they are a very active group and are busy doing a lot of good for our community. In September, they had a presentation on Epidemiology from Jeff VanAusdall, which was an excellent presentation. They also recently had an event connected to Veterans.</p> <p>➤ <u>ADP PROVIDER MEETING:</u> Member Medina reported that she attended two training sessions sponsored by the Health Management Association. In the first training, they spoke about the Mother and Baby Substance Exposure Initiative. Their purpose is to initiate the California Perinatal Medication Assisted Treatment Expansive Project. They will be sharing learning collaboratives, technical assistance and a resource library. The second training was a two-day event on the topic of building sustainable concessions of care for people with addictions in our county. They spoke about addiction 101, the present treatment eco system in Shasta County, and the barriers and gaps</p>		<p>➤ Carrie Jo Diamond, HHS Community Education Specialist</p> <p>➤ Elizabeth Jarrett, MHADAB Member</p> <p>➤ Jo-Ann Medina, MHADAB Member</p>

	<p>that prevent moving forward. They also spoke on the Medication Assisted Treatment program.</p> <p>➤ <u>HOMELESSNESS MEETING:</u> MHADAB Chair advised that The Homeless Management Information System (HMIS) is the number one issue, with the software of The Good News Rescue Mission unable to communicate with them, so they are unable to participate in coordinated entry. Some of smaller agencies do not have the resources to work with HMIS which is also an issue. They are in the process of talking with the larger agencies to see if they are able to provide assistance to the smaller agencies.</p> <p>In regards to the topic of housing and homelessness, Director Ewert advised that through No Place Like Home, Shasta County has \$890,000 in noncompetitive funds that can be used for housing projects. These projects would be similar to The Woodlands. A request of interest was sent out, with two respondents. Director Ewert asked the Board if anyone would be interested in being part of the review process. Elizabeth Jarrett, Sam Major and Charlie Menoher volunteered to assist.</p> <p>➤ <u>MENTAL WELLNESS MEETING:</u> Member Henninger reported that the meetings are taking place a couple times a month with the focus on integrating the Mind Body Training into the community. The main discussion is how to get the community behind this project.</p> <p>➤ <u>MHSA QUARTERLY MEETING:</u> The quarterly meeting was held a few weeks ago, with the main topics being innovation and the 3-year Program and Expenditure Plan, with plans of being out and about in the community to get as many voices as possible involved in the process.</p>		<p>➤ Charlie Menoher, MHADAB Chair</p> <p>➤ Donnell Ewert, HHS Director</p> <p>➤ Ron Henninger, MHADAB Member</p> <p>➤ Kerri Schuette, HHS Program Manager</p>
XII. Reminders	➤ See Agenda.		
XIII. Adjournment		➤ Adjournment (7:08 p.m.)	

Charlie Menoher, Chair

Teri Linson, Secretary



# INTEGRATED FAMILY WELLNESS PROGRAM

HHS Children's Services and Shasta County Juvenile Probation collaborative

# COLLABORATION HISTORY

The IFWP has a foundation of 20 years collaborative programming between Shasta County Probation and Children's Services, serving "at risk" youth.

- Juvenile Drug Court began in 2000: Collaboration with Juvenile Court, Juvenile Probation, Children's Mental Health, Drug & Alcohol and Shasta County Office of Education (SCOE) for those youth on probation who have a significant substance use disorder
- Wraparound Interagency for Growth and Stability (WINGS) began in 2001: Collaboration with Juvenile Probation, Children's Mental Health and Drug and Alcohol designed to wraparound those youth and their families, who have significant mental health disorders

# A LONG JOURNEY

It has taken a lot of agency and program focus to continue moving these programs forward with positive momentum in the midst of frequent and constant change.

