Public Notice
County of Shasta

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

Regular Meeting Agenda

Wednesday, February 19, 2025, 5:30 pm
Mae Helene Bacon Boggs Conference Center
2420 Breslauer Way, Redding, CA 96001

Members of the public may attend via Microsoft Teams

Join the meeting now
Meeting ID: 252 710 478 247
Passcode: arCYFt
You can also dial in using your phone.

United States: +1 707-596-6814
Conference ID: 164 251 693#
This meeting will be audio recorded.

Board Members

Kalyn Jones, *Chair*

Heather Jones, *Vice Chair*

Connie Webber

David Kehoe

Erin Dooley

Jo-Ann Medina

Matilda Grace

Ron Henninger

Matt Plumber

I. Call to Order & Welcome

II. Public Comment

Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. *Speakers will be limited to three minutes.*

III. Announcements and Staff Updates

Staff will address Public Comment, if needed, to follow up from the previous meeting.

IV. Consent Calendar

The following Consent Calendar items are expected to be routine and non-controversial. They may be acted upon by the Board at one time without discussion. Any Board member or staff member may request that an item be removed from the Consent Calendar for discussion and consideration. Members of the public may comment on any item on the Consent Calendar before the Board's consideration of the Consent Calendar. Each speaker is allocated three minutes to speak.

A. Approval of Meeting Minutes:
   1. November 18, 2024, Regular Meeting Minutes
   2. January 15, 2025, Regular Meeting Minutes

B. Approve amendment to the 2025 Meetings Calendar; executive committee meetings will now be scheduled the 4th Monday of every even month.

V. Presentations

A. Update on Prop 1- Ashley Saechao, Community Development Coordinator

VI. Regular Calendar

A. Public Comment will be invited prior to the close of each item.

B. MHSA Program Subcommittee Outcomes (Erin, Ron, Kalyn, David)

VII. Discussion Items

A. Ad Hoc Committee:
   1. 2023 Annual Report Update
   2. 2024 Annual Report Update

B. Review and Approve the MHADAB 2022 Annual Report for submission to the Shasta County Board of Supervisors.

C. Board members may ask questions about the Director's Report

D. Board members may make suggestions for future agenda consideration.

VIII. Board Member Committee Reports

A. Continuum of Care (no assigned members)

B. Stand Against Stigma (Connie Webber, Kalyn Jones)

C. Shasta Suicide Prevention Collaboration (Kalyn Jones, Ron Henninger)

D. Shasta Substance Use Coalition (JoAnn Medina)

E. MHSA Stakeholder Workgroup (Ron Henninger, Kalyn Jones)

IX. Adjourn

MHADAB Meeting
March 19, 2025
5:30 pm
Location: Boggs 2420 Breslauer Way, Redding CA 96001

Executive Committee Meeting
February 24, 2025
11:00 am
Location: HHSA BHSS Services Branch, Cascade Conference Room 2640 Breslauer Way, Redding, CA 96001

Committees

Shasta Substance Use Coalition
March 11, 2025, 10:30 am
Virtual via Zoom
jill@shastatraining.org

Shasta Suicide Prevention Collaborative
March 11, 2025, 2:30 pm
For location, please email
sstinger@shastacounty.gov

Stand Against Stigma
February 26, 2025, 1:30 pm
Boggs Building
2420 Breslauer Way
Redding, CA 96001
cdiamond@shastacounty.gov

MHSA Stakeholder Workgroup
February 27, 2025, 10:00 am
Boggs Building
2420 Breslauer Way
Redding, CA 96001
mhsa@shastacounty.gov

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Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Advisory Board, are available for public inspection at Shasta County Health and Human Services Agency, 2640 Breslauer Way, Redding, CA 96001. This meeting may be recorded. If there are any questions regarding this agenda, please contact Jackie Rose at 530-229-8266, or via e-mail at MHADAB@shastacounty.gov.

Shasta County Health and Human Services Agency
DRAFT SHASTA COUNTY Mental Health, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
Regular Meeting
Monday, November 18, 2024

Attendees:

Kalyn Jones, Board Chair	√	Heather Jones, Board Vice-Chair	√	Ron Henninger, Past Chair	√
Connie Webber, Board Member	√	Jo-Ann Medina, Board Member		Mary Rickert, BOS Board Member	
Angel Rocke, Board Member		David Kehoe, Board Member	√	Samuel Major, Board Member	√
Cindy Greene, Board Member	√	Erin Dooley, Board Member	√	Matilda Grace, Board Member	
Jackie Rose, BHSS CDC	√	Katie Nell, BHSS Sr. Analyst	√	Rachel Ibarra, BHSS Program Manager	√
Michele Williams, BHSS Peer Support	√	Laura Burch, HHSA Agency Director		Ashley Saechao, BHSS CDC	√
Marie Marks, BHSS CDC	√	Laura Stapp, HHSA Deputy Branch Director		Christy Coleman, HHSA Acting Agency Director	
Dwayne Green, HHSA Acting Agency Assistant Director	√	Montaca Zumalt, BHSS Clinical Division Chief	√	Caleb Land, BHSS Clinical Program Coordinator	√
Teri Booker, BHSS Staff Nurse II	√				

Community Members: 17 (Includes virtual attendees) *Not all signed in*

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
I. Call to Order	Kalyn Jones, MHADAB Chair extended a warm welcome to all attendees and called meeting to order at 5:31 p.m.	No action required.	N/A	Kalyn Jones, MHADAB Chair
II. Public Comment	A. A public commenter sent in an email, and it was read aloud. The comment stated that their daughter is in jail and is refusing services offered. In addition, their trial has been postponed twice due to not seeing the multiple doctors needed to assess competency for trial. B. A public commenter talked about their experience living in Shasta County and that people need to be empathetic and understand those with mental illness. There needs to be a process in place on how to treat those with a mental illness.	N/A	N/A	N/A
III. Announcements and Staff Updates	A. Sam thanked County staff for all they do to support the community. He also thanked the other board members. He wanted to make sure the that the appreciation he has was passed along to the program managers and other supervisors. B. No public comments needed to be addressed.	a. N/A b. N/A	a. N/A b. N/A	a. N/A b. N/A

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
IV. Consent Calendar	A. <u>Approval of Meeting Minutes</u> Minutes from September 16 and October 21, 2024 meetings were presented in written form.	a. Meeting minutes approved with seven (7) Ayes, zero (0) Nays and zero (0) abstentions.	N/A	**Motion:** David Kehoe **Second:** Heather Jones
	B. <u>Board Member Re-appointments</u> Consider recommending to the Board of Supervisors the following members reappointment for terms to expire December 31, 2027: David Kehoe, Heather Jones	b. Recommend to the Board of Supervisors the reappointment of David Kehoe, Heather Jones	b. Next scheduled Board of Supervisors meeting	
	C. <u>Membership Committee's Nomination</u> Consider recommending to the Board of Supervisors the Membership Committee's nomination of the following new member to fill the vacant MHADAB positions: Dawn Duckett – term to expire 12/31/2026, Stacy Watson term to expire 12/31/2027.	c. Recommend to the Board of Supervisors the appointment Dawn Duckett, Stacy Watson	c. Next scheduled Board of Supervisors meeting	
	D. <u>Approval of Meeting Calendar</u> Approve Mental Health Alcohol Drug advisory 2025 Meeting Dates	d. No action needed		
V. Presentations	A. <u>Field Based Nursing</u> Power Point presentation was provided by Teri Booker about Filed Based Nursing. A Q&A between the Board and public followed.	a. N/A	a. N/A	a. N/A
	B. <u>Good News Rescue Mission</u> Power Point presentation was provided by Justin Wandro about Good News Rescue Mission's new day resource center. A Q&A between the Board and public followed.	b. N/A	b. N/A	b. N/A
VI. Regular Calendar	<u>MHSA Program Subcommittee Outcomes</u> No meeting has taken place to discuss the outcomes of MHSA programs. Committee members include Erin Dooley, Ron Henninger, Kalyn Jones and David Kehoe	N/A	N/A	N/A

