

**SHASTA COUNTY PUBLIC HEALTH ADVISORY BOARD (PHAB) AND  
MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)**  
**JOINT MEETING**  
**Minutes**  
**January 11, 2017**

Members: Ron Henninger, Sonny Stupek, Leon Polk, Michele Wright, Marvin Peterson, Steve Smith, Dave Kent, David, Kehoe, Sam Major, Kerrie Hoppes, and Amanda Peterson

Absent Members: Charles Menoher, Kari Hess, and Carol Zetina

Shasta County Staff: Donnell Ewert, Dianna Wagner, Dean True, Teri Fields Hosler, Andrew Deckert, Brandy Isola, Tracy Tedder Megan Dorney, Melissa Janulewicz, Jennifer Snider, Sara Westmoreland, and Cara Schuler

Guests: Tammy Lucarelli, Steve Lucarelli, Gordon Flynn, Kristen Schreder, Patricia Lind, Mary Rickert, and Genell Restuvo

Agenda Item	Discussion	Action	Individual Responsible
I. Introductions	<ul style="list-style-type: none"> <li>➤ Public Health Advisory Board (PHAB) Chair extended a warm welcome to all.</li> <li>➤ Board members, HHS staff introduced themselves, and guests introduced themselves if they chose to do so.</li> </ul>		<ul style="list-style-type: none"> <li>➤ Brad Frost, PHAB Chair</li> </ul>
II. Public Comment Period	<ul style="list-style-type: none"> <li>➤ None.</li> </ul>		
III. Announcements	<ul style="list-style-type: none"> <li>➤ Welcome New Mental Health Alcohol and Drug Advisory Board (MHADAB) Members               <ul style="list-style-type: none"> <li>• MHADAB Chair welcomed new members Kerrie Hoppes, Amanda Peterson, and Carol Zetina.</li> </ul> </li> <li>➤ Board Member Major read a letter from MHS Coordinator Jamie Hannigan advising MHADAB members and guests of her resignation effective January 20, 2017 from HHS and thanked them for their support and assistance provided during her tenure as Shasta County Mental Health Services Act Coordinator. Ms. Hannigan will be going to work for another department in Shasta County. MHADAB Chair also commented on what an asset Ms. Hannigan has been and will be missed.</li> </ul>		<ul style="list-style-type: none"> <li>➤ Steve Smith, MHADAB Chair</li> <li>➤ Sam Major, MHADAB Member and Steve Smith, MHADAB Chair</li> </ul>
IV. Directors' Report	<ul style="list-style-type: none"> <li>➤ The Directors' Report was sent out prior to the meeting for the Boards and guests to review. [See Attachment A] Branch Director Wagner provided further information on the stakeholder meeting. Branch Director Fields Hosler provided information on the PH Accreditation Process, a Community Health Assessment (CHA) has been completed that will be going out for public comment in the next couple of weeks. Branch Director Fields Hosler also advised that PH is bringing in new resources to</li> </ul>	<ul style="list-style-type: none"> <li>➤ Branch Director Fields Hosler will send out Community Health Assessment to both Boards.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Terri Fields Hosler, Branch Director Public Health</li> </ul>

	combat the opiate epidemic in Shasta County with two new grants.		
V. Presentations	<p>➤ <u>HEALTH AND HUMAN SERVICES AGENCY STRATEGIC PLAN AND VISION 2017</u>;  HHS A Director Ewert presented a PowerPoint presentation along with HHS A leadership staff regarding the past strategic plan, what has happened with the goals, review of the present three-year strategic plan, and what is the vision for 2017. [See Attachment B &amp; C]</p>		<p>➤ Donnell Ewert, HHS A Director; Dean True, Branch Director Adult Services; Melissa Janulewicz, Branch Director Regional Services; Dianna Wagner, Branch Director Children’s Services; Terri Fields Hosler, Branch Director Public Health; Brandy Isola, Deputy Branch Director Public Health; Megan Dorney, Deputy Branch Director Business &amp; Support Services; and Tracy Tedder, Branch Director Business &amp; Support Services</p>
VI. Reminders	➤ See Agenda.		
VII. Adjournment		➤ Adjournment (1:53 p.m.)	

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Brad Frost, PHAB Chair and  
Steve Smith, MHADAB Chair

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Cara Schuler, Secretary



# Health and Human Services Agency

Donnell Ewert, MPH, Director

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Terri Fields Hosler, MPH, RD, Public Health Branch 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 – January 11, 2017** **Public Health Advisory Board (PHAB) and** **Mental Health, Alcohol and Drug Advisory Board (MHADAB)**

### **CURRENT ISSUES:**

#### **Health & Human Services Agency (HHS) Update**

- **Repeal and Replace of the Affordable Care Act:** After spending the last six years preparing for and implementing the Affordable Care Act (ACA), California counties are now trying to discern what will happen in 2017 related to the ACA and health care financing. It appears that the ACA will be defunded through the federal budget reconciliation process, but the program will remain intact for two to three years while a replacement is devised. We will keep you posted as more information becomes available.

The ACA was very good for Shasta County's risks related to indigent health care. Before ACA implementation, we had approximately 5,000 people on the County Medical Services Program (CMSP), and we now have around 20. For a while, we had zero people on the program. All of the folks who used to be on CMSP are now on Medi-Cal. The money we used to pay CMSP to cover indigent individuals now goes to the state, but the county's risk to cover those folks was almost completely eliminated. An additional benefit was that our CMSP participation fee was waived for the last several years. These benefits to the county are now in question.

- **Personnel Update:** Roxanne Burke was appointed Deputy Branch Director for Regional Services in September 2016 and Kerri Schuette has been appointed HHS Program Manager for the Office of the Director to replace her. Mary Schrank has resigned as Deputy Branch Director for Regional Services to take a job as WIC director in the Minneapolis, Minnesota area in order to be closer to family. We have initiated a recruitment to replace Mary.

#### **Public Health Branch Update**

- **Community Engagement and Quality Improvement Division:**
  - This new Public Health division continues to grow with the addition of a data analyst to help with the tracking and measurement associated with performance management, quality improvement, and workforce development. Additionally we are adding two new positions, a Community Education Specialist and an Analyst to support all the divisions on special projects and to maximize grant funding.
  - Related to Public Health accreditation, we are nearing completion of our Community Health Assessment and our Workforce Development Plan. The branch has started its Strategic Planning process and the Community Health Improvement Plan will be finished and unveiled this spring.
  - The Community Organizers, with support from their supervisor Charlene Ramont, are developing a new model for their community-based work and to build community capacity to address public health issues.

- **Healthy and Safe Families Division:**

- The Healthy and Safe Families Division is finally fully staffed in the Maternal Child and Adolescent Health unit, including Nicole Bonkrude as the Maternal, Child and Adolescent Health coordinator, moving over from the Emergency Preparedness Unit.
- The division is receiving two new grants to address the opiate epidemic in Shasta County. The first is a three-year grant for \$177,000 and will be used to support the No Rx Abuse coalition efforts to target high prescribers in our community. The second is a four and half year grant in the amount of \$450,000 to develop a county-wide substance abuse prevention coalition and provide community based educational activities.

- **Community Health Protection Division:**

- Recruitment will begin for a new, full-time Laboratory Director to oversee our local and regional lab responsibilities as a Level 2 lab.
- As of January 1<sup>st</sup>, the Vital Records unit is now reporting to the Public Health Branch in the Community Health Protection Division, instead of the HHS Office of the Director.
- We are supporting state-wide efforts to educate the community and support medical providers with increased awareness of the importance of Pertussis and Influenza vaccination, especially targeting pregnant women.