Challenges over the last 19 years:

- 7 MH/Children's Directors and 4 Probation Chiefs
- 5 Juvenile Court Judges
- 7 MH/Probation Program Managers
- 4 major building changes
- Changing laws that effected arrests for substance use, and numbers of youth being arrested
- Numerous funding changes and challenges

# REGROUPING AND MOVING FORWARD

In 2016 Children's began working with Probation on the MIOCR (Mentally Ill Offender Crime Reduction) grant. This became an opportunity to revamp the JDC and WINGS programs into one program as funding continued to change and be a challenge and referrals continued to drop. We revamped the programs to look more like one Wraparound Program (more like WINGS) and focused on individual mental health treatment, family engagement, and expanding staff to accommodate these changes.

August 2018 – May 2019, Probation/Children's/Juvenile Court began meeting with Judge Kennedy about program specifics as a way to further refine and define the program specifics.

# INTEGRATED FAMILY WELLNESS PROGRAM

(Taken from the Program narrative)

The Integrated Family Wellness Program is an interagency collaborative program with HHS Children's Services, Shasta County Probation, Ameri-corp, and the Shasta County Juvenile Courts. Youth admitted to the program have significant challenges in relation to juvenile justice involvement, mental health symptoms, substance abuse and educational success. The focus of the Program is to assist enrolled youth in developing a more positive lifestyle today, and a focus toward healthier paths as an adult. Program structure combines intensive juvenile probation supervision, intensive mental health outpatient treatment, and focused outpatient substance abuse treatment to decrease substance use, improve mental health symptoms, and increase positive community functioning.

One of the foundational components of the Program are the weekly (or less frequent if indicated) parent/team meetings. These are modeled after a Wraparound approach, and aim to address the concerns and needs of parents from a strength-based perspective, providing them with support and assistance in addressing the needs of their teen. Additionally, other team members (mental health clinician, substance abuse counselor, Ameri-corps Youth Partner/Parent Partner, Probation Officer, etc.) are present to create shared treatment direction for the youth. Youth enrolled in the Program are given opportunities daily to learn new ways of dealing with life around their mental well-being, and recovery from illegal substances. Intensive supervision and accountability is provided by the Probation Officer and the Juvenile Drug Court. Individual, group, and family therapy, is available through the mental health clinician, and substance abuse treatment and support is available through the drug and alcohol counselor.

# INTEGRATED FAMILY WELLNESS PROGRAM

The Integrated Family Wellness Program (IFWP) is ultimately focused on the well-being of the youth and their families. This broad view allows more focus on age-appropriate functional attainment and youth activities. Some of these include getting along with their family, attending school and getting a high school education, getting a job, experiencing and participating in positive prosocial activities, remaining free from harmful substances, living a healthy life and being productive in the community where they live. These efforts are attained through creating goals with the youth and family and monitoring these through a family team meeting process, individual and family therapy, SUD treatment, and regular monitoring of school and other pro-social activities. The team includes two Probation Officers, and two mental health clinicians, an SUD Counselor and two youth/family support staff.

# OUTCOMES

## **YOUTH SERVED FROM 7/1/2018 TO 9/30/2019**

28 Total Youth served in the Program

16 Have Exited the program

12 currently in the program

7 in Engagement Stage

5 in Silver Stage

2 new referrals that are being processed.

## **CURRENT YOUTH IN IFWP**

Of the 12 youth, Currently Active in the program 11 youth have completed a CANS and the primary areas of need or concern have been identified as:

6 youth have identified Depression as a primary area of need or concern

3 youth have identified Impulsivity as a primary area of needing attention

4 youth have identified Substance Use as a primary are of need or concern

4 youth have identified Anxiety/ or Adjustment to trauma as a primary area of need or concern

4 youth have identified Anger problems as a primary area of concern

2 have identified as Oppositional as a primary area of need or concern

Oppositional- 2/2 youth who identified this as a primary concern/need made improvements