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
VII. Discussion Items	A. <u>Ad Hoc Committee:</u> a. <u>2023 Annual Update</u> Chair submitted questions to the county and is waiting for responses.	a. Secretary will gather responses to questions and submit to Chair and committee.	a. 12/13/2024	a. N/A
	b. <u>Election of Officers</u> Consider approving the recommendation for 2025 Mental Health Alcohol Drug Advisory Board Chair and Vice Chair: Kalyn Jones and Heather Jones Discussion took place to create an Ad Hoc committee for the incoming Vice Chair for the 2026 year for Erin Dooley.	b. Motion passed unanimously with eleven (7) Ayes, zero (0) Nays and zero (0) abstention.	b. Future agendas	b. **Motion**: Kalyn Jones **Second**: Connie Webber Board Secretary
	B. <u>2024 Shasta County Data Notebook</u> Review the 2024 Shasta County Data Notebook as presented in written form and consider voting to approve for submission.	B. Motion passed unanimously with eleven (7) Ayes, zero (0) Nays and zero (0) abstention.	B. N/A	B. **Motion:** Heather Jones **Second:** Erin Dooley
	C. <u>Review and consider approving the MHADAB 2022 Annual Report for submission to the Shasta County Board of Supervisors.</u> Discussion took place and to omit the grading from the report.	C. MHADAB 2022 Annual Report approved for submission to the Shasta County Board of Supervisors as submitted with 7 ayes, 0 nays.	C. N/A	C. **Motion:** Ron Henninger **Second:** David Kehoe
	D. <u>Board members may ask questions about the Director's Report</u>	D. N/A	D. N/A	D. N/A
	E. <u>Board members may make suggestions for future agenda consideration.</u> Board would like an organization chart to capture the vacancies and movement within the County.	E. Board secretary will work on providing an org chart.	E. January 2025	E. N/A
	F. <u>Review and consider approving Bylaws Updated per CA</u>	F. The bylaws passed	F. N/A	F. **Motion:** Heather

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
	WIC duties 5600 – 5623, expenses 5650 – 5667 and membership 5963.03 Updated bylaws were sent prior to the meeting for the boards review. Recommend to the Board of Supervisors the updated bylaws as written for approval. G. Shasta Health and Redesign Collaborative (ShaRC) – David Kehoe David spoke about a need for an assessment of what knowledgeable people need to make an impact. When we are spending money what are we trying to accomplish. Decisions are based on politics, and we have opportunity to speak up during board meetings. We should be taking advantage of the resources we have and determining what our needs are.	unanimously with eleven (7) Ayes, zero (0) Nays and zero (0) abstention. Jackie will send to BOS for approval. G. N/A	G. N/A	Jones **Second:** Connie Webber G. N/A
VIII. Roundtable Discussion	No updates on committee reports were given.	No action required	N/A	N/A
I. VII. Adjournment	Call to adjourn meeting (7:09 PM)	No action required	N/A	**Motion:** Ron Henninger **Second:** Erin Dooley

Next Meeting is scheduled on: January 15, 2025

Kalyn Jones
MHADAB Chair

Date

Shasta County Health and Human Services Agency
DRAFT SHASTA COUNTY Mental Health, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
Regular Meeting
Wednesday, January 15, 2025

Attendees:

Kalyn Jones, Board Chair	√	Jo-Ann Medina, Board Member	√	Ron Henninger, Past Chair	√
Connie Webber, Board Member	√	Erin Dooley, Board Member		Matilda Grace, Board Member	√
Jackie Rose, BHSS CDC	√	Katie Nell, BHSS Sr. Analyst	√	Ashley Saechao, BHSS CDC	√
Marie Marks, BHSS CDC	√	Laura Burch, HHSA Agency Director		Gail Gustafson, Program Manager	√
Dwayne Green, HHSA Acting Agency Assistant Director	√	Bailey Cogger, Deputy Director	√	Christy Coleman, HHSA Acting Agency Director	√
Joanna Chorpenning	√				

Community Members: 10 (Includes virtual attendees) *Not all signed in*

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
I. Call to Order	Kalyn Jones, MHADAB Chair extended a warm welcome to all attendees and called meeting to order at 5:33 p.m.	No action required.	N/A	Kalyn Jones, MHADAB Chair
II. Public Comment	A. A public commenter spoke about a family's situation regarding their son who was being paroled in Bakersfield but needed to get to Shasta County as that was there last known address. The commenter wanted to know where was the support for the parolee as they were let out. She commented on how there was a disconnect for services for those who are paroled or released from the hospital. Bailey, Deputy Director, spoke about Wellpath and that Shasta County doesn't not take a role until they are out of jail.	Directors will follow up with additional information during our next regular meeting.	2/19/2025	Joanna Chorpenning
III. Announcements and Staff Updates	A. No public comment needed to be addressed.	A. N/A	A. N/A	A. N/A
IV. Consent Calendar	A. <u>Approval of Meeting Minutes</u> Minutes were not approved as written, further discussion needed to take place. Minutes were moved to the regular calendar. B. <u>Membership Committee's Nomination</u>	A. Tabled until next regular meeting. B. Committee's	A. N/A B. Next Board of	A. N/A **Motion:** Kalyn Jones

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
	Recommend to the Board of Supervisors the Membership Committee's nomination of the following new member to fill the vacant MHADAB positions: Chris Webber (Tucker) - terms to expire 12/31/2026, Troy Payne (Major), Jim Berry (Mullikin)- terms to expire 12/31/2027.	Nomination approved with four (4) Ayes, zero (0) Nays and zero (1) abstentions. Submit to Board of Supervisors	Supervisors meeting	**Second:** Matilda Grace
V. Presentations	A. Behavioral Health Bridge Housing Power Point presentation was provided by Gail Gustafson about Behavioral Health Bridge Housing (BHBH). A Q&A between the Board and public followed.	A. N/A	A. N/A	A. N/A
VI. Regular Calendar	MHSA Program Subcommittee Outcomes Due to the holidays, no meetings have taken place to discuss the outcomes of MHSA programs. Committee members include Erin Dooley, Ron Henninger, Kalyn Jones Approval of Meeting Minutes Table until next meeting as is Board is requesting clarification.	N/A Add to next meeting agenda under regular calendar	N/A 2/19/2025	N/A Board Secretary
VII. Discussion Items	A. Ad Hoc Committee: a. 2023 Annual Report Update Board member submitted additional questions to the county. b. 2024 Annual Report Committee Volunteer Chair asked for volunteers for this committee, Matilda and Kalyn will take on this project. B. BHSS Director appointed to Cindy Lane Congratulations were given to Cindy Lane for her promotion. C. BHSS Mental Health Director This role now lies with Acting Agency Director, Christy	a. Secretary will provide additional resources to Chair and committee for clarification. b. Secretary will provide a draft report to committee. B. N/A C. N/A	a. 1/24/2025 b. 2/3/2025 B. N/A C. N/A	a. Board Secretary b. Board Secretary B. **N/A** C. **N/A**