- **Healthy Communities Division**

- We have contracted with Chemical People to provide tobacco education and compliance activities in support of our county tobacco ordinance.
- The division was recognized by the state for having the highest expenditure rate for our Year 14-15 Nutrition, Education, Obesity Program (NEOP) funding for a medium size county.

### Adult Services Branch Update

- **Private Facilities Update:** Ridgeview, licensed Board and Care facility in Shasta Lake City, continues to work closely with county to assist individuals returning to our community from secured treatment settings (Mental Health Rehab Centers). In addition to the licensed section, the 'upstairs' individual apartments are now open, and several people have moved in. The full program Ridgeview hopes to create for these apartments is not quite up and running (cooking classes, money management, etc), but they are hoping to have pieces in place later in 2017.

The County met recently with staff from RESTPADD who will be in charge of their new facility in Tehama County. They are still optimistic that the facility will open early in 2017, and they are working diligently on construction remodel, regulations/policies in accordance with Department of Health Care Services (DHCS), etc. It is a 16 bed facility (as is the Redding facility), and the plan is to serve both youth, ages 13-17, and adults over 18.

The Woodlands, an MHSAsponsored permanent supportive housing project, is on schedule to open early spring, 2017. Of the 55 low-income units, 19 will be for both adults with serious mental illness, and/or youth with serious emotional disturbance (and their family). The County is beginning to take information that will result in a 'waiting list' for those interested in participating.

- **Mental Health Services Act (MHSAs) Innovations Project:** Contract development and negotiation meetings with Hill Country Health and Wellness Center for the new MHSAs Innovations project, working title the 'CARE Center', is nearing completion. Hill Country has now resolved community concerns on location of the center, and secured permit/approval from the City: Gold Street – charter school building.

- **Whole Person Care Pilot Project:** The County has begun initial work in developing program/contracts for this exciting opportunity that targets services for individuals with Serious Mental Illness, substance use disorders, frequent emergency room visits, and homelessness (or risk of homelessness). More information will follow as specifics become finalized.
- **Local Emergency Room Pilot Project:** The County continues with its ‘co-location’ project in both local hospital emergency rooms. Data continues to reflect a significant improvement in the time it takes to complete a mental health evaluation after medical clearance. For individuals not needing inpatient psychiatric hospitalization, time to evaluation and discharge is shorter. The shortage in inpatient psychiatric beds, however, has not changed, and those individuals needing hospitalization continue to have longer than ideal waiting times.

### **Alcohol and Drug Treatment Provider Meeting Updates:**

- Partnership Health of California (PHC), the eight North State counties are moving forward on developing a Regional Implementation Plan for the Drug Medi-Cal - Organized Delivery Service (DMC-ODS) waiver. A draft is expected to be released for stakeholder input sometime mid-January 2017.
- NoRxAbuse is hosting a training for prescribers to become “x-waivered” which will allow them to prescribe buprenorphine for opioid addiction. The training will be January 28, 2017 at the Gaia Hotel.
- Aegis Treatment Centers has secured a facility in Redding for a medication unit to dispense methadone to Shasta County Medi-Cal beneficiaries who must currently travel to Chico daily. They have submitted their application to DHCS to be certified, and a County contract is in process. The unit is expected to open sometime in the next six months.
- At the November 2016 Provider meeting, a multi-party bi-directional Release of Information form was presented for use by drug treatment providers to facilitate easier communication with Shasta County (particularly regarding mental health services.)
- Drug treatment providers are assessing their treatment strategies for clients abusing marijuana. It is unclear how admissions to treatment will be affected by the passage of Prop. 64, but providers are well versed in addressing abuse of substances that are not illegal such as alcohol.
- One hundred Naloxone kits were obtained with funding provided by DHCS. The kits are being distributed through Shasta Community Health Center (SCHC), particularly the Hope Van. At the needle exchange events, clients are assessed for overdose potential then referred to the Hope Van, which then does a short training and provides the client with Naloxone. The State may make more money available in the future for the purchase of additional kits and is assessing the best distribution points and practices throughout the State.
- The Community Corrections Partnership Executive Committee (CCPEC) recently approved funds to sponsor a full-time Alcohol Drug Counselor to work with both the Behavioral Health and Re-entry Courts. The position will work under HHS, Adult Services.
- The next ADP Provider meeting will be February 15, 2017 at 10:00 am at the Boggs Building.

### **Children’s Branch Update:**

- **Mental Health Services:** We are currently in contract negotiations as part of the RFP process for the organizational providers to deliver specialty mental health services to youth in Shasta County.
- **MHSA-Prevention & Early Intervention:** We will be holding a stakeholder meeting for the At-Risk Middle School program on January 25, 2017 at the Redding Library Community Room to seek input and discuss implementation of a new program.

### **Board of Supervisor Staff Reports (November-December): PHAB**

- Amendment to agreement with California Department of Public Health for childhood lead poisoning prevention

- Hospital Preparedness Program Subcontract with Dignity Health dba Mercy Medical Center-Redding

### **Board of Supervisor Staff Reports (November-December): MHADAB**

- Authorizing Application of Laura's Law through January 1, 2022
- Resolution Authorizing the Application of Article 4.7 of Chapter 2 of the Lanterman-Petris Short Act
- Resolution Designating the Shasta County Main Jail as a Treatment Facility, Penal Code §1369.1
- Resolution Designating Professionals Who May Detain Persons with Mental Disorders, Welfare and Institution Code §5150
- Agreement with Willow Glen Care Center, Inc.
- Whole Person Care Agreement with the California Department of Healthcare Services, Budget Amendments, and Salary Resolution
- Reappoint existing and approve new members of the Mental Health Alcohol and Drug Advisory Board and Receive an Annual Report
- Agreement with Andrew J. Wong Incorporated (“AJWI”) for Development and Maintenance of a Child and Adolescent Needs and Strengths (“CANS”) Reports Computer Database
- Agreement with TLC Child & Family Services for Mental Health Services

# HHSA: Past, Present, Future

## 2006-2019



Health and Human  
Services Agency

# Top 10 HHSA Accomplishments

The first 10 years



Expanded  
services offered  
in Regional  
Offices

# Top 10 HHSA Accomplishments

The first 10 years



Increased  
access to health  
care

# Top 10 HHSA Accomplishments

The first 10 years



Addressing  
Adverse  
Childhood  
Experiences

# Top 10 HHSA Accomplishments

The first 10 years



Increased housing resources

# Top 10 HHSA Accomplishments

The first 10 years



Behavioral Health Court

# Top 10 HHSA Accomplishments

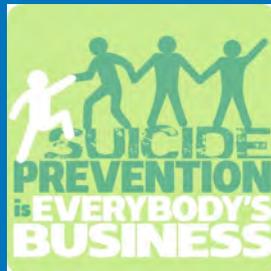
The first 10 years



Child welfare integration

# Top 10 HHSA Accomplishments

The first 10 years



Behavioral health program integration

# Top 10 HHSA Accomplishments

The first 10 years



Expanded role for Community Health Advocates

# Top 10 HHSA Accomplishments

The first 10 years



Circle of Friends Wellness Center, Burney

Implemented programs funded by the Mental Health Services Act

# Top 10 HHSA Accomplishments

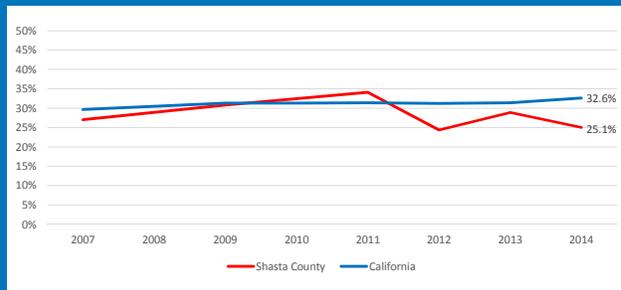
The first 10 years



Electronic Benefit Transfer (EBT) access at farmers' markets

## By the numbers: Reaching our goals

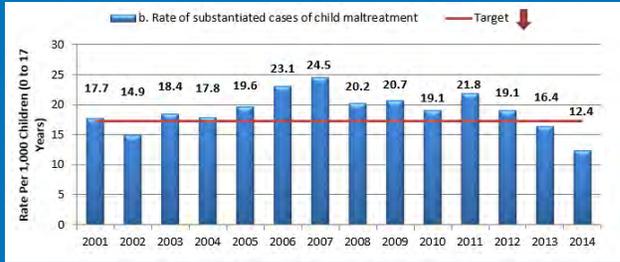
Percentage of adults who reported binge drinking in the past year