# OUTCOMES CONTINUED

YOUTH SERVED FROM 7/1/2018 TO 9/30/2019

16 THAT HAVE EXITED THE PROGRAM DURING THIS TIME

9 out of 16 Graduated program successfully

9 out of 16 obtained employment

9 out of 16 Terminated probation successfully

10 out of 16 met mental health and/or substance use treatment plan goals

12 out of 16 connected to pro-social activities in the community

10 out of 16 Made improvements in their CANS scores primarily in the areas of

Impulsivity-4/5 youth who identified this as a primary concern/need made improvements)

Depression- 3/4 youth who identified this as a primary concern/need made improvements)

Anger- 4/4 youth who identified this as a primary concern/need made improvements)

Anxiety- 2/2 Youth who identified this as a primary concern/need made improvements

Oppositional- 2/2 youth who identified this as a primary concern/need made improvements

Adjustment to trauma (1/1) youth that identified this as a primary concern/need made improvements

Substance abuse- 1/2 of who that identified this as a primary area made improvements

4 out of 16 Placed in a Group home

1 exited the program and probation unsuccessfully (made progress towards mental health treatment plan goals, but not substance use treatment goals, graduated high school)

2 exited the program unsuccessfully with no progress made towards treatment plan goals.



QUESTIONS?

A

SHASTA COUNTY  
HEALTH AND HUMAN SERVICES AGENCY

Brief Overview of  
Department of Health Care Services (DHCS):  
California Advancing and Innovating Medi-Cal  
(CalAIM)

Mental Health Alcohol Drug Advisory Board  
November 6, 2019

# OVERVIEW

- ▶ Advances several key priorities of the Newsom Administration by leveraging Medi-Cal as a tool to help address many of the complex challenges facing California's most vulnerable residents, such as:
  - ▶ homelessness,
  - ▶ increasing behavioral health care access,
  - ▶ children with complex medical conditions,
  - ▶ growing number of justice-involved populations who have significant clinical needs, and
  - ▶ growing aging population.

# CalAIM Goals

CalAIM has three primary goals:

- ▶ Identify and manage member risk and need through Whole Person Care approaches and addressing social determinants of health;
- ▶ Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- ▶ Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

# Full Integration Plans

- Currently, Medi-Cal beneficiaries must navigate multiple complex delivery systems in order to meet all of their health care needs.
- This fragmentation can lead to gaps in care and disruptions in treatment, cost inefficiencies, and generally fails to be patient-centered and convenient for most beneficiaries.

# Behavioral Health Integration Statewide

- ▶ DHCS is proposing administrative integration of specialty mental health and substance use disorder services into one behavioral health managed care program.
- ▶ The goal is to improve outcomes for beneficiaries through coordinated treatment across the continuum of care.
- ▶ The result would be, by 2026, a single prepaid inpatient health plan in each county or region responsible for providing, or arranging for the provision of, specialty mental health and substance use disorder treatment services for all Medi-Cal beneficiaries in that county or region.

# Enhanced Care Management

- ▶ DHCS proposes to establish a new, statewide enhanced care management benefit.
- ▶ An enhanced care management benefit would provide a whole-person approach to care that addresses the clinical and non-clinical needs of high-need Medi-Cal beneficiaries.
- ▶ The proposed benefit builds on the current Health Homes Program and Whole Person Care pilots and transitions those pilots to this new statewide benefit to provide a broader platform to build on positive outcomes from those programs

# In Lieu of Services

- ▶ Medi-Cal managed care plans will integrate in lieu of services into their population health management plans – often in combination with the new enhanced care management benefit.
- ▶ In lieu of services may be focused on addressing combined medical and social determinants of health needs and avoiding higher levels of care.
- ▶ For example, in lieu of services might be provided as a substitute for, or to avoid, hospital or nursing facility admissions, discharge delays, and emergency department use.