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
	Coleman D. <u>HHSA Org Chart</u> Secretary provided an organization chart to board via email. Board would like to have an organization chart for leadership down to program managers including staff names. Acting Agency Director, Christy Coleman and Acting Agency Deputy Director Dwayne Green approved to include the names. E. <u>Board members may ask questions about the Director's Report</u> Board members asked to obtain Shasta County suicide rates for clients for Shasta County Behavioral Health. This information cannot be provided as it PHI is a concern and identification can occur. Board would like to have a repeat presentation from Public Health Suicide Prevention F. <u>Board members may make suggestions for future agenda consideration.</u> Nothing at this time.	D. Board secretary will work on providing an org chart. E. Board Secretary will arrange for a future presentation. F. N/A	D. 1/24/2025 E. 1/24/2025 F. N/A	D. Board Secretary E. Board Secretary F. N/A
VIII. Roundtable Discussion	<u>Board Member Committee Reports</u> Chair Jones asked if any board member had any reports they wanted to share. It was discovered that ADP meetings are no longer taking place and will be removed from future agendas. It was also asked what Continuum of Care was. The co-chair of the Continuum of Care (CoC) was a community member at our meeting and was able to provide an overview of the committee, when meetings take place and invited everyone to attend. Board member Medina asked to be added to the Substance Use Coalition and wanted the meeting contact information. Bailey Cogger will provide that information to Secretary to along to board members.	Board Secretary will remove from future agendas. Add Substance Use Coalition to the committee reports. Secretary will forward meeting information to members of the board	1/24/2025	N/A

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
I. VII. Adjournment	Call to adjourn meeting (6:54 PM)	No action required	N/A	**Motion:** Ron Henninger **Second:** Connie Webber

Next Meeting is scheduled on: February 19, 2025

Kalyn Jones
MHADAB Chair

Date

Advisory Board 2025

Regular Meeting Schedule

(Third Wednesday of the Month)

Location: Boggs Building

2420 Breslauer Way, Redding, CA. 96001

January 15, 2025 @ 5:30 pm
February 19, 2025 @ 5:30 pm
March 19, 2025 @ 5:30 pm
April 16, 2025 @ 5:30 pm
May 21, 2025 @ 5:30 pm
June 18, 2025 @ 5:30 pm
July 16, 2025 @ 5:30 pm
- No Regular Meeting in August -
September 17, 2025 @ 5:30 pm
October 15, 2025 @ 5:30 pm
November 19, 2025 @ 5:30 pm
- No Regular Meeting in December –

Shasta County Mental Health, Alcohol and Drug Advisory Board

EXECUTIVE COMMITTEE

2025 Meeting Schedule

(Fourth Monday every even month)

Location: HHSA Behavioral Health & Social Services

2640 Breslauer Way, Redding, CA.

February 24, 2025 @ 11:00 am
April 28, 2025 @ 11:00 am
June 23, 2025 @ 11:00 am
August 25, 2025 @ 11:00 am
October 27, 2025 @ 11:00 am

PLEASE CONTACT BOARD SECRETARY: JACKIE ROSE FOR ADDITIONAL DETAILS
MHADAB@SHASTACOUNTY.GOV

Prop 1

Senate Bill (SB) 326
Assembly Bill (AB) 531

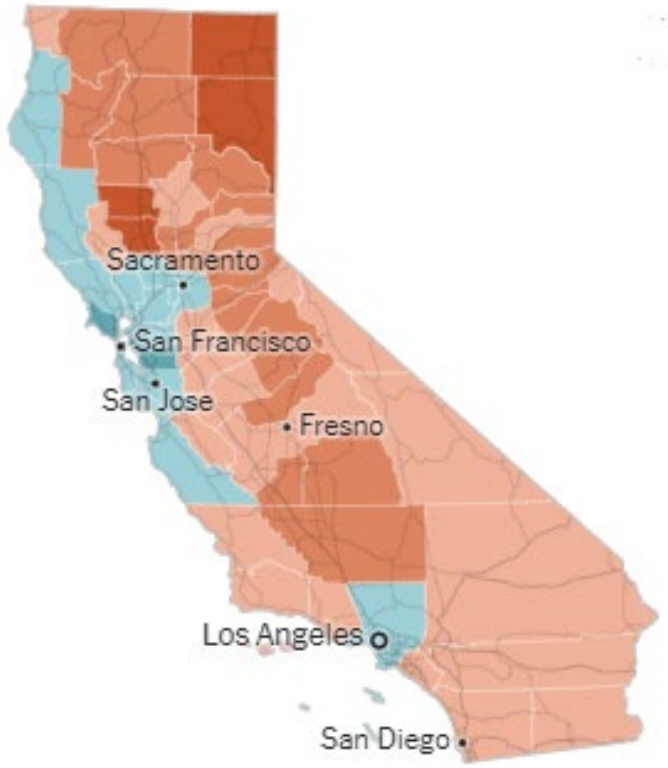
Presented by

Shasta County
Health & Human
Services Agency

What is Proposition 1?

A statewide effort to reform and expand California's behavioral health system

- Passed by California voters in March 2024.
- Department of Health Care Services (DHCS) refers to the implementation of these changes as Behavioral Health Transformation (BHT)
- The two-bill package:
  - Senate Bill (SB) 326 The Behavioral Health Services Act (BHSA)
  - Assembly Bill (AB) 531 Behavioral Health Bond Act



Senate Bill (SB) 326

MHSA to BHSA

Behavioral Health Transformation (BHT)

Mental Health Service Act to Behavioral Health Service Act

Shasta County
Health & Human
Services Agency

Mental Health Services Act (MHSA)

- Proposition 63 passed on November 2, 2004
- 1% tax on income over $1 million to expand and transform mental health services
- Provides money for community-based mental health services
- Services should be developed on community input and need
- MHSA is intended to close the gap in the behavioral health system