Goal 1:  
Decrease the use of alcohol, tobacco and other drugs

# By the numbers: Reaching our goals

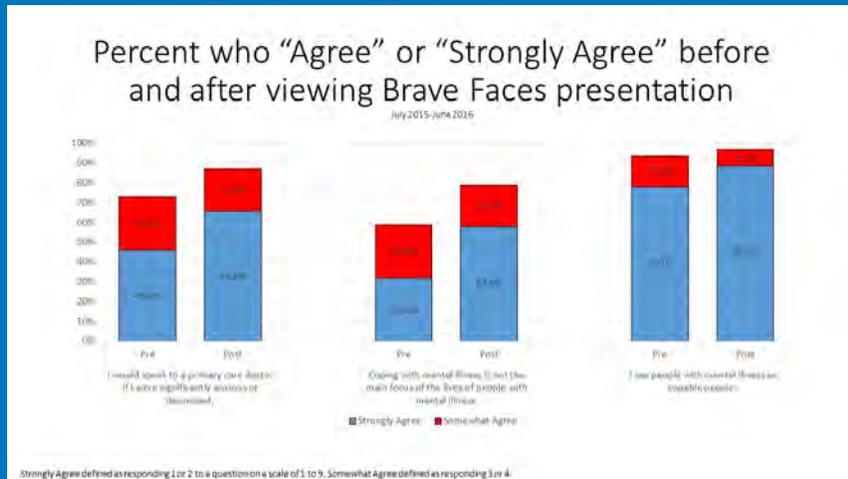
Rate of substantiated cases of child maltreatment



Goal 2: Prevent adverse childhood experiences

# By the numbers: Reaching our goals

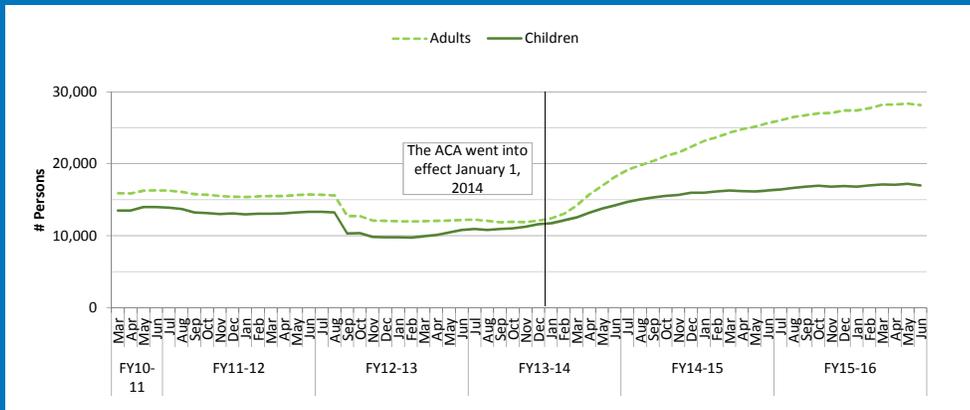
Goal 3: Promote mental well-being



# By the numbers: Reaching our goals

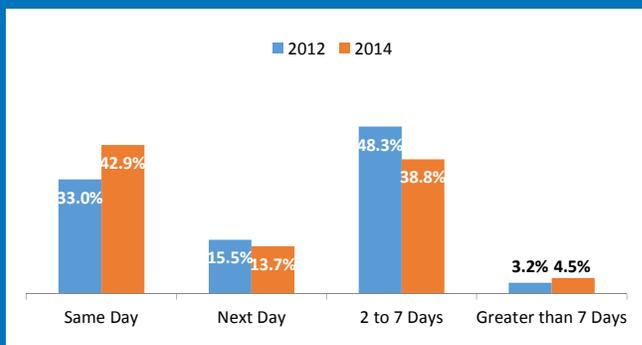
## Goal 4: Empower independence and self-sufficiency

Growth in Medi-Cal enrollment



# By the numbers: Reaching our goals

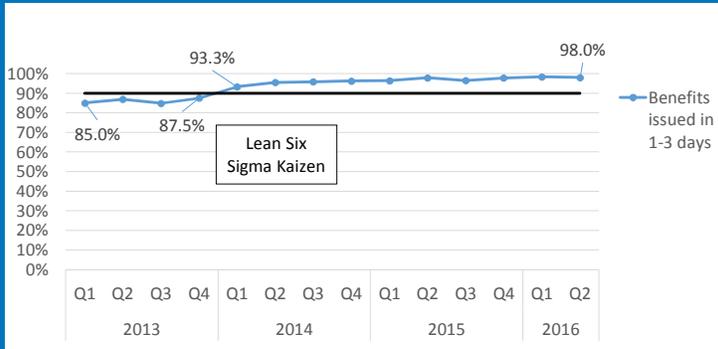
From the time you first requested services, how long did you wait until your first appointment?



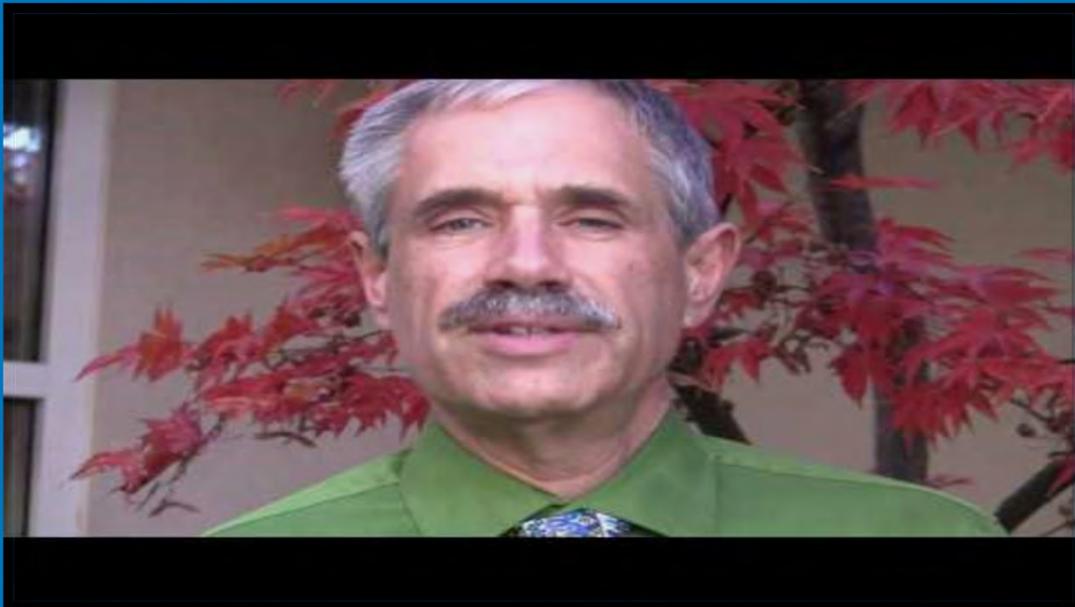
## Goal 5: Increase accessibility of HHS services

# By the numbers: Reaching our goals

CQI project: Percent of expedited CalFresh applications granted within three days



Goal 6: Build organizational capacity to provide high-quality services





## Moving forward: Strategic Plan refresh

This plan is focused on one area, harmful substance use, in order to direct our combined resources to one of the most critical issues facing Shasta County.