# Revisions to “Medical Necessity”

To ensure beneficiary behavioral health needs are being addressed and guided to the most appropriate delivery system, DHCS is proposing to:

- ▶ Separate the concept of eligibility for receiving specialty mental health or substance use disorder services from the county and medical necessity for behavioral health services.
- ▶ Allow counties to provide and be paid for services to meet a beneficiary’s mental health and substance use disorder needs prior to the mental health or substance use disorder provider determining whether the beneficiary has a covered diagnosis.

# Revisions to “Medical Necessity” continued

- ▶ Identify existing or develop a new statewide, standardized level of care assessment tool – one for beneficiaries 21 and under and one for beneficiaries over 21 – that would be used by all entities to determine a beneficiary’s need for mental health services.
- ▶ Clarify that specialty mental health services are to be provided to beneficiaries who meet the eligibility criteria for specialty mental health when they are medically necessary in accordance with the Medi-Cal State Plan instead of the existing state service criteria.
- ▶ Align with federal requirements by allowing a physician’s certification/recertification to document a beneficiary’s need for acute psychiatric hospital services.

# Revisions to “Medical Necessity” continued

- ▶ As a part of this change, CalAIM proposes that eligibility criteria, largely driven by level of impairment as well as diagnosis or a set of factors across the bio-psycho-social continuum, should be the driving factor for determining the delivery system in which someone should receive services.
- ▶ Each delivery system would then provide services in accordance with an individualized beneficiary plan, as recommended by a physician or other licensed mental health professional.

# Revisions to “Medical Necessity” continued

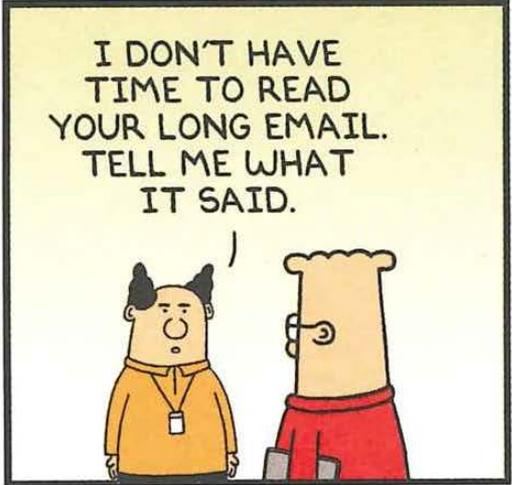
- ▶ DHCS is also proposing a no wrong door approach with children under the age of 21.
- ▶ Regardless of which delivery system a child first presents in, that system will be responsible for providing services, doing an assessment and either providing ongoing treatment or referring the child to appropriate delivery system.
- ▶ Both the Medi-Cal managed care plan and mental health managed care plan would be reimbursed for all medically appropriate services provided to a child, even if the child ultimately moves to the other delivery system.

CalAIM website: <https://www.dhcs.ca.gov/CalAIM>

# Mental Health Performance Contract

Donnell Ewert, MPH

November 6, 2019



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# WIC 5604

5604.1. The local mental health board shall do all of the following:

- (1) Review and evaluate the community's mental health needs, services, facilities, and special problems.
- (2) Review any county agreements entered into pursuant to Section 5650.

# WIC 5650

5650. (a) The board of supervisors of each county, or boards of supervisors of counties acting jointly, shall adopt, and submit to the Director of Health Care Services in the form and according to the procedures specified by the director, a proposed annual county mental health services performance contract for mental health services in the county or counties.

What is this about?

