

	<p>➤ AEGIS TREATMENT CENTERS: Aegis opened on April 5, 2017 with 50 patients and are now at 112. Over 100 admits have been received since opening and there is a 70% retention rate. Relapse rates have improved. Approximately 89% are on Medi-Cal, 9% are self-pay and 2% are private insurance.</p>		<p>➤ Katryna Sherby, LVN</p>
IV. Approval of Minutes	<p>➤ Minutes from the July 12, 2017 meeting were presented in written form.</p>	<p>➤ Approve the July 12, 2017 minutes as submitted.</p>	<p>➤ Sam Major (Motion) Carol Zetina (Second)</p>
V. Announcements and Review of Correspondence	<p>➤ Chair advised that he was contacted and interviewed by the Record Searchlight about the cartoon in the Intermountain News. He commented that while he does understand freedom of the press he simply asked them to be a little responsible.</p> <p>➤ Member Peterson announced that the Out of Darkness Walk will be taking place on Saturday, September 9th from 8-12 and she will be representing the Board.</p>		<p>➤ Steve Smith, MHADAB Chair</p> <p>➤ Amanda Peterson, MHADAB Member</p>
VI. Action Item	<p>A. Open Public Hearing to receive comments on the MHSA Fiscal Year 17/18 through FY 19/20 Three-Year Program and Expenditure Plan; close Public Comment Period; and close Public Hearing (as required by California Code of Regulations, Title 9, section 3315A).</p> <ul style="list-style-type: none"> • Board member Henninger had questions on: <ul style="list-style-type: none"> ○ CANS and MORS programs – what percentage of people are being evaluated? ○ Client Satisfaction Survey – only 11 filled out? ○ FSP Program – 99 people in the program this year? ○ Community Implementation – Programs for At-Risk Middle School Students – Almost the entire section was on Positive Action and it says Positive Action is no longer going to be used. It would have been nice if more discussions would have taken place as these are the programs that we are looking at to go into that category. • Discussion took place on all the questions above. • MHSA Coordinator provided comments received at stakeholder meeting and are also included in the report. • Discussion took place by the Board and HHS staff. <p>B. Consider recommending that the Board of Supervisors adopt the MHSA Fiscal Year 19/20 through Fiscal Year 19/20 Three-Year Program and Expenditure Plan.</p>	<p>➤ Public Hearing opened to receive comments on the MHSA Fiscal Year 17/18 Annual Update to the Three-Year Program and Expenditure Plan. Public comment period closed and public hearing closed.</p> <p>➤ Recommend the Board of Supervisors adopt the MHSA Fiscal Year 19/20 through Fiscal Year 19/20 Three-Year Program and Expenditure Plan. On page 27 at the top of the page, the</p>	<p>➤ Steve Smith, MHADAB Chair</p> <p>➤ Ronald Henninger, MHADAB Member</p> <p>➤ Kerri Schuette, Program Manager and MHSA Coordinator</p> <p>➤ Sam Major (Motion) Kari Hess (Second) Ronald Henninger (Abstain)</p>