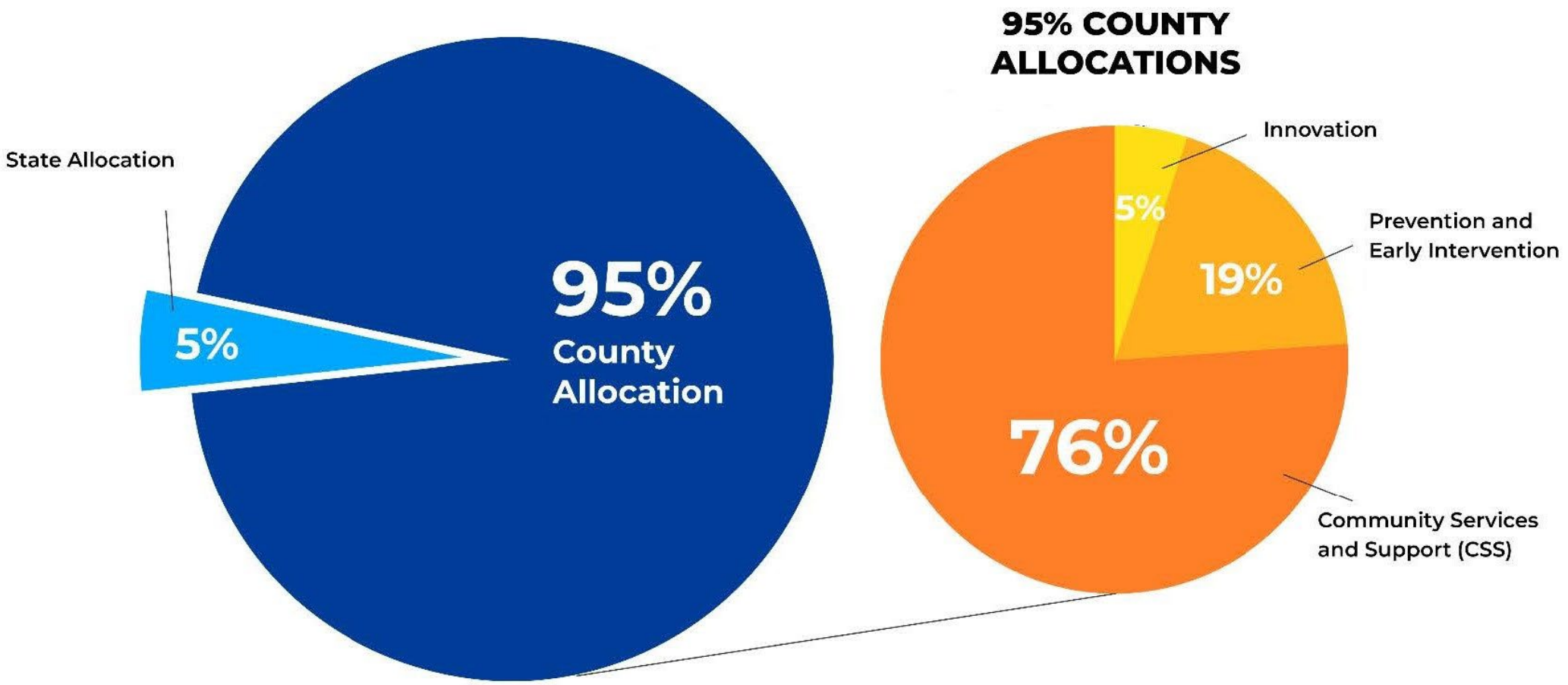
WELLNESS • RECOVERY • RESILIENCE

MHSA Overview

CSS: Community Services & Supports (76%)	Outreach and direct services for people that are experiencing mental health problems. (all ages)
PEI: Prevention & Early Intervention (19%)	Prevent the development of mental health problems by screening for and intervening with early signs
INN: Innovation (5%)	New or changed approaches that may improve outcomes
WET: Workforce Education & Training	Build, retain, and train public mental health workforce
CFTN: Capital Facilities & Technology Needs	Infrastructure support (electronic health record, Mental Health facilities)

Budget Allocation

CURRENT ALLOCATION



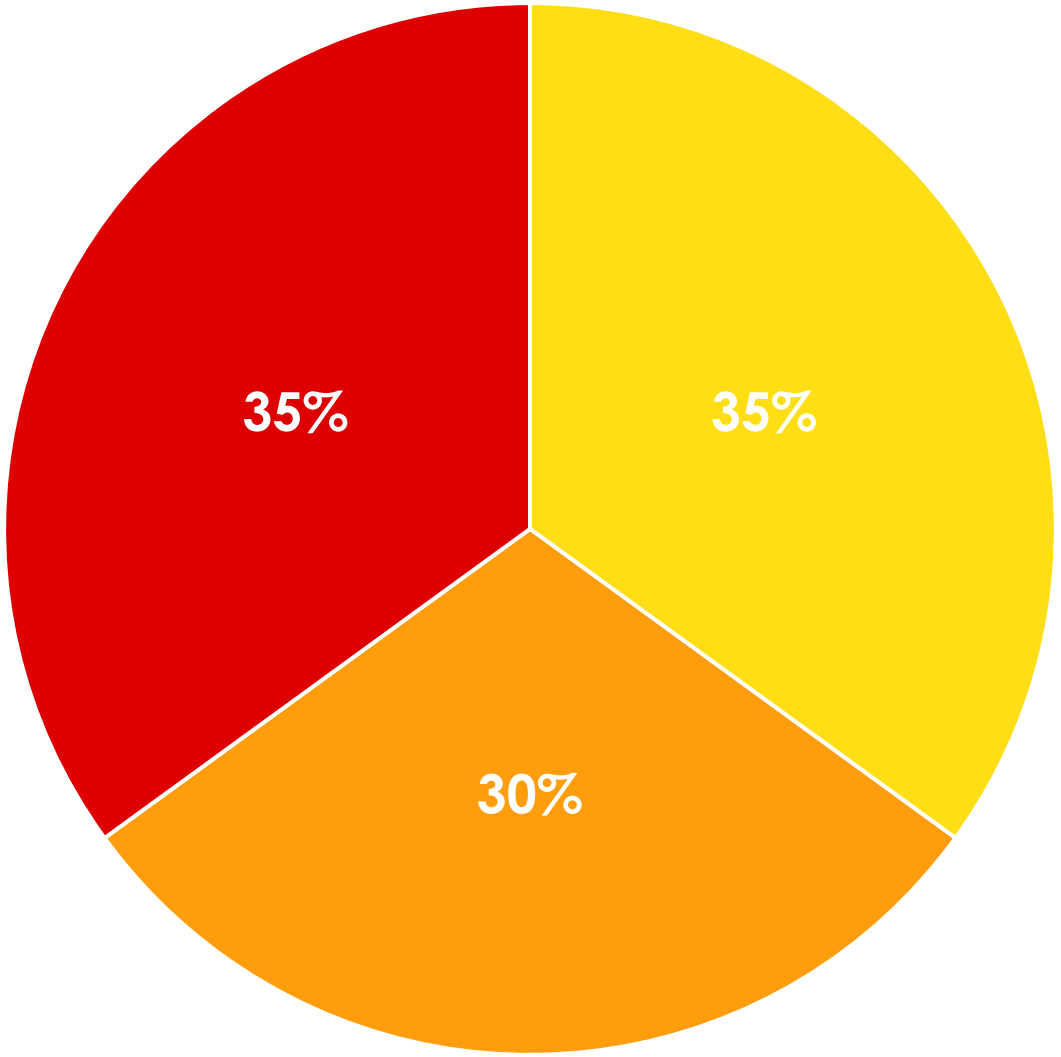
MHSA to BHSA

- Changes Mental Health Services Act (MHSA) to Behavioral Health Services Act (BHSA)
- New intergrated plan due July 2026 to replace the
- Reforms the funding allocations, which includes increase capacity for housing
- Adds the allowance for care for individuals with only a Substance Use Disorder (SUD).
- Workforce investments to expand a culturally competent behavioral health workforce
- Increase for statewide resources

MHSA to BHSA

Current MHSA Allocation		BHSA Allocation	
County Allocation	**95%**	**County Allocation**	**90%**
Community Services and Supports	76%	Housing Interventions	30%
Prevention and Early Intervention	19%	Full Service Partnerships (FSP)	35%
Innovation	5%	Behavioral Health Services and Supports (BHSS)	35%
State Directed	**5%**	**State Directed**	**10%**
State Administration	5%	Population-Based Prevention California Department of Public Health (CDPH)	4%
		Behavioral Health Workforce, CA Dept. of Health Care Access and Information (HCAI)	3%
		State Administration	3%

Behavioral Health Services Act (BHSA)