## Moving forward: New vision



As an integrated agency, HHSA coordinates an effective system of care to reduce the rate of harmful substance use.

## Moving forward: New mission



Engaging individuals, families and communities to protect and improve health and wellbeing.

## Moving forward: New core values

Collaboration: Working together to achieve meaningful results

Adaptability: Embracing change

Respect: Honoring and serving others

Excellence: Providing high-quality service to our customers and community

## Strategic Priorities



1.0 - Integrate programs and client services across HHSA Branches

2.0 - Leverage strategic partnerships

3.0 - Improve business processes

### 1.0 - Integrate Programs and Client Services



1.1 - Standardize screening for harmful substance at point of service access (Dean True)

1.2 - Identify top 20 highest HHSA utilizers (Melissa Janulewicz)

1.3 - Foster integrated cross-branch culture (Donnell Ewert)

## 2.0 - Leverage Strategic Partnerships



2.1 – Expand substance use disorder treatment options (Dean True and Dianna Wagner)

2.2 – Reduce adverse childhood experiences (Terri Fields Hosler)

2.3 – Initiate community collaborative focused on prevention of harmful substance use (Brandy Isola)

## 3.0 – Improve Business Processes



3.1 – Speed up contract process (Megan Dorney)

3.2 – Increase workforce development (Tracy Tedder)

3.3 – Improve space planning and utilization (Tracy Tedder)

**Health and Human Services Agency (Draft Revised 12/20/16)**

<b>2020 Vision</b>	<b>As an integrated agency, HHSA coordinates an effective system of care to reduce the rate of harmful substance use.</b>				
<b>Mission</b>	<b>Engaging individuals, families and communities to protect and improve health and wellbeing.</b>				
<b>Core Values</b>	<b>Collaboration</b> Working together to achieve meaningful results	<b>Adaptability</b> Embracing change	<b>Respect</b> Honoring and serving others	<b>Excellence</b> Providing high quality service to our customers and community	<b>HHSA C.A.R.E.s</b>
<b>Strategic Priorities</b>	<b>Integrate Programs and Client Services across HHSA Branches</b>		<b>Leverage Strategic Partnerships</b>		<b>Improve Business Processes</b>
<b>Strategic Priorities</b>	<b>Operating Objectives</b>	<b>Intended Result</b>	<b>Activities</b>	<b>Targets</b>	
<b>Integrate Programs and Client Services across HHSA Branches</b> <i>Description: Improve client access and inter-branch communication</i>	<ul style="list-style-type: none"> <li>Standardize screening for HSU at point of service access</li> <li>Identify Top 20 Highest HHSA system utilizers</li> <li>Foster integrated cross-branch culture</li> </ul>	<ul style="list-style-type: none"> <li>Streamlined intake and referrals</li> <li>Reduced costs and increased efficiency of system of care</li> <li>Improved communication, operating efficiency and client outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Research, evaluate and select a screening tool</li> <li>Design and launch a screening tool</li> <li>Implement screenings and referrals for treatment</li> <li>Identify Standards</li> <li>Develop data tracking and communication plan</li> <li>Implement a multi-disciplinary team to wrap services</li> <li>Plan &amp; implement a staff integration &amp; orientation plan</li> <li>Strengthen identity &amp; brand</li> <li>Foster cross-branch collaborative projects</li> </ul>	<ul style="list-style-type: none"> <li>6/30/17</li> <li>6/31/17</li> <li>10/31/17</li> <li>1/31/17</li> <li>6/30/18</li> <li>12/31/18</li> <li>3/31/17</li> <li>6/30/17</li> <li>12/31/17</li> </ul>	
<b>Leverage Strategic Partnerships</b> <i>Description: Strengthen existing/seek new strategic partnerships to reduce harmful substance use</i>	<ul style="list-style-type: none"> <li>Expand SUD treatment options</li> <li>Reduce Adverse Childhood Experiences</li> <li>Initiate community collaborative focused on prevention of HSU</li> </ul>	<ul style="list-style-type: none"> <li>Expanded treatment options for residents with substance use disorders</li> <li>Increased community engagement to prevent Adverse Childhood Experiences</li> <li>Increased community engagement to prevent harmful substance use</li> </ul>	<ul style="list-style-type: none"> <li>Opt into DMAC organized delivery system &amp; partner w/PHC</li> <li>Further develop medication assisted treatment capacity</li> <li>Assure development of one new youth threat service</li> <li>Partner with SFC to expand county awareness of ACEs</li> <li>Contract for ACE interface training</li> <li>Support at least 2 HC partners in ACE screening &amp; referral</li> <li>Develop data dashboard of ACE/Child abuse indicators</li> <li>Identify/invite potential partners to community collaborative</li> <li>Develop collaborative model/panels</li> <li>Establish benchmark data/indicators</li> </ul>	<ul style="list-style-type: none"> <li>50% by Sept 2017</li> <li>12/31/17</li> <li>12/31/2017</li> <li>4/30/17</li> <li>9/30/17</li> <li>12/31/17</li> <li>12/31/18</li> <li>7/31/18</li> <li>12/31/18</li> </ul>	
<b>Improve Business Processes</b> <i>Description: Improve internal service, communication, and performance</i>	<ul style="list-style-type: none"> <li>Speed up contract process</li> <li>Increase workforce development</li> <li>Improve space planning and utilization</li> </ul>	<ul style="list-style-type: none"> <li>Reduced time for contract approval</li> <li>Reduced hiring time, increased employee retention, and greater use of individual development plans</li> <li>Proactively planned space utilization and efficient space acquisition</li> </ul>	<ul style="list-style-type: none"> <li>Assure that contracts take no longer than 90 days from CSR to contract</li> <li>Reduce retroactive agreements</li> <li>Reduce time from request for recruitment to start date to eight weeks</li> <li>Reduce time for hiring background checks to five days</li> <li>Offer individual development plans to all employees</li> <li>Develop hiring plan</li> <li>Develop space plan request for proposals</li> <li>Develop space plan through a contractor</li> <li>Evaluate space plan annually</li> </ul>	<ul style="list-style-type: none"> <li>80% by 6/30/17</li> <li>90% by 4/30/18</li> <li>98% by 6/30/19</li> <li>10% by 6/30/17</li> <li>5% by 4/30/18</li> <li>1% by 4/30/19</li> <li>70% by 6/30/17</li> <li>80% by 6/30/18</li> <li>85% by 6/30/19</li> <li>80% by 6/30/17</li> <li>70% by 6/30/18</li> <li>80% by 6/30/19</li> <li>12/31/17</li> <li>4/30/17</li> <li>7/31/17</li> <li>12/31/18, 12/31/19</li> </ul>	

# Tracking our progress



- Process evaluation: In quarterly meetings, HHSA leadership will review progress on objectives and activities in the Strategic Plan.
- Outcome evaluation: A data dashboard and tracking charts will help HHSA leadership measure the impact of our efforts on health, social and administrative outcomes.