Accountability for state funding

C

# What is covered?

- ▶ Projects for Assistance in Transition from Homelessness (PATH)
- ▶ Community Mental Health Block Grant (MHBG)
- ▶ Mental Health realignment - 1991 and 2011
- ▶ Mental Health Services Act - Proposition 63

# What is not covered?

- ▶ Federal financial participation (FFP)
- ▶ State funds paid to county to operate the Specialty Mental Health Managed Care Plan

# What is the county required to do?

- ▶ Provide mental health services to priority target populations in systems of care that are client-centered, culturally competent, and fully accountable
- ▶ Spend a minimum maintenance of effort of general funds each year - \$184,049
- ▶ Provide services to persons receiving involuntary treatment

# County Responsibilities (con't)

- ▶ Comply with Medi-Cal requirements
- ▶ Ensure MHADAB provides oversight of mental health programs
- ▶ Comply with patients' rights requirements
- ▶ Comply with federal rules regarding federal grants
- ▶ Comply with state data reporting requirements
- ▶ Comply with the state residential requirements for the Crisis Residential and Recovery Center (CRRC)

# County MHSA Requirements

- ▶ Comply with state MHSA requirements
- ▶ Have an issue resolution process to handle client disputes related to MH services
- ▶ Submit timely revenue and expenditure report
- ▶ Allocate MHSA funds according to this formula: 80% for CSS, 20% for PEI, with 5% for innovative programs
- ▶ Not supplant existing state or county funds with MHSA funds
- ▶ Not loan MHSA funds to the county general fund

# New Other County Obligations

- ▶ Bronzan-McCorquodale Act (1991 Realignment)
  - ▶ County shall fund children's services
  - ▶ County will comply with data reporting requirements
  - ▶ County will maintain treatment options for priority populations that are comprehensive and inclusive
- ▶ Lanterman-Petris-Short (LPS) Act
  - ▶ Maintain data on numbers of persons: on 72-hour, 14-day, and 30-day involuntary holds; transferred to inpatient facilities; placed on temporary and permanent conservatorships; and whose rights were denied under the LPS Act and which rights were denied
  - ▶ Report data to DHCS when requested or required by law
- ▶ Laura's Law (Assisted Outpatient Treatment)
  - ▶ Maintain and provide data to DHCS regarding program effectiveness in reducing homelessness, hospitalization, and justice system involvement
  - ▶ Pay for the program with 2011 realignments funds
- ▶ Crisis Counseling Assistance and Training program
  - ▶ If voluntarily participating in this program, comply with all Federal laws and audit requirements

# Data Reporting Requirements

- ▶ Comply with federal reporting requirements for the PATH and MHBG funding
- ▶ Submit client and service information system data
- ▶ Submit MHSA quarterly reports
- ▶ Submit full service partner performance outcome data
- ▶ Submit consumer survey data
- ▶ Require county subcontractors to submit timely year-end cost reports
- ▶ Submit timely the county year-end cost report
- ▶ Submit quarterly LPS data on denied rights

# 3-year Program and Expenditure Plan

- ▶ MHSAs funds must be expended according to the three year plan
- ▶ Plan must include:
  - ▶ A PEI program,
  - ▶ A wraparound program,
  - ▶ A program for adults and seniors
  - ▶ An program for innovations
  - ▶ A program for technological needs and capital facilities
  - ▶ Identification of shortages in personnel
  - ▶ Establishment of a prudent reserve
  - ▶ Services for needs of transition aged youth (16-25 years)
- ▶ Plan and annual updates must report on performance outcomes

# Stakeholder Input to MHSA Programs

- ▶ County must include stakeholders in annual planning of MHSA programs:
  - ▶ Adults and seniors with SMI
  - ▶ Families with children with SED
  - ▶ Providers of services
  - ▶ Law enforcement agencies
  - ▶ Education and social service agencies
  - ▶ Veterans and veterans' organizations
  - ▶ Health care, including SUD treatment
- ▶ County must circulate plan 30 days before adoption
- ▶ MHADAB must conduct a public hearing at end of 30 days, review plan, and make recommendations to improve

# MHSA Compliance

- ▶ MH Director and Auditor-Controller must certify that MHSA funds have been spent and accounted for in compliance with state regulations
- ▶ State may investigate county's performance and compliance
- ▶ If out of compliance, state can mandate plan of correction for county and withhold MHSA funds from county

# Federal Grants

- ▶ PATH - funds community based outreach, MH and SUD referral/treatment, housing case management, and other supportive services
- ▶ MHBG - funds programs for incarcerated children and adults; first psychotic episode response; adult vocational training; homeless co-occurring SMI/SUD program
- ▶ County must respond annually to RFAs for these funding streams

Questions?