		<p>box entitled “Looking forward” was edited to: “Looking forward: Through the community feedback process, we have reviewed different evidence-based programs that would serve the target population in the 2017-18 fiscal year. The Botvin LifeSkills Training Middle School program was selected, and we will partner with Shasta Lake City schools to bring a pilot prevention program to Shasta Lake Elementary. The training is comprehensive, dynamic and developmentally designed to promote positive development in youth in grades 6-8. Its focus is helping resist drug, alcohol and tobacco use while supporting reduction of violence and other high-risk behaviors. The competitive procurement process will be used to select a consultant that will support the implementation of the evidence-based program selected during the community feedback process.”</p>	
VII. Presentation	<p>A. <u>GRIEVANCE REPORT FOR FISCAL YEAR 16/17:</u> A presentation regarding the Grievance Report for Fiscal Year 16/17 was provided by Monteca Zumalt, MH Clinician. [See Attachment A] Discussion took place.</p> <p>B. <u>ADVERSE CHILDHOOD EXPERIENCES:</u> A PowerPoint presentation regarding Adverse Childhood Experiences was provided by Dianna Wagner, Children’s Services Branch Director and Susan Wilson. [See Attachment B – handout only due to copyright laws.]</p>		<ul style="list-style-type: none"> ➤ Monteca Zumalt, Mental Health Clinician ➤ Dianna Wagner, Children’s Services Branch Director and Susan Wilson
VIII. Directors’ Report	<ul style="list-style-type: none"> ➤ The Directors’ Report was sent out prior to the meeting for the Board and guests to review. [see Attachment C] Board member Hess asked if the Board would be able to make a recommendation on the Sobering Center. Director Ewert advised that this is a little different because this is City of Redding property and HHS put into our Whole Person Care application so that we can draw down federal money to match it. It is the City Council’s decision and comments are made there. 		<ul style="list-style-type: none"> ➤ Donnell Ewert, HHS Director
IX. Discussions / Updates	<p>A. <u>BOARD RECRUITMENT:</u> The Board currently has openings for consumer and family members. If you know of individuals who may be interested, please have them contact Cara Schuler.</p>		<ul style="list-style-type: none"> ➤ Steve Smith, MHADAB Chair

	<p>B. <u>AD HOC NOMINATING COMMITTEE OF CHAIR AND VICE CHAIR:</u> Chair advised he will be working on an Ad Hoc Committee for Chair and Vice Chair for next year. If you are interested in being a Chair or Vice Chair, please contact Steve or Cara.</p> <p>C. <u>2017 DATA NOTEBOOK FOR MENTAL HEALTH BOARD/COMMISSIONS:</u> Chair is looking for volunteers who would like to assist in helping fill out the Data Notebook with HHSA staff. Sam Major, Kari Hess and Charlie Menoher volunteered.</p> <p>D. <u>AD HOC 2018 GOAL COMMITTEE:</u> Past Chair Major asked the members if anyone was interested in working with him in developing goals for 2018. Ron Henninger, Amanda Peterson and Kari Hess volunteered to be on the committee.</p>	<p>➤ Board Secretary to schedule meeting.</p>	<p>➤ Steve Smith, MHADAB Chair</p> <p>➤ Steve Smith, MHADAB Chair</p> <p>➤ Sam Major, MHADAB Chair</p>
XI. MHADAB Standing Committee Report	<p>➤ <u>MHADAB EXECUTIVE COMMITTEE</u> Next Executive Committee meeting will be October 16, 2017 at 10:00 am.</p>		<p>➤ Steve Smith, MHADAB Chair</p>
XII. Other Reports	<p>A. <u>COMMUNITY EDUCATION COMMITTEE (CEC)</u> Nine Brave Faces displays were installed at Old City Hall and will be there through the end of September. Hope is Alive Open Mic Night will take place September 9th at Old City Hall. Recovery Happens Celebrating Life, Community and Sobriety is taking place on September 30th from 11-5 at Riverfront Park. October 21st will be another open mic night in Montgomery Creek.</p> <p>B. <u>SUICIDE PREVENTION WORKGROUP</u> Out of Darkness Walk is this Saturday from 8-12. Please come out if you can.</p> <p>C. <u>ADP PROVIDER MEETING:</u> August meeting was canceled.</p> <p>D. <u>HOMELESSNESS MEETING:</u> Continuum of Care is making good progress. Also refer to Kristen Schreder's public comment.</p>		<p>➤ Carrie Jo Diamond, Community Education Specialist</p> <p>➤ Steve Smith, MHADAB Chair</p> <p>➤ Charlie Menoher, MHADAB Vice Chair</p>
XIII. Reminders	<p>➤ See Agenda.</p>		
XIV. Adjournment		<p>➤ Adjournment (7:39 p.m.)</p>	

Steve Smith, Chair

Cara Schuler, Secretary

Mental Health Services Division
Annual Medi-Cal Beneficiary Grievance and Appeal Report
Fiscal Year: 2016-2017
SHASTA COUNTY MHP