## 2017: What's next?

### National

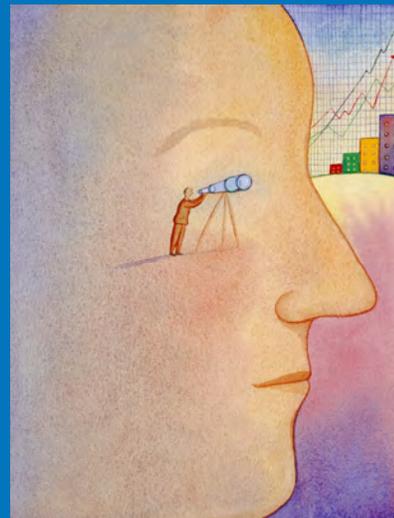
- New president
- New Congress
- New Supreme Court justice

### State

- New two-year legislative session
- Tobacco tax and marijuana legalization

### Local

- Two new supervisors
- Failure of Measure D



## 2017: Affordable Care Act

- Repeal and replace
- Medicaid block granting
- Other aspects of ACA
  - No preexisting condition exclusion
  - No lifetime cap on benefits
  - Children on parents plan until age 26
  - 10 essential services (including mental health, substance use disorder treatment, clinical preventive services)
  - Health Information Exchange



## 2017: Continuum of Care Reform

- Resource Family Approval
- Short-Term Residential Therapeutic Programs (STRTPs)
- Intensive Therapeutic Foster Homes



## 2017: Whole Person Care Pilot

Approved by Shasta County Board of Supervisors 11/15/16

- Mobile crisis team
- Sobering center
- Medical case management
- Housing case management and housing assistance
- Housing system coordination between Continuum of Care and Homeless Management Information System



## 2017: Mental Health Resource Center

- Contractor is Hill Country Health and Wellness Center
- Name will be CARE Center
- Programs
  - Extend hours of Breslauer walk-in clinic to evenings, weekends, and holidays
  - Assisted outpatient treatment (AOT), also known as Laura's Law
  - Respite for foster parents to increase retention



## 2017: RESTPADD

- New psychiatric health facility (PHF) in Red Bluff
  - Projected to open in first quarter of 2017
  - Eight youth beds, eight adult beds
  - Add needed inpatient hospitalization capacity in the North State
- Possible development of a 16-bed mental health rehabilitation center (MHRC) in Redding
  - Provide alternative to longer term residential care in institutes for mental disease (IMDs)
  - Could bill Medi-Cal for half of cost



## 2017: MHSA housing

- The Woodlands (55 units of low-income housing)
  - Partnership with City of Redding, NVCSS, and Palm Communities
  - Projected to open in second quarter of 2017
  - Will provide 19 units for people with SMI or families with children with SME
- Burney
  - NVCSS was chosen as developer
  - Shasta County Housing Authority is a partner
  - Currently performing due diligence on property
- No Place Like Home – non-competitive and competitive



## 2017: Shelter for Homeless

- Homeless Continuum of Care – new executive director
- Homeless Management Information System (HMIS)
- Emergency Solutions Grant – Plumas and Shasta
- Bringing Families Home
- Community Care Fund

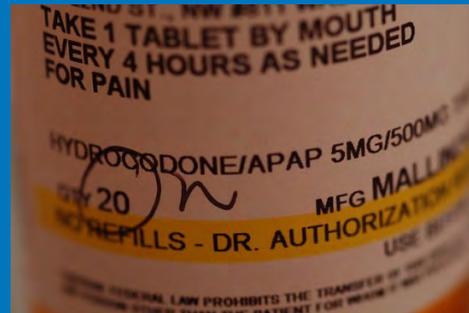


## 2017: Drug Medi-Cal organized delivery system

- Regional model
  - Counties pay PHC a PMPM with 2011 behavioral health realignment
  - PHC provides all services: network, authorizations, QA, pays claims
  - Counties provide documentation to the state that we have paid PHC, state claims FFP from CMS, sends FFP to counties, counties send FFP to PHC
  - PHC has budgeted \$2 million to work on this project (all DMC in 8 northstate counties is \$5 million per year)
- PHC will submit implementation plan to DHCS in early 2017
- Would start late 2017 or early 2018

## 2017: Medically Assisted Treatment

- Suboxone
  - Working through No Rx Abuse to increase DEA certified slots
  - Sublingual film that dissolves under the tongue
- Aegis (methadone)
  - Medication only clinic on Hartnell Avenue
  - Seeking approval from state
  - Currently, there are 85 Shasta County residents travelling to Chico daily
  - Participants would still need to travel to Chico weekly for counseling
- Vivitrol



## 2017: Marijuana Legalization

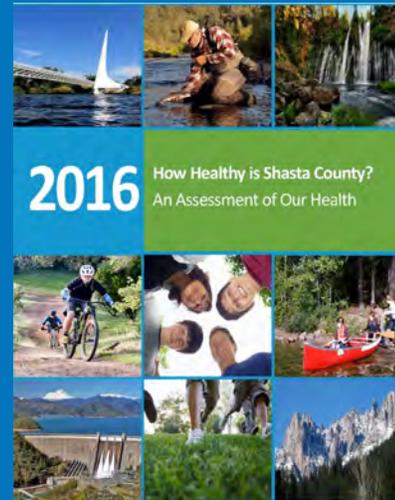
- Messaging – health effects, drugged driving, youth access
- Medical marijuana cards
- Regulations and enforcement – lessons from tobacco and alcohol
- County ordinance – some changes will need to be made to comply with new state law



## 2017: Community Health Improvement Plan (CHIP)

Five-year community plan

- Reduce harmful substance use
- Improve mental health
- Prevent chronic diseases



## 2017: Place Matters

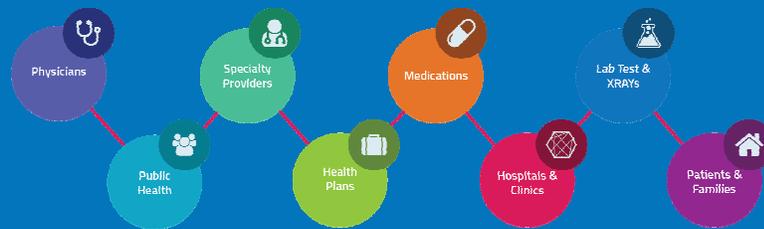
Place-based model to address social determinants in disadvantaged neighborhood

- Parent partner
- Community organizer
- SparkPoint – financial literacy and banking
- CalFresh Education and Training – job preparedness and training
- Other services – counseling, academic success mentoring, etc.

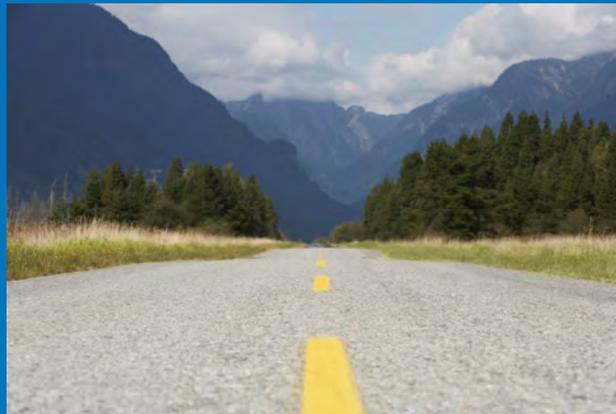


## 2017: Health Information Exchange

- Sacramento Valley Med Share
- Mental health
- California Children's Services and Immunizations
- Meaningful Use



Questions?  
Thank you!