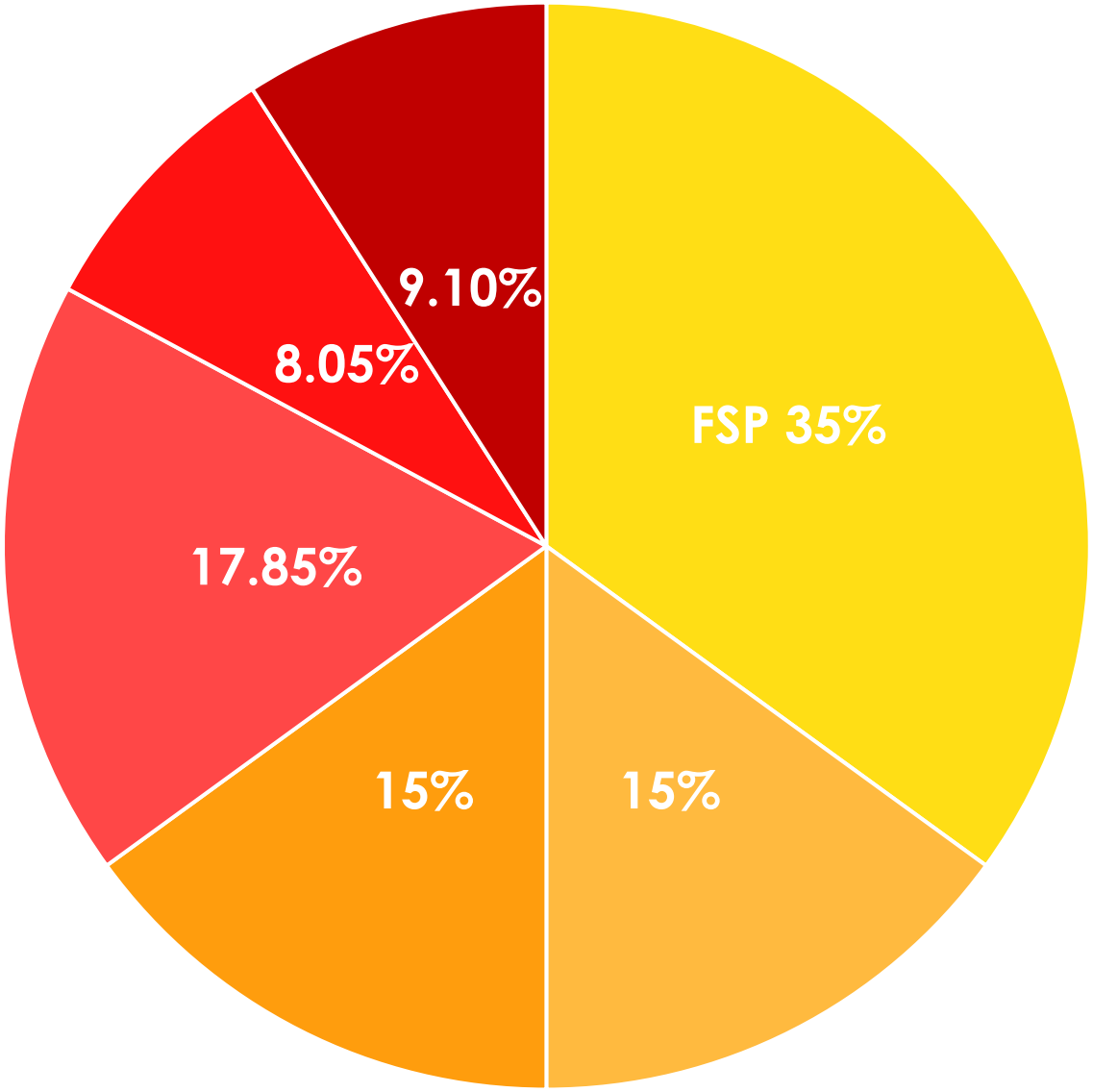
BHSA County Allocation

- Full Service Partnership 35%
- Housing 30%
- Behavioral Health Services and Supports 35%

BHSA Overview

Housing Intervention (30%)	For children and families, youth, adults, and older adults living with Serious Mental Illness and or SUD who are experiencing or at risk of homelessness. 50% is prioritized for housing interventions for the chronically homeless, up to 25% may be used for capital development, includes rental subsidies, shared and family housing.
Full Service Partnerships (35%)	Includes mental health, supportive services, and substance use disorder treatment services. Informally referred to as "whatever it takes" model. Establishes standard of care with levels based on criteria for step-down into the least intensive level of care.
Behavioral Health Services and Supports (35%)	Includes early intervention, outreach and engagement, workforce education and training, capital facilities, technological needs, and innovative pilots and projects. 51% of this amount must be used for Early Intervention services to assist in the early signs of mental illness or substance misuse and 51% of these Early Intervention services and supports must be for people 25 years and younger.

High level BHSA County Allocation



- Full Service Partnership 35%
- Housing - Chronically Homeless 15%
- Housing -Other 15%
- Behavioral Health Services and Supports (BHSS) 17.85%
- Behavioral Health Services and Supports Early Intervention (EI) 8.05%
- Behavioral Health Services and Supports EI to serve individuals age 25 and younger 9.10%

MHSA Categories, Programs and Contracts

Community Services and Supports (CSS) 76%

Contracted Services

Client and Family Operated Services
- Family Support Groups (NAMI)
- Circle of Friends Wellness Center (Hill Country)
- Sunrise Mountain Wellness Center (Kingsview)

Crisis Services
- Crisis Intervention Response Team CIRT (Redding Police)
- Mobile Crisis Team (Hill Country)
- CARE Center (Hill Country)
- Assisted Outpatient Treatment (Kingsview)

Rural Health Initiative/Federally Qualified Health Centers
- Round Mountain (Hill County Health and Wellness Center)
- Burney (Mountain Valleys Health Center)
- Redding (Shasta Community Health Center)
- Shingletown (Shingletown Medical Center)

Housing Continuum
- Woodlands (Permanent Supportive Housing)
- Ridgeview Board and Care (Transitional Housing)
- Jim & Liza's Care Home (Transitional Housing)
- Casa Serenity (Transitional Housing)

County Behavioral Health Programs

Shasta Triumph and Recovery (STAR)

Older Adult

Crisis Services
- Care Coordination (TAD, MHC's, Staff in the ER, ACCESS)

Crisis Residential and Recovery Center (CRRC)

Co-Occurring/Primary Care Integration

Outreach

Prevention and Early Intervention (PEI) 19%

Contracted Services

Children and Youth in Stressed Families
- Triple P
- At Risk Middle Schoolers (Botvin)
- IMPACT

County Behavioral Health Programs

Children and Youth in Stressed Families
- Trauma Focused Treatment
- 0-5

Individuals Experiencing Onset of Serious Psychiatric Illness
- Early Onset

Stigma and Discrimination Reduction
- Stand Against Stigma
- Peer Support Program

County Public Health Programs

Children and Youth in Stressed Families
- ACES

Outreach for Increasing Recognition of Early Signs of Mental Illness
- Community Mental Wellbeing

Suicide Prevention

Innovations (INN) 5%

Contracted Services

Psychiatric Advance Directives PAD

Workforce Education and Training (WET)

Contracted Services

CalMHSA Superior Region Partnership

Capital Facilities and Technology Needs (CFTN)

N/A

MHSA 3-Year Plan to the Integrated Plan for Behavioral Health Services

- Outline planned county activities and projected expenditures for county behavioral health services funded under the following behavioral health funding streams: Bronzan-McCorquodale Act (1991 and 2011 realignment), Medi-Cal behavioral health, including Specialty Mental Health Services, Drug MediCal (DMC), Drug Medi-Cal Organized Delivery System (DMC-ODS), Federal block grants, Opioid settlement funding and BHSA.

- Work with the Medi-Cal managed care plan on development of the population needs assessment and work with the local health jurisdiction on development of the community health improvement plan.

- Increase stakeholder reach with participation from individuals representing diverse viewpoints (i.e., youth from historically marginalized communities, LGBTQ+ individuals, people with lived experience of homelessness, etc.)