Comments?





## Shasta County Health & Human Services Agency

### Directors' Report – November 6, 2019

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

##### Adult Services Branch Update:

- **Medication Assisted Treatment (MAT) in the Jail:** Meetings continue to occur. HHSA is nearing completion of contract amendment with Empire to provide assessment/counseling services in the jail. It is now hoped that these services will begin in the later part of November. Negotiations and contract amendments with Wellpath (medical provider in jail) continue with regard to administering needed medications.
- **New Discharge Planning Services:** A new county position, Social Worker / Case Manager, has now begun work with regard to discharge planning and coordination of ongoing services post psychiatric hospitalization. It has been a much-needed service, and Adult Services is looking to improve connection to services and reduce “re-hospitalization.”
- **Crisis Intervention Team (CIT) training:** the Shasta County Community Correction Partnership (AB 109) approved funding for 2 more trainings in 2020. The target for the next training is for Spring and will continue to focus on law enforcement participation. Additional funds were approved for a one-time, one-day training for those who are not officers but work in criminal justice settings who have contact with those exhibiting mental health symptoms.
- **Learning Collaborative Targeting Opioid Treatment within the Criminal Justice System:** HHSA continues to participate in the learning collaborative, and a portion of ongoing grant monies will be utilized to fund drug/alcohol services in the jail as noted above.
- **Drug Medi-Cal Organized Delivery System:** Significant progress continues to be made for Shasta County’s participation in the first regional model in California. The plan continues to be for the new system to be operational February 1, 2020.
- **ADP Provider Meeting:** The next meeting is scheduled for Wednesday, November 27, 2019 at 10:00 am at the Mae Helene Bacon Boggs Conference Center.

##### Children’s Services Branch Update:

- **County Self-Assessment:** Children’s Services will meet with the Community Quality Improvement Committee on November 20<sup>th</sup>, to review results from the County Self-“Engaging individuals, families and communities to protect and improve health and wellbeing.”

*Donnell Ewert, MPH, Director*

*Dean True, RN, MPA, Adult Services Branch Director and Alcohol and Drug Program Administrator*

*Nancy Bolen, MSW, Children’s Services Branch Director*

*www.shastahhsa.net*

Assessment. The final County Self-Assessment will go to the state for final approval in January of 2020. This assessment will inform our next 5-year self-improvement plan to achieve better outcomes for children and families, which will include strategies and programs on the mental health and wellbeing of the children we serve.

- **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.
- **Organization Provider Request for Proposal:** Children’s Services is drafting a competitive procurement request for proposal for new and existing specialty mental health organizational providers to be released in the Fall of 2019 to serve children ages 0-21.
- **Intensive Services Foster Care (ISFC):** Children’s Services was approved to provide Intensive Services Foster Care (ISFC); both the plan and the rate were approved by the California Department of Social Services. 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. We are excited to provide intensive services to youth in a family home setting. Each resource home will be limited to 2 children/youth receiving ISFC. We have one ISFC home serving one youth currently.
- **Children’s Services Leadership Transition:** Miguel Rodriguez, LCSW, current Clinical Division Chief in the Adult Services Branch, will be joining the Children’s Services Branch as the Deputy Branch Director November 25<sup>th</sup>.
- **Harmful Substance Use Prevention Collaborative:** Children’s Services continues to be a member of the Collaborative, which works on strategies to address the prevention, early intervention, and treatment of substance use in youth.
- **MAPP Steering Committee:** Children’s Services continues to participate on this committee, for the Public Health Strategic Plan. The activity we report on is regarding strategies and programs to address substance use in youth.
- **YOR CA (California Youth Opioid Response):** Shasta County has been awarded funding to provide an array of services for youth (12-24) with, or at risk of, an Opioid Use Disorder (OUD) and prevent opioid overdose death. Empire Recovery is partnering with Children’s Services to provide education, community/school navigation, prevention, intervention, Medication-Assisted Treatment (MAT) and other recovery services. The contract is near completion.