Health and Human  
Services Agency





## From the Director

As director of the Shasta County Health and Human Services Agency, I'm pleased to present you our 2020 strategic plan. When the Mental Health, Public Health and Social Services Departments combined in June 2006, the Board of Supervisors' goal was to coordinate services to better serve clients, increase efficiency, maximize funding and reduce duplication. Today, the Health and Human Services Agency has a unified vision and mission and has reorganized and consolidated services to be target-population specific. The Agency strives to help our local residents in an integrated way with the variety of social, physical, and behavioral health challenges they face. This is achieved through better collaboration, integration, access and flexible funding. Here are just a few highlights of what we have accomplished as a Health and Human Services Agency in the first 10 years:

1. **Expanded services offered in Regional Offices** – serving people in neighborhoods, including adding a regional office in Enterprise;
2. **Increased access to healthcare** – largely because of the Affordable Care Act, we expanded Medi-Cal enrollment by 17,000 people. In addition, we established two call centers, added more online services, increased capacity, and participated in the creation of the Health Information Exchange;
3. **Addressing Adverse Childhood Experiences** – implemented evidence-based practices such as Triple P™, Safe Care, and Nurse Family Partnership™, and helped found the Strengthening Families Collaborative;
4. **Increased housing resources** – used various funding streams to develop housing case management programs and resources for families and unsheltered childless adults;
5. **Behavioral Health Court** – intensive program gives offenders access to comprehensive, coordinated behavioral health services, with the goal of increasing public safety, reducing recidivism and reducing abuse of alcohol and other drugs;
6. **Child welfare integration** – public health nursing, mental health services, alcohol and drug services, and evidence-based practices have been integrated with child welfare services, simplifying implementation of Pathways to Mental Health and Continuum of Care Reform;
7. **Behavioral health program integration** – substance abuse prevention, suicide prevention and prevention of Adverse Childhood Experiences have been incorporated into the Public Health Branch, direct service programs are carried out in the Adult Services, Children's Services, and Regional Services Branches,



and managed care and compliance has been incorporated into the Business and Support Services Branch;

8. **Expanded role for Community Health Advocates** – this team once worked solely in Public Health and now does eligibility outreach, which has increased enrollment in CalFresh and Medi-Cal;
9. **Implemented programs funded by the Mental Health Services Act** – highlights include establishment of wellness centers, the Positive Parenting Program Triple P™, The Woodlands housing project, the Suicide Prevention Workgroup and the Brave Faces destigmatization project;
10. **Electronic benefit transfer (EBT) access at Farmers' Markets** – expanded and sustained EBT access at all Farmers' Markets in partnership with Healthy Shasta has helped low-income people purchase fresh, locally grown produce.

In order to bring together the many resources and skills throughout our Agency, we need a plan to focus us on common objectives. In essence, a strategic plan is defining a common set of priorities, and finding collaborative means to address them. It doesn't diminish the good work we've accomplished in the past, but provides a roadmap for the future, taking into account current obstacles and opportunities. It also helps provide focus so we make smarter decisions when acquiring new funding, facing new issues and staying current with trends. From the direction in these pages, staff will be able to develop action plans, scopes of work, and grant applications.

I appreciate everyone who participated in the complicated process of bringing focus to our work. We hope you will join us in creating a healthy, safe and thriving community for years to come.





## Executive Summary

The Shasta County Health and Human Services Agency (HHSA) strategic plan is a roadmap engaging individuals, families and communities to protect and improve health and wellbeing. While the HHSA addresses many social and health problems with a vast array of programs, this plan is focused on what resources the HHSA can bring together to address an issue of common concern.

This new, three-year rolling plan is built on the foundation and achievements of the initial HHSA 2011-2020 Strategic Plan. However, **this plan is focused on one area, harmful substance use**, in order to direct our combined resources to one of the most critical issues facing Shasta County.

The Strategic Plan focuses on the elements that the Agency can directly impact, while bringing together the various skills and resources within the HHSA. The plan focuses on three Strategic Priorities:

1. **Integrate programs and client services across HHSA Branches**
2. **Leverage strategic partnerships**
3. **Improve business processes**

The Strategic Plan is specifically designed to be updated each year, with an integrated tracking system and implementation schedule.



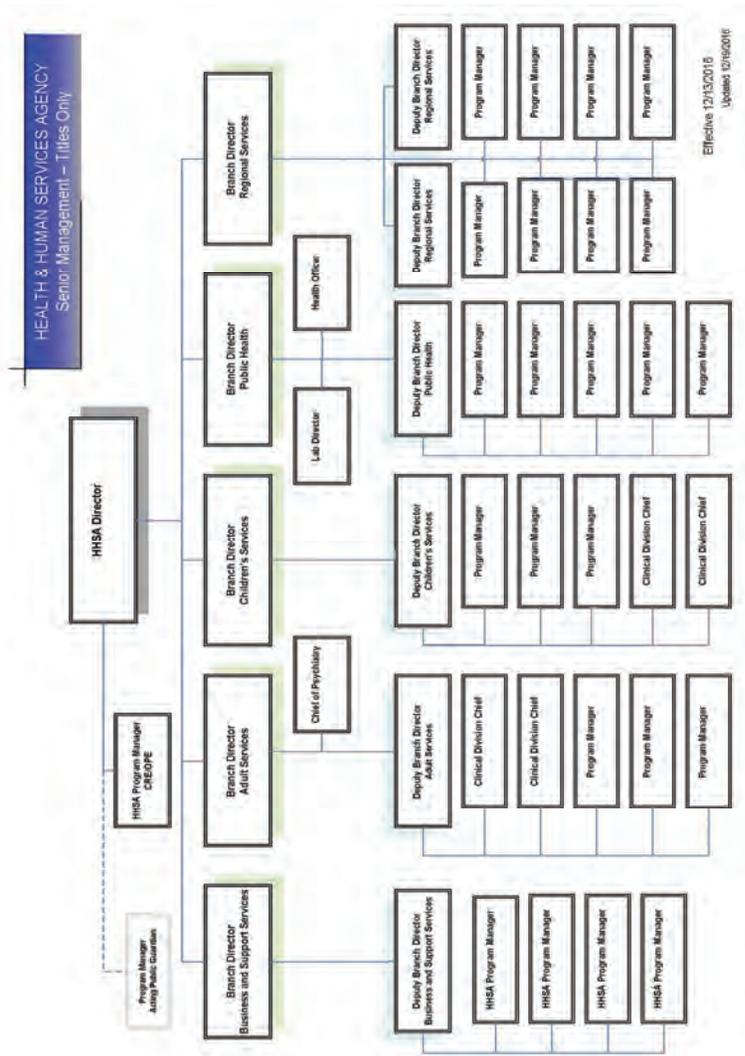
## Organizational Profile and History

In March 2006, the Board of Supervisors instructed staff to look into the feasibility of combining Mental Health, Public Health and Social Services Departments into one agency. The study determined that the benefits of consolidation include enhanced coordination of service among the three departments, increased efficiencies, maximum use of financial leveraging, and cost savings due to reduced duplication. In addition, the collaboration between the three county departments and their community stakeholders would allow easier access to the health care and social services that many mutual clients need.

On June 27, 2006, the Board of Supervisors approved the consolidation of Mental Health, Public Health, and Social Services into a Health and Human Services Agency (HHSA), and authorized the creation and recruitment of a Director. The guiding principles on which the new Health and Human Services Agency were founded:

- Leadership that is objective, dedicated, and can effect appropriate change and implement a consolidated continuum of care for the families, children, and individuals served by the agency.
- A program that promotes the health, prevention, well-being, safety, and permanency of all children, families, and individuals in Shasta County.
- The objectivity and flexibility to receive community input, implement, evaluate, modify, and refine practices to meet future needs and challenges.

The current organizational structure of the Health and Human Services Agency is displayed on the following page.



## Overview of Health and Human Services Agency

The agency is organized into five branches designed around providing services for the needs of the whole person at one location.