CATEGORY	PROCESS			DISPOSITION		
	GRIEVANCE	APPEAL	EXPEDITED APPEAL	COMPLETED	REFERRED OUT	PENDING as of June 30
ACTIONS (Appeals on Actions)						
NOTICE OF ACTION - A		1		1		
NOTICE OF ACTION - B						
NOTICE OF ACTION - C						
NOTICE OF ACTION - D						
NOTICE OF ACTION - E						
ALL OTHER ACTIONS						
TOTAL	N/A	1	0	1	0	0
ACCESS						
SERVICE NOT AVAILABLE						
SERVICE NOT ACCESSIBLE						
TIMELINESS OF SERVICES	1			1		
24/7 TOLL-FREE ACCESS LINE						
LINGUISTIC SERVICES						
OTHER ACCESS ISSUES	1			1		
TOTAL	2	N/A	N/A	2	0	0
QUALITY OF CARE						
STAFF BEHAVIOR CONCERNS	6			6		
TREATMENT ISSUES OR CONCERNS						
MEDICATION CONCERN	1			1		
CULTURAL APPROPRIATENESS	1				1	
OTHER QUALITY OF CARE ISSUES	3			2		1
TOTAL	11	N/A	N/A	9	1	1
CHANGE OF PROVIDER		N/A	N/A			
CONFIDENTIALITY CONCERN		N/A	N/A			
OTHER						
FINANCIAL						
LOST PROPERTY						
OPERATIONAL						
PATIENTS' RIGHTS	1				1	
PEER BEHAVIORS						
PHYSICAL ENVIRONMENT						
OTHER GRIEVANCE NOT LISTED ABOVE						
TOTAL	1	N/A	N/A	0	1	0
GRAND TOTALS	14	1	0	12	2	1





Understanding Adverse Childhood Experiences *Building Self-Healing Communities*

The ACE Study confirms, with scientific evidence that adversity during development increases the risk of physical, mental and behavioral problems later in life. The ACE Study and other research using the study's framework have taught us that ACEs are the leading cause of health and social problems in our nation and the most powerful determinant of the public's health.

Brain Development is Experience-Dependent and Sequential

The wiring of the brain – the making of complex neural networks – is experience dependent. What gets experienced the most tends to lead to more robust connections between nerve cells. Over time, these connections form robust networks. The least “experienced” connections tend to withdraw at about the time of puberty.

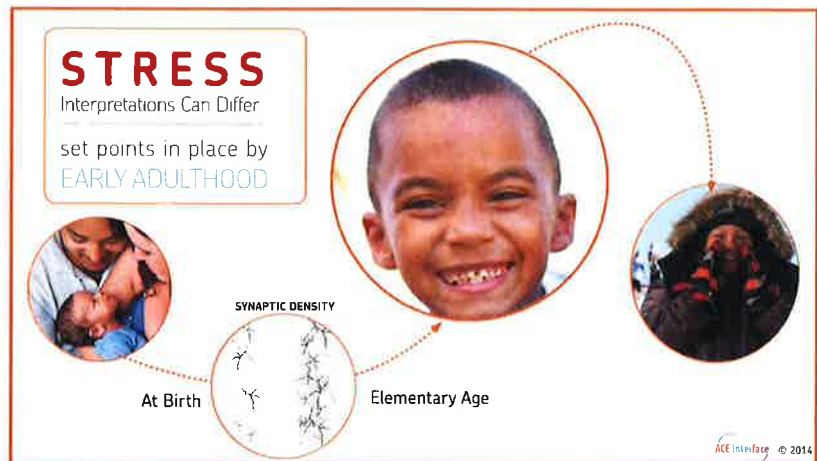
Experiences that cause stress chemicals to be continuously produced have a big impact on development of brain cells and the connections among cells. When stress hormones, like cortisol, are at high levels in the body for long periods of time they can be toxic to developing brain cells. This toxicity impacts the functioning of brain regions, hinders development of healthy neural networks, and can cause brain cells to die. When danger is episodic or long lasting during childhood, developing brains prepare and adapt to respond to the experiences of an unpredictable and dangerous world. The people whose brains adapt to a dangerous or stressful world are more likely to survive when life is tough; those whose brains adapt to a safe world are more likely to be prepared to meet society's expectations in tranquil times.