- County goals and objectives to align with statewide and local goals, outcome measures, and performance outcomes measures

BHSA Updates:

- County Behavioral Health Directors Association of California (CBHDA) is gathering feedback to provide advocacy assistance between California counites and the state Department of Health Care Services (DHCS).
- Department of Health Care Services (DHCS) released draft policies on the Behavioral Health Transformation for public review in December. Final policies are expected to be released in spring of 2025.
- Department of Health Care Services (DHCS) hosts public listening sessions which can be found at the link below.

For more updates visit: https://www.dhcs.ca.gov/BHT/Pages/Stakeholder-Engagement.aspx

Assembly Bill (AB) 531
Behavioral Health Bond Act

Shasta County
Health & Human
Services Agency

Behavioral Health Bond Act

This bill authorizes $6.4 billion in bonds to finance:

- Behavioral health treatment beds
- Supportive housing
- Community sites
- Funding for housing veterans with behavioral health needs

Grants will come from:

- Bond Behavioral Health Continuum Infrastructure Program (Bond BHCIP)
- Department of Housing and Community Development (HCD) and Department of Veterans Affairs (CalVet)

Bond BHCIP

Round 1: Launch Ready

- Total of $3.3 billion in funding
  - $1.8 billion for all eligible entities (total amount will be allocated by region)
    - Shasta County is in the Balance of State Region where there is $58,815,375 available
    - $1.5 billion available to counties, cities, and tribal only (no regional caps)
- Application period opened August 9, 2024 and will close December 13, 2024

Round 2: Unmet Needs

- Total of $1.1 billion in funding
- Shasta is in the Balance of State region with $35,942,729 available
- Application period will open in May 2025 and close in September 2025

Funding Information

- Total 2.2 billion
- $120 million set aside for tribal entities
- Primary funding is $2 billion from Prop 1
- Additional $250 million from the State's Housing and Homeless Housing, Assistance, and Prevention (HHAP) HomeKey Supplemental program for local jurisdictions building housing in compliance with the housing element of the states general plan

Application Information

- Through CA Department of Housing and Community Development
- Opening in November, and will be reviewed on a rolling basis
- Awards will begin being distributed in May 2025 and will be given until funds are exhausted

Important Take Aways

- Will require a minimum of 3 years of operating match
- Counties may choose to utilize portions of the BHSA Housing allocation to provide operations funding for Homekey+ projects to provide long-term operational sustainability.
- Homeless or at-risk youth 18-25 will be the target of 8% of funds available for both Veterans and all Californians. There is not a target in the funds for tribal entities.

Prop 1 Timelines

Q3 2024
- Bond BHCIP Round 1: Launch Ready Request for Application (RFA) release

Q4 2024
- Bond BHCIP Round 1: Launch Ready RFA due

Q1 2025
- Initial BHSA Policy Guidance Issued
- Develop three-year (2026-2029) implementation plans for integrated planning

Q2 2025
- Bond BHCIP Round 1: Launch Ready awards announced
- Bond BHCIP Round 2: Unmet Needs RFA released
- Subsequent BHSA Policy Guidance Issued (DHCS will continue to release policy and guidance in phases)

Q3 2025
- Bond BHCIP Round 2: Unmet Needs RFA due
- Subsequent BHSA Policy Guidance Issued

Q1 2026
- Bond BHCIP Round 2: Unmet Needs awards announced
- Subsequent BHSA Policy Guidance Issued

Q2 2026
- First Integrated Plan due (for FY 26-29)

BH-BHT Prop 1 Timeline Infographic-V6 (ca.gov)

Shasta County Health & Human Services Agency

Get Involved!

Attend your next community meeting

Mental Health, Alcohol & Drug Advisory Board

Date: February 19, 2025

Time: 5:30 pm

Location: Boggs Building

2420 Breslauer Way, Redding, CA 96001

Contact: MHADAB@shastacounty.gov

Mental Health Services Act Quarterly Workgroup

Date: February 27, 2024

Time: 10:00 am

Location: Boggs Building

2420 Breslauer Way, Redding, CA 96001

Contact: MHSA@shastacounty.gov

MHSA/BHSA: https://www.shastamhsa.com/

Prop 1 Updates: www.shastacounty.gov/hhsa/bhsa-updates

BHSA: Stakeholder Involvement Requirements *(Beginning January 1, 2025)*

Each Integrated Plan (3 Year Plan) must be developed with local stakeholders. Counties must demonstrate a partnership with constituents and stakeholders throughout the process that includes **meaningful stakeholder involvement** on mental health and substance use disorder policy, program planning, and implementation, monitoring, workforce, quality improvement, health equity, evaluation, and budget allocations.

Integrated Plans should include a demonstration of how the county will utilize various funds for behavioral health services to deliver high-quality, culturally responsive, and timely care along the continuum of services in the least restrictive setting from prevention and wellness in schools and other settings to community-based outpatient care, residential care, crisis care, acute care, and housing services and supports.

STAKEHOLDERS:

I. **Each Integrated Plan (**3 Year Plan) **must be developed with local stakeholders**, including, but not limited to, all of the following:
   1. Adults and older adults who either:
      a. Meet the criteria to receive specialty mental health services *or*
      b. Have a substance use disorder
   2. Families of individuals (all ages) who meet the criteria to receive specialty mental health services
   3. Youths or youth mental health or substance use disorder organizations
   4. Providers of mental health services and substance use disorder treatment services
   5. Public safety partners, including county juvenile justice agencies
   6. Local education agencies
   7. Higher education partners
   8. Early childhood organizations
   9. Local public health jurisdictions
   10. County social services and child welfare agencies
   11. Labor representative organizations
   12. Veterans
   13. Representatives from veterans organizations
   14. Health care organizations, including hospitals
   15. Health care service plans, including Medi-Cal managed care plans as defined in subdivision (j) of Section 14184.101
   16. Disability insurers
   17. Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
   18. The five most populous cities in counties with a population greater than 200,000
   19. Area agencies on aging
   20. Independent living centers
   21. Continuums of care, including representatives from the homeless service provider community
   22. Regional centers
   23. Emergency medical services
   24. Community-based organizations serving culturally and linguistically diverse constituents

II. **Diverse Viewpoints Required**: Counties must include sufficient participation of individuals representing diverse viewpoints, including, but not limited to:
   1. Representatives from youth from historically marginalized communities
   2. Representatives from organizations specializing in working with underserved racially and ethnically diverse communities
   3. Representatives from LGBTQ+ communities
   4. Victims of domestic violence and sexual abuse
   5. People with lived experience of homelessness

SUPPORTS & REQUIREMENTS

1. **Training and Technical Assistance**: A county may provide supports, including, but not limited to, training and technical assistance, to ensure stakeholders, including peers and families, receive sufficient information and data to meaningfully participate in the development of integrated plans and annual updates.

2. **Description of the Stakeholder Process & Input:** Integrated plans (3 Year Plans or Annual Updates) must include:
   a. A description of the development process in partnership with local stakeholders;
   b. Consideration of input and feedback into the plan provided by stakeholders, including, but not limited to, those with lived behavioral health experience, including peers and families;
   c. A description of how the integrated plan aligns with local goals and outcome measures for behavioral health, including goals and outcome measures to reduce identified disparities;
   d. **A demonstration of how the county has considered other local program planning efforts in the development of the integrated plan to maximize opportunities to leverage funding and services from other programs, including federal funding, Medi-Cal managed care, and commercial health plans.* (**Beginning July 1, 2026*)
   e. Certification by the county behavioral health director, that ensures that the county has complied with all pertinent regulations, laws, and statutes, including stakeholder participation requirements.