**Adult Services** focuses on issues that affect people primarily age 18 or older. Adult mental health services include outpatient mental health care, linkage to inpatient psychiatric hospitalization, and 24-crisis residential facility among other services. This branch also provides Adult Protective Services provides to elders (65 and older) and dependent adults (18-64) who are unable to protect their own interests or to care for themselves. In-Home Supportive Services is a program directed by the California Department of Social Services that provides aid to blind, disabled individuals of any age as well as the elderly who are unable to remain safely in their own home without the aid of a care provider. The Public Guardian's offices insures the physical and financial safety of persons unable to do so on their own, and there are no viable alternatives to a public conservatorship.

**BUSINESS AND SUPPORT SERVICES** provides administrative services to the program branches. These include human resources, contracts and board communications, facilities and asset management, information technology support, budget and accounting services, and mental health compliance and managed care.

**CHILDREN'S SERVICES** is a fully integrated branch with staff from child welfare, children's mental health, substance use disorder treatment, public health nurses, and eligibility workers to ensure children are protected and safe. This branch investigates alleged abuse and neglect of children, if approves Resource Family Homes (formerly known as foster homes) and adoptive homes for children in Shasta County. It provides mental services and coordinates referrals for physical and other needs to children and families. The Children's Services Branch partners with juvenile justice, education and other community providers to coordinate services for clients.

**PUBLIC HEALTH** focuses on community-wide prevention of communicable diseases, chronic diseases, injury, substance abuse and Adverse Childhood Experiences. Public Health helps the community develop policies and support community environments that encourage healthy behaviors. It promotes nutrition and physical activity, healthy aging, worksite wellness and healthy communities. Public Health is also where the HHSA's emergency response unit is headquartered, and its laboratory provides testing services for Shasta County and numerous other Northern California counties.

**REGIONAL SERVICES** provides services to our clients in the areas where they live. Located in downtown Redding, Anderson, Shasta Lake, Burney and Enterprise, these regional offices offer assistance with eligibility services, such as CalFresh, WIC, Medi-Cal, and CalWORKS. To encourage healthy families, the regional offices offer prenatal care guidance, parent education and support and breastfeeding support. The Opportunity Center provides vocational training and employment services to people with disabilities.

The Agency also includes **OFFICE OF THE DIRECTOR**, including the Director's Office, which includes the Outcomes, Planning and Evaluation Unit and Community Relations and Education Unit.



## Vision 2020

As an integrated agency, Health and Human Services Agency coordinates an effective system of care to reduce the rate of harmful substance use.

## Mission

Engaging individuals, families and communities to protect and improve health and wellbeing.

## Core Values

Core Value	Description
<b>Collaboration</b>	Working together to achieve meaningful results
<b>Adaptability</b>	Embracing change
<b>Respect</b>	Honoring and serving others
<b>Excellence</b>	Providing high quality service to our customers and community

## Critical Issues and Challenges

The critical issues and challenges facing Shasta County include: an increasing number of homeless individuals, a harmful substance use epidemic, a shortage of liveable wage jobs, a high rate of child abuse and neglect, and a variety of related social issues. Health and Human Services Agency is uniquely equipped and positioned to coordinate an effective system of care that reduces the rate of harmful substance use and improve health and wellbeing.



## Strategic Themes, Priorities and Expected Outcomes

HHS Leadership conducted a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis (Appendix A) and a self-assessment (Appendix B) to identify strategic themes, priorities and outcomes for this plan.

## Strategic Themes

- Adverse Childhood Experiences (ACEs)
- Business Process Improvement
- Communication
- Continuous Quality Improvement (CQI) and a Culture of Excellence
- Customer Service (internal/external)
- Embracing, Leading and Leveraging Change
- HHS Identity/Brand
- Improved Agency Integration
- Integration of Programs/Client Services Across HHS Branches
- Social Determinants of Health
- Substance Use Disorder

## Strategic Priorities and Expected Outcomes

1. Integrate Programs and Client Services Across HHS Branches (2017-2019)
  - Increase Service Access
  - Increase Service Utilization
  - Increase Education
  - Increase Referrals
  - Increase Screening
2. Leverage Strategic Partnerships (2017-2019)
  - Increase Available Resources
  - Increase Education
  - Decrease Addiction
  - Decrease Adverse Childhood Experiences
  - Increase Access
  - Increase Utilization
3. Improve Business Processes (2017-2019)
  - Decrease Hiring Cycle Time
  - Decrease Number of Vacancies
  - Decrease Length of Vacancies
  - Decrease Contract Cycle Time
  - Increase Staff Development
  - Increase Staff Retention
  - Increase Operating Efficiency



## Summary of Strategic Priorities and Operating Objectives

The following initiatives focus on the core activities required to implement the strategic plan. They are in priority order and represent the macro view.

Strategic Priority – 1.0 Integrate Programs and Client Services Across HHSA Branches:		
Description: Improve client access and inter-branch communication		
Operating Objectives	Person(s) Responsible	Target Date
1.1 – Standardize screening for harmful substance use at point of service access	Branch Director Adult Services	09/30/2017
1.2 – Identify top 20 highest HHSA system utilizers	Branch Director Regional Services	12/31/2018
1.3 – Foster integrated cross- branch culture	HHSA Director	12/31/2019

Strategic Priority – 2.0 Leverage Strategic Partnerships:		
Description: Strengthen existing/add new strategic partnerships to reduce harmful substance use		
Operating Objectives	Person(s) Responsible	Target Date
2.1 – Expand SUD treatment options	HHSA Director	12/31/2019
2.2 – Reduce Adverse Childhood Experiences	Branch Director Public Health	12/31/2019
2.3 – Initiate community collaborative focused on prevention of harmful substance use	Deputy Branch Director Public Health	12/31/2018

Strategic Priority – 3.0 Improve Business Processes:		
Description: Improve internal service, communication, and performance		
Operating Objectives	Person(s) Responsible	Target Date
3.1 – Speed up contract process	Deputy Branch Director Business and Support Services	12/31/2019
3.2 – Increase workforce development	Branch Director Business and Support Services	12/31/2019
3.3 – Improve space planning and utilization	Branch Director Business and Support Services	12/31/2019



## Operating Objectives

Each operating objective is outcome based, measurable and assigned to a specific individual or operating role (position).

1.1 Operating Objective – Standardize Screening for Harmful Substance Use at Point of Service Access		
Intended Result: Streamlined intake and referrals		
Activities	Target	Person(s) Responsible
1.1.1 Research, evaluate and select a screening tool	6/30/17	Branch Director Adult Services
1.1.2 Design and launch a screening tool	8/31/17	Branch Director Adult Services
1.1.3 Implement screenings and referrals for treatment	Oct 2017 = 100 Oct 2018 = 500 Oct 2019 = 1000	Branch Director Adult Services

1.2 Operating Objective: Identify Top 20 Highest HHSA System Utilizers		
Intended Result: Reduced costs and increased efficiency of system of care		
Activities	Target	Person(s) Responsible
1.2.1 Identify standards (frequency, costs, etc.)	12/31/2017	Branch Director Regional Services
1.2.2 Develop data tracking and communication plan	06/30/2018	Branch Director Regional Services
1.2.3 Implement a multi- disciplinary team to wrap services	12/31/2018	Branch Director Regional Services

1.3 Operating Objective: Foster Integrated Cross Branch Culture		
Intended Result: Improved communication, operating efficiency, and client outcomes		
Activities	Target	Person(s) Responsible
1.3.1 Plan and implement a staff integration and orientation plan	03/31/2017	HHSA Cabinet
1.3.2 Strengthen identity and brand	06/30/2017	HHSA Cabinet
1.3.3 Foster cross-branch collaborative projects	12/31/2017	HHSA Cabinet



Operating Objectives – (continued)