As the brain develops, there are sensitive periods for each brain region when the size and functional abilities of the region are most affected by experience and are most vulnerable to toxic stress. Stress may be interpreted by the brain as something we can tolerate and work through or as something that is overwhelming and requires an immediate response. In the latter case, a small amount of stress may be perceived as crisis. Our set-points for that interpretation are largely in place by early adulthood.

Toxic stress during childhood can effect processing of sound, development of verbal language, perception of social cues and facial expressions, ability to coordinate movement or to integrate rational ideas when in a highly emotional state. Toxic stress can effect brain interaction

with body systems and lead to disease, disability and social/relational problems throughout the life course. *But childhood times are also windows of opportunity for building resilience – after all, the developing brain is sensitive to all kinds of experience.*

Human development is a magnificent dance of experience and adaptation generating age-appropriate capacities for feeling, thinking and responding to the world around us.



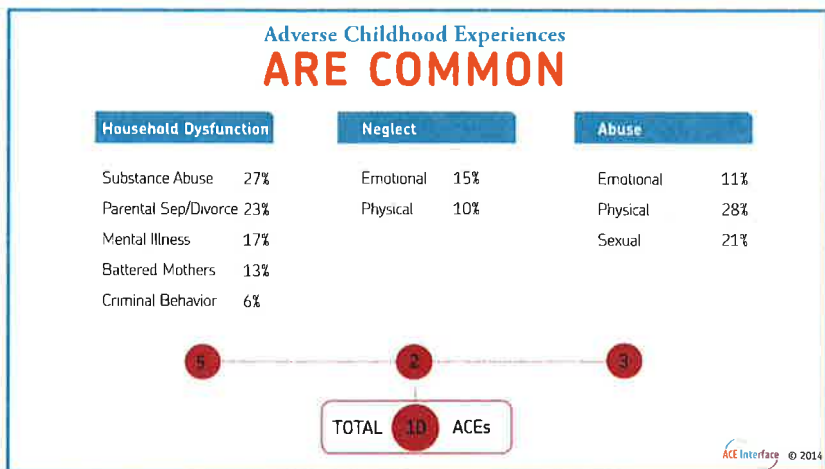
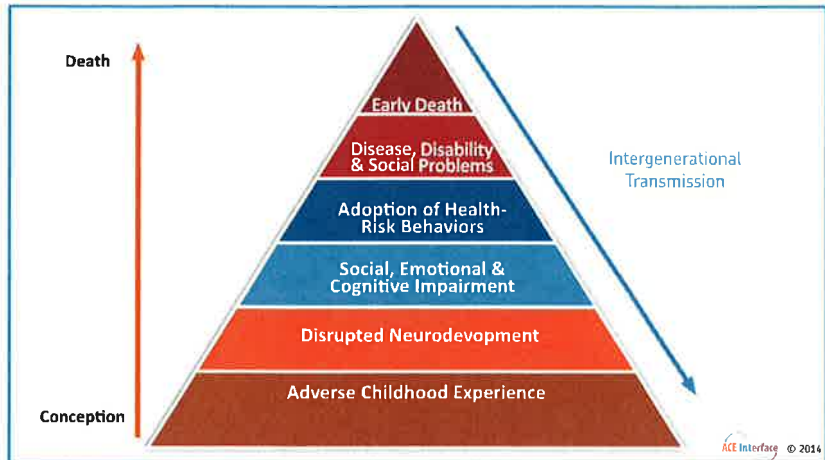
The ACE Study

The ACE Study considers the effects of childhood adversity on population health and wellbeing. A partnership between Kaiser Permanente in San Diego and the Centers for Disease Control and Prevention in Atlanta, The ACE Study takes a broad public health perspective of the effects of multiple forms of childhood adversity on population health. The ACE Study is the largest of its kind, with over 17,000 participants.