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*Donnell Ewert, MPH, Director*

*Dean True, RN, MPA, Adult Services Branch Director and Alcohol and Drug Program Administrator*

*Nancy Bolen, MSW, Children’s Services Branch Director*

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## Board of Supervisor Staff Reports (September-October):

- **Agreement with North Valley Behavioral Health, LLC. for Inpatient Psychiatric Services** (The proposed renewal agreement will allow North Valley Behavioral Health, LLC to continue to provide acute psychiatric inpatient services to Shasta County residents on a fee-for-service basis.)
- **Amendment to the Agreement with Partnership HealthPlan of California for Health Care Services** (Partnership HealthPlan of California maintains contracts with the California Department of Health Care Services under which Medi-Cal beneficiaries assigned to PHC receive medical services. These contracts provide the mechanism for counties to be reimbursed for Covered Services provided by counties to eligible Beneficiaries. This amendment is necessary due to changes in services allowable through DHCS funding for the delivery of alcohol and drug treatment and prevention services.)
- **Loan Subordination Agreement for Woodlands II** (Ratify the Health and Human Services Agency Director's signature on a subordination agreement with California Housing Finance Agency, effective August 27, 2019, to allow County's Mental Health Services Act loan documents priority over Cal HFA loan documents for the Woodlands II permanent supportive housing project.)
- **Agreement with Aegis Treatment Centers, LLC for Narcotic Replacement Therapy Services** (Approval of this agreement will ensure Shasta County Medi-Cal beneficiaries continue to have local access to narcotic replacement therapy for treatment of opioid use disorders.)
- **California Mental Health Services Authority Participation Agreement for State Hospitals Program** (The proposed agreement will allow Shasta County to participate in the State Hospital Program (SHP) through the California Mental Health Services Authority (CalMHSA) to contract for State Hospital beds on behalf of the County on an as needed basis.)
- **Agreement with Psynergy Programs, Inc. for Specialty Mental Health Treatment Services** (The proposed agreement will allow Psynergy Programs, Inc. (Psynergy) to continue to provide another residential treatment program option for Shasta County clients with serious mental illness. Psynergy is an Adult Residential Facility offering residential board and care, intensive specialty mental health treatment services, and life skills training to assist individuals in Institutions of Mental Disease (IMD's) and other highly restrictive environments, to transition to a less restrictive and less costly level of care.)
- **Agreement with Willow Glen Care Center for Sequoia Psychiatric Care Center Services** (The proposed renewal agreement will allow Willow Glen Care Center to continue to provide residential mental health treatment services at their Sequoia Psychiatric Treatment Center location on a fee-for-service basis for mentally disabled adults identified and placed into treatment by Shasta County Health and Human Services Agency (HHS), Adult Services Branch.)
- **Housing Funds for Whole Person Care Pilot Program** (The Governor of the State of California has allocated \$100 million from the State General Fund housing funds for Fiscal Year (FY) 2019-20 to WPC Pilot programs. Shasta County wishes to accept a one-time \$1,198,355.90 allocation for WPC Pilot Housing services.)
- **Renewal Agreement with Andrew J. Wong Incorporated** (The proposed agreement will allow Children's Services to continue to utilize the California Department of Social Services (CDSS) and Department of Health Care Services (DHCS) selected Child and Adolescents Needs and Strengths (CANS) tool.)
- **Agreement with Dunamis Center, Inc.** (The proposed agreement will allow Dunamis Center, Inc to provide Botvin LifeSkills® training and counseling services to middle school students.)

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