<b>2.1 Operating Objective – Expand SUD Treatment Options</b>		
<b>Intended Result: Expanded treatment options for residents with substance use disorders</b>		
<b>Activities</b>	<b>Target</b>	<b>Person(s) Responsible</b>
2.1.1 Opt in to Drug Medi-Cal organized delivery system and partner with Partnership HealthPlan of California (PHC)	50% by Sept 2017 75% by Jan 2018	HHSA Director
2.1.2 Further develop medication assisted treatment capacity (Vivitrol, Suboxone, Methadone, Naloxone)	12/31/2017	Alcohol and Drug Administrator
2.1.3 Assure development of at least one new youth treatment service	12/31/2017	Branch Director Children's Services

<b>2.2 Operating Objective: Reduce Adverse Childhood Experiences (A.C.E.)</b>		
<b>Intended Result: Increased community engagement to prevent Adverse Childhood Experiences</b>		
<b>Activities</b>	<b>Target</b>	<b>Person(s) Responsible</b>
2.2.1 Partner with Strengthening Families Collaborative to expand county awareness of ACEs, launched with a Town Hall Forum	4/30/2017	Branch Director Public Health
2.2.2 Contract for ACE Interface training and capacity building among at least 25 organizations representing multiple sectors	09/30/2017	Branch Director Public Health
2.2.3 Support at least two healthcare partners in institutionalizing ACE screening and referral system in their organizations	12/31/2017	Branch Director Public Health
2.2.4 Develop a data dashboard of ACE and child abuse indicators	12/31/2018	Branch Director Public Health



Operating Objectives – (continued)

<b>2.3 Operating Objective: Initiate Community Collaborative focused on Prevention of Harmful Substance Use</b>		
<b>Intended Result: Increased community engagement to prevent harmful substance use</b>		
<b>Activities</b>	<b>Target</b>	<b>Person(s) Responsible</b>
2.3.1 Identify and invite potential partners to community collaborative	07/31/2017	Deputy Branch Director Public Health
2.3.2 Develop collaborative model and goals	07/31/2018	Deputy Branch Director Public Health
2.3.3 Establish benchmark data/indicators	12/31/2018	Deputy Branch Director Public Health

<b>3.1 Operating Objective: Speed Up Contract Process</b>		
<b>Intended Result: Reduced time for contract approval</b>		
<b>Activities</b>	<b>Target</b>	<b>Person(s) Responsible</b>
3.1.1 Assure that contracts take no longer than 90 days from CSR to contract	80% by 06/30/2017 90% by 06/30/2018 95% by 06/30/2019	Deputy Branch Director Business and Support Services
3.1.2 Reduce retroactive agreements	10% by 6/30/2017 5% by 6/30/2018 1% by 6/30/2019	Deputy Branch Director Business and Support Services

<b>3.2 Operating Objective: Increase Workforce Development</b>		
<b>Intended Result: Reduced hiring time, increased employee retention, and greater use of individual development plans</b>		
<b>Activities</b>	<b>Target</b>	<b>Person(s) Responsible</b>
3.2.1 Reduce time from request for recruitment to start date to eight weeks	75% by 06/30/2017 80% by 06/30/2018 85% by 06/30/2019	Branch Director Business and Support Services
3.2.2 Reduce time for hiring background checks to five days	80% by 06/30/2017 85% by 06/30/2018 90% by 06/30/2019	Branch Director Business and Support Services





## What Comes Next

- Communicate priorities with staff, Advisory Boards, and community partners
  - Post plan on the website (shastahhsa.net)
  - Distribute plan with partners as appropriate
- Organize teams within the Agency and community to accomplish the operating objectives in the plan
- Manage HHS resources to maximize success of the plan
  - Seek new resources through grants/allocations
  - Leverage and repurpose existing resources to address needs outlined in the plan
- Monitor progress through Expanded Cabinet
  - Review progress quarterly
  - Produce annual outcome report
  - Report results to the Advisory Boards
  - Update plan annually to maintain three-year plan



## The Strategy Planning Process

The process included establishing a strategy task force comprised of a cross section of the experienced leadership team of Health and Human Services Agency, a review of the existing strategic plan, an analysis of history, trends, identity, vision, mission, core values and SWOT analysis (strengths, weaknesses, opportunities, and threats); resulting in clarified vision, compelling mission, updated core values, strategic initiatives and operating objectives (goals). The leadership team (Expanded Cabinet) are committed to reporting results quarterly and updating the three-year rolling strategic plan on an annual basis.

The Director extends appreciation for the dedicated effort from the members of the Strategy Task Force from July 2016 through September 2016 and their ongoing commitment to the mission and vision of Shasta County Health and Human Services Agency.

### Strategy Task Force Participants:

- Nancy Bolen, Deputy Branch Director, HHS Children's Services
- Roxanne Burke, HHS Program Manager, HHS Office of the Director
- Andrew Deckert, MD, MPH, Public Health Officer, HHS Public Health
- Megan Dorney, Deputy Branch Director, HHS Business and Support Services
- Donnell Ewert, MPH, HHS Director
- Terri Fields Hosler, MPH, RD, Branch Director, HHS Public Health
- Brandy Isola, MPH, Deputy Branch Director, HHS Public Health
- Melissa Janulewicz, RN, PHN, Branch Director, HHS Regional Services
- Jacqueline McElvain, Executive Assistant to HHS Director
- Mary Schrank, RD, MA, MS, Deputy Branch Director, HHS Regional Services
- Lisa Sol, MA, Deputy Branch Director, HHS Adult Services
- Tracy Tedder, Branch Director, HHS Business and Support Services
- Dean True, RN, MPA, Branch Director, HHS Adult Services
- Dianna L. Wagner, MS, LMFT, Branch Director, HHS Children's Services
- Gordon Flinn - Facilitator, GoForth Consulting



## Appendix A – SWOT ANALYSIS

### S.W.O.T. Analysis – Mapping

	Opportunities	Threats
<b>Strengths</b>	<p><b>Invest</b></p> <ul style="list-style-type: none"> <li>Community Partnerships</li> <li>Employee Engagement</li> <li>Business Processes</li> <li>New Funding Sources</li> <li>Adverse Childhood Experiences</li> </ul>	<p><b>Defend or mobilize resources or enter into strategic alliances</b></p> <ul style="list-style-type: none"> <li>Gov't Regulation(s)</li> <li>Substance Abuse Disorder</li> <li>Homelessness</li> <li>Liveable Wages Economy</li> <li>Disenfranchised &amp; Vulnerable</li> <li>Organizational Complexity</li> <li>Breadth/Scope of Programs</li> </ul>
<b>Weaknesses</b>	<p><b>Invest, divest or collaborate</b></p> <ul style="list-style-type: none"> <li>Connecting Activities to Outcomes/Results</li> <li>Talent Acquisition, Development and Deployment</li> <li>Proactive vs. Reactive</li> <li>Business Processes</li> </ul>	<p><b>Divest or damage control</b></p> <ul style="list-style-type: none"> <li>Agency Scope and Complexity</li> <li>Middle Level Employee Retention</li> <li>Recruitment Challenges</li> <li>Opiate Epidemic</li> </ul>

From: Driving Strategic Planning – Strategies are highlighted



## Appendix B – SELF-ASSESSMENT

The HHSA executive team performed an Agency self-assessment of our skills and performance in a variety of areas, with the following ranking results:

### High

- Collaboration
- Knowledge and experience
- Mission
- Strategic Partnerships

### Medium

- Access to services
- Customer Service
- Planning
- Prevention
- Professional Development
- Quality
- Resource Utilization
- Vision

### Low

- Agency Integration
- Community's Awareness of HHSA



**Strategic Plan 2017-2019**

Shasta County Health and Human Services Agency

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