The ACE Pyramid (top right) represents the life course model of the ACE Study: ACEs disrupt neurodevelopment, which in turn leads to social-emotional and cognitive adaptations that can then lead to risk factors for major causes of disease, disability, social problems, and early death. The ACE Study is designed to help us understand how Adverse Childhood Experiences influence human development and life course health in predictable ways.

The ACE Study considers ten categories of childhood adversity (middle right). Study findings include:

1. **ACEs are common across all socio-economic and culture/ethnicity lines.**
2. **ACEs are interrelated.**
3. **ACE accumulation has a powerful impact on public health.**
4. **ACEs tend to be held in the body, leading to mental, physical, and behavioral health problems throughout the life course.** (lower right)



EXAMPLES OF ACE-ATTRIBUTABLE PROBLEMS

<ul style="list-style-type: none"> Alcoholism & Alcohol Abuse Chronic Obstructive Lung Disease Coronary Heart Disease Depression Drug Abuse & Illicit Drug Use Fetal Death Intimate Partner Violence 		<ul style="list-style-type: none"> Liver Disease Mental Health Problems Obesity Sexual Behavior Problems Smoking Unintended Pregnancy Violence Workplace Problems
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ACE Interface © 2014

As the ACE Score goes up the risk of many health and social problems goes up in a “dose-response” fashion. As a result, as the ACE Score goes up in a population, the percent of people with these problems also goes up. It is also important to understand that some of those problems become ACEs for the next generation—thereby perpetuating the cycle of adversity and their attendant problems.

ACE Prevention: Our Powerful Legacy

ACE Prevention is the greatest opportunity for improving the well-being of human populations. ACEs are considered the most powerful determinant of the public's health because of the breadth of impacts – from heart disease to homelessness, from depression to violence – and because of the large percent of each of these problems that are attributable to ACEs.

Epidemiologists use a standard statistical calculation to estimate the amount of a disease or condition that is caused by a disease agent – called the Population Attributable Risk. The dark area in the center of the graphic (upper right) represents the portion of each condition that is attributable to ACEs – from 22% of asthma to 67% of life dissatisfaction. As we are successful preventing accumulation of ACEs in the next generation, we will reduce all ACE-attributable problems accordingly.

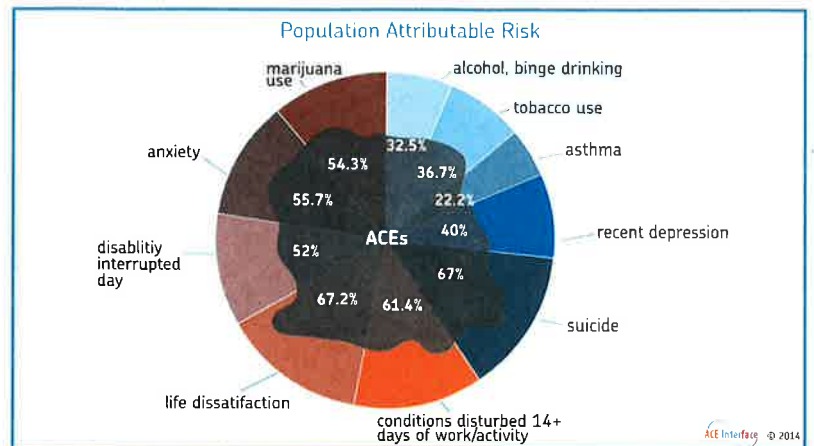
Protective Systems Promote Resilience

Three protective systems interact and guide positive adaptation: 1) individual capabilities, 2) attachment and belonging, and 3) community, faith, and cultural processes. These three systems are nested: people do best when they are living in flourishing families and communities.