3. **30-Day Review:** A **draft** Integrated 3-Year Plan or Update must be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interest and any interested party who has requested a copy of the draft plan.

4. **Local Behavioral Health Board/Commission (BHB) Requirements:** The BHB must:
   a. Review & approve procedures used to ensure citizen & professional involvement in all stages of planning process;
   b. Conduct Public Hearings on the **draft** Integrated 3-Year Plans or Updates at the close of 30-day public comment periods.
   c. Review the **adopted** Integrated 3-Year Plans or Updates & make recommendations to the local mental health agency, substance use agency or behavioral health agency, as applicable, for revisions;

5. **ADOPTED Integrated Plan Requirements**
   a. Each adopted integrated plan and update shall include substantive written recommendations for revisions.
   b. The adopted integrated plan or update shall summarize and analyze the recommended revisions.
   c. The local MH/BH agency must provide written explanations in an annual report to the governing body and DHCS for any "substantive recommendations made by the BHB" that are not included in the final plan or update. "Substantive recommendation made by the local behavioral health board" means a recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local behavioral health board that has established a quorum.
   d. **Each county's board of supervisors shall approve the integrated plan and annual updates by June 30 prior to the fiscal year or years the integrated plan or update would cover.* (**Beginning July 1, 2026*)

CA Welfare & Institution Code (WIC) 5963.02, 5963.03(a,b,f) & 5604.2(4)

Mental Health, Alcohol and Drug Advisory Board

Annual Report 2022

Shasta County
Health & Human Services Agency

Our Membership

Ronald Henninger (Chair)
Kalyn Jones (Vice Chair)

Alan Mullikin
Angel Rocke
Anne Prielipp
Charles Menoher
Christine Stewart
Cindy Greene
Connie Webber
Dale Marlar
David Kehoe
Heather Jones
Jo-Ann Medina
Mary Rickert
Sam Major

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Dear Shasta County Board of Supervisors:

The members of the Shasta County Mental Health, Alcohol and Drug Advisory Board (SCMHADAB) are pleased to present to you the SCMHADAB 2022 Annual Report.

There were many challenges that the Board and Department faced as the county was coming out of the Covid-19 era and the many resignations that took place with the leadership of HHS and Mental Health Department during this period.

Our purpose of this annual report is two-fold:

First, to demonstrate the activities that the MHADA Board have participated in to allow our board members opportunities to expand their knowledge and understanding of Shasta County's mental health, alcohol, and drug programs. Also, the programs needs and challenges.

Second, which is a departure from the past practices is to evaluate how effective the Board fulfilled the mission of the Board as established by Welfare and Institutions Code Section 5604.2. which is to inform and educate the public on alcohol, drug and mental health issues as well as to advise the Shasta County Mental Health Plan on program development, availability of services and planning efforts.

It is our sincere hope that the 2022 Annual Report will provide you a clear understanding of our activities, challenges, and efforts to improve the performance of our duties and to improve services delivered in Shasta County.

Sincerely,
Ron Henninger
Shasta County Mental Health, Alcohol and Drug Advisory Board Chair

Board Mission and Responsibilities

The mission of the Board is to inform and educate the public on alcohol, drug and mental health issues as well as to advise the Shasta County Mental Health Plan on program development, availability of services and planning efforts as established by Welfare and Institutions Code Section 5604.2. This includes the following responsibilities:

1. Review and evaluate the community's mental health, alcohol and/or drug treatment needs, services and special problems as related to the above.
2. Review performance contracts.
3. Advise the Board of Supervisors, the Shasta County Director of Mental Health Services and the County Alcohol and Drug Program Administrator to any aspect of Shasta County's mental health, alcohol and drug treatment and prevention services.
4. Ensure citizen, consumer and professional involvement in the Shasta County Mental Health Plan's delivery planning efforts.
5. Submit an annual report to the Board of Supervisors on the needs, challenges and performance of Shasta County's mental health, alcohol and drug treatment and prevention services.
6. Review, interview and make recommendations on applicants for appointment of the Director and Administrator.
7. Review and comment on Shasta County's performance outcome data and communicate its findings to the State of California Mental Health Planning Council and/or other appropriate entities.
8. Assess the impact of the realignment of services from the State of California on mental health services delivered to clients and within the Shasta County community.
9. Review draft Mental Health Services Act (Proposition 63, General Election of November 2004) plans and annual updates, make recommendations to the Director regarding the plans and updates, and make recommendations to the County Mental Health Department for revisions, as needed (per Welfare and Institutions Code Section 5848(b)).
10. Conduct public hearings on draft Mental Health Services Act plans, annual updates and other matters as appropriate.

Chairs Mission Response:

The mission of the Board is to inform and educate the public on alcohol, drug and mental health issues as well as to advise the Shasta County Mental Health Plan on program development, availability of services and planning efforts as established by Welfare and Institutions Code Section 5604.2. This includes the following responsibilities:

1. Review and evaluate the community's mental health, alcohol and/or drug treatment needs, services and special problems as related to the above.
   This is an area of weakness as most of the information that the Board receives about the deliverance of care and effectiveness of programs comes directly from the Department or contract agencies. So the majority of information is not from the community but from the Department.
   The Board members do not attend the standing committee meetings that are held by the Department. Board member may talk with members of the public about the impacted of the care being delivered to get information about the community mental health needs but that is rarely a topic of discussion before the Board. The Board needs to be aware of the concerns from both the standing committee meetings and concerns from members of the public.
   There is very little public participation. Someone needs to ask why that is and come up with a plan to fix it.

2. Review performance contracts.
   Does not happen there is almost no discussion at any time about performance recommendations found in contract agencies contracts.

3. Advise the Board of Supervisors, the Shasta County Director of Mental Health Services and the County Alcohol and Drug Program Administrator to any aspect of Shasta County's mental health, alcohol and drug treatment and prevention services.
   The Board is never asked to give advice; programs only come before the Board when they are ready to be voted on, not when they are in the development stage. The only way that the Department could say we give advice is when we complain about something or ask a question about a program. Then the Department gives a very superficial answer or just brushes the complaint or question aside as irrelevant.

4. Ensure citizen, consumer, and professional involvement in the Shasta County Mental Health Plan's delivery planning efforts.
   I don't know how we address this at all.
   It's my opinion that this is discouraged particularly for the citizens and consumers. Consumers in particular and citizens that have loved ones that are receiving care are fearful of retribution if they make comments.

5. Submit an annual report to the Board of Supervisors on the needs, challenges and performance of Shasta County's mental health, alcohol and drug treatment and prevention services.
   This may be the first report that actually addresses the performance of how well the Board is fulfilling its prescribed responsibilities.

6. Review, interview, and make recommendations on applicants for appointment of the Director and Administrator.
   This was not done when the following positions were filled: Behavioral Health and Social Services Director and Agency Director for Shasta County Health & Human Services Agency

7. Review and comment on Shasta County's performance outcome data and communicate its findings to the State of California Mental Health Planning Council and/or other appropriate

entities.

We send a data report into the state every year. Most of the information comes directly from the department and there is very little discussion at the Board level; it is more a formality than a review. So, any concern that the Board might have is to late for consider a modification of the document.

8. Assess the impact of the realignment of services from the State of California on mental health services delivered to clients and within the Shasta County community.

I know nothing about this.

9. Review draft Mental Health Services Act (Proposition 63, General Election of November 2004) plans and annual updates, make recommendations to the Director regarding the plans and updates, and make recommendations to the County Mental Health Department for revisions, as needed (per Welfare and Institutions Code Section 5848(b)).

This document is reviewed by the Board with the Boards involvement being very late in the process when time is an issue.