People most affected by ACEs are leading formation of *Self-Healing Communities* that have a rhythm of engagement that includes:

1. **Safe and regularly scheduled ways of coming together for belonging and cooperative action,**
2. **Networked social and inter-organizational processes characterized by learning, reciprocity, social bridging, and efficacy,**
3. **Shared times and venues for critical reflection and decision making about hope-filled action,**
4. **Continuous expansion of opportunities for informal and formal leadership.**

Building Self-Healing Communities is about investing in the people who have the most at stake—especially people affected by ACEs-- so they can be expert leaders of their own community's change. We live at a time of great hope and promise – the greatest public health discovery of our time is about us. The ACE Study provides a discovery – a common framework and language – that we can use to profoundly improve the health and well-being of our society now and for future generations to come.



Core Protective Systems

- Capabilities
- Attachment & Belonging
- Community Culture Spirituality

“Nurturing the healthy development of these protective systems affords the most important preparation or ‘inoculation’ for overcoming potential threats and adversities in human development. Similarly, damage or destruction of these systems has dire consequences for the positive adaptive capacity of individuals.”

Ann Masten, 2009

ACE Interface © 2014





Health and Human Services Agency

Donnell Ewert, MPH, Director

Dean True, RN, MPA, Adult Services Branch Director and Alcohol and Drug Program Administrator
Dianna Wagner, MS, LMFT, Children's Services Branch Director

Directors' Report – September 6, 2017 Mental Health, Alcohol and Drug Advisory Board (MHADAB)

CURRENT ISSUES:

Adult Services Branch Update

- **Housing:** The Woodlands is full and has an established waiting list. There will be a 'Grand Opening' and open house ceremony/celebration Monday, October 16, starting at 11:30 am.
- **Mental Health Services Act (MHSA) Innovations Project:** The Counseling and Recovery Engagement (CARE) Center is open and very busy, seeing on average between 15 and 20 people a day. Most individuals who come in are appropriate for their level of service: urgent need but not to a crisis yet. Issues around depression and thoughts about self-harm are not uncommon.
- **Whole Person Care (WPC) Pilot Project:** The pilot continues to move forward and increase the number of individuals enrolled. Current numbers being served is 28. Emergency rooms are on board, and referrals are coming in regularly.
- **RESTPADD - Red Bluff:** The facility is up and running. They were accepting youth (ages 13-17) for a short time, but due to issues around cost and staffing they have temporarily suspended these admissions. They are hoping to have operations fully up and running again for youth by October. They have stated clearly to county staff: "We are very committed to offering services to youth - please be patient during this temporary situation."
- **Sobering Center:** There is a proposal to site the sobering center in the county jail. This proposal will be considered by the Redding City Council upon sale of the old police station, proceeds of which have been earmarked for the sobering center.
- **Alcohol and Drug Programs:** HHS is currently working on an 'update' to its position statement regarding Suboxone (medication for assisting with opioid addiction). Best practices indicate how vitally important it is for individuals receiving the medication to also be actively participating in Drug/Alcohol counseling programs.
- The next ADP Provider meeting is scheduled for Wednesday, November 22, 2017, 10:00 am at the Boggs Building.

Children's Branch Update:

- **Youth Substance Use Treatment:** The Youth Substance Use Treatment Collaborative meet last month and created a scope of work for the contract in order to spend the Partnership Health Grant. The contract will be with Rachel Gonzales-Castaneda, PhD. from UCLA to consult and complete training with collaborative members in November-May.

- **Adverse Childhood Experiences:** Anyone interested in having an ACE master trainer present to you or a group you are connected with please contact Kathey Kakiuchi at KKakiuchi@co.shasta.ca.us
- **Children's Services Branch:** Outpatient Mental Health Services are moving downtown to 1560 Market Street! In October – November 2017 all Children's Services will be located downtown in or near the Downtown Promenade.

Board of Supervisor Staff Reports (July-August)

- CalHFFA - Mental Health Wellness Grant Declination
- Receive the Mental Health, Alcohol and Drug Advisory Board's 2016 Annual Report
- Renewal Agreement with Victor Treatment Center, Inc.
- Agreement with Victor Community Support Services, Inc.