When recommendations are made it is very difficult to know if they have been considered. There is no indication that the recommendation that were made were considered or incorporated into the Report without going back and comparing documents manually.

The only Board discussion on the MHSA takes place at the public hearing and then a vote is taken. So, any concern that the Board might have is to late to consider a modification of the document.

10. Conduct public hearings on draft Mental Health Services Act plans, annual updates and other matters as appropriate.

The public hearing this year was done as a Special Meeting with very little notice both for Board members and also the Public.

The Public meeting to vote on the MHSA 3-year plan was held behind locked doors. There was a guard that could have allowed people in but holding a public meeting behind locked doors and a place where you have to ask a guard to get in is not an ideal situation for a public meeting.

MHADAB Committee Member's Response

Agenda item # 7 H - 09/16/24 - Mental Health

David Kehoe [redacted] Mon, Sep 16, 2024 at 3:40 PM
To: Mary Rickert [redacted], Ronald Henninger PATRICK MORIARTY
[redacted]
Bcc: David Kehoe [redacted]

Background: An active discussion was engaged in by members of the Shasta Health and Redesign Collaborative (SHARC) last Friday relative to - Prop 1 Behavioral Health Transformation. Significant member concern surfaced as to how the planning efforts were unfolding, the commitment to community outreach/planning, the establishment of a priority/evaluation process and which Shasta County department was the lead agency. Additionally, it was stressed that Shasta County must receive it's fair share of the available funding.

Supervisor Mary Rickert assured the membership that this was a very high priority for her and for the residents of Shasta County. To this end, she indicated that she would monitor progress and accomplishments on an ongoing basis. It was suggested that an Ad Hoc committee be formed is assist Supervisor Rickert in this important evaluation - several individuals and organizations volunteered to assist.

Finally, it was requested that SHARC community member, David Kehoe, bring this matter to the attention of the Mental Health Advisory Board - with the hope that a special· meeting will be convened to discuss the involvement of Shasta County in the Prop 1 process and to invite out membership to actively participate in securing just funding for the benefit of County residents.

David A. Kehoe
09/16/24

Meetings: Action Items and Presentations

January

Discussions and Actions:

- Approved the Shasta County Data Notebook 2021

Presentations:

- **Adult Services ACCESS to Mental Health and Substance Use Disorder Services** – A PowerPoint presentation was presented by Deidra Ward, Mental Health Clinician. She provided an overview of services offered to clients and different avenues of treatment through the ACCESS Clinicians and County programs. ACCESS Clinicians are available to see walk-in clients between 8:00 and 3:30 p.m.

- **Children's Services Branch Behavioral Health Clinical Services** – A PowerPoint presentation was presented by Children's Services Branch Director Miguel Rodriguez, Deputy Branch Director Dwayne Green, HHSA Program Managers Cindy Lane, Tara Shanahan, Mary Jane Mathis, Pamela Ottinger, Laura Stapp, and Kiley Castaneda**.** They talked about different services that Children's branch offers including investigations and detentions, after hours response and family urgent response services, court interventions, intensive services, collaboration with local partners.

March

Discussions and Actions:

- The board welcomed new members Angel Rocke and Anne Prielipp
- Announcement of HHSA Director Donnell Ewert will retire in April of 2022. Donnell was with the county for 23 years.
- Presentation guidelines were sent out to all board members.

Presentations:

- **MORS II Outcome Data Tracking** – A PowerPoint presentation was presented by Paige Greene, Adult Services Branch Director. The Milestone of Recovery Scale (MORS) was created to capture aspects of recovery from the agency perspective such as client engagement and measurable progress.

- **Full-Service Partnership** – A PowerPoint presentation was presented by Genell Restivo, Clinical Division Chief of the Adult Services Branch. She described that Full-Service Partnership is a comprehensive and intensive program for adults with severe and persistent mental illness. This takes a "business as usual" approach away and utilizes a "whatever it takes" field-based approach using innovative interventions to help people reach their recovery goals.

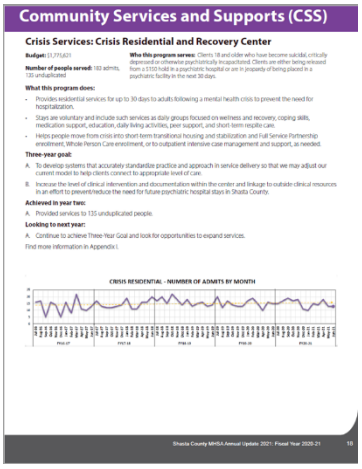
- **Continuation of Children's Services Branch Behavioral Health Clinical Services**– Laura Stapp, Clinical Division Chief and Kiley Castaneda, Clinical Division Chief presented on the remaining children services from the prior month.

May

Discussion and Action Items:

- Approval of the MHADAB 2021 Annual Report for Submission to the Shasta County Board of Supervisors.
- Ron Henninger, MHADAB Chair discussed security issues and the cost of security staff during a recent meeting at Woodlands Apartment Complex.

Presentations:



- **MHSA Annual Update Presentation** – A PowerPoint presentation was presented by Kerri Schuette, Deputy Branch Director. The update included the second and final updated for the current three-year program and expenditure plan. Changes to the report format based on recommendation to make it more clear, concise and easy to read.
- **Youth Innovation Toolkit** – A PowerPoint presentation was presented by Kalyn Jones, MHADAB Vice-Chair. The presentation included a guide to increase youth engagement and provide a tangible guild to self-advocacy, development tools, and youth-led labs to inform computer resources.
- **California Peer-Run Warming Line** – Kalyn Jones, MHADAB Vice-Chair, described the Warming Line as a nonemergency resource call line and web chat for Californians seeking mental health and emotional support, where counselors are peers. The line provides 24/7 immediate support to help prevent mental health crisis.

June (Special Meeting)

Discussion and Action Items:

- Approved 2022 Mental Health Services Act Annual Update to the Three-year Program and Expenditure Plan, which covers Fiscal Years 2020-21. Recommend that Shasta County Board of Supervisors approve the plan as well.

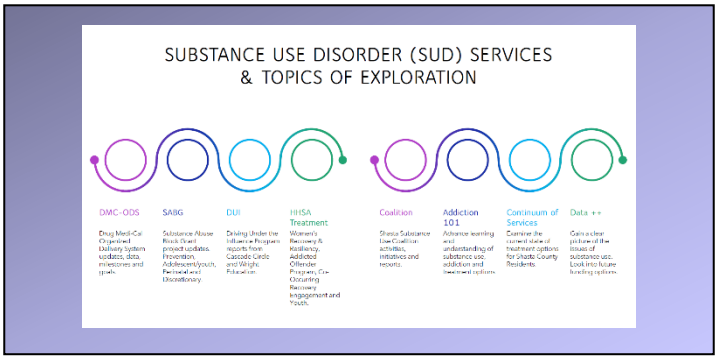
July

Discussion and Action Items:

- Updated members on meetings to discuss shared goals with Shasta County Board of Supervisors
- Establish a subcommittee to complete the Shasta County 2022 Data Notebook and Survey for Behavioral Health Boards and Commissions
- Establish a subcommittee for Substance Use Disorder in collaboration with Shasta Substance Use Coalition, with board assignment and committee reports.
- **Case Manager Services Upon Release from County Jail** – Board member Dale Marlar provided a discussion about Discharge planning is active in the jail. With 9,000 bookings per year, each is assessed by medical personnel upon entry and again prior to release. Limitations imposed by current law and case law dictate the role of law enforcement in determining release and services upon release. Public commentary spoke to frustrations with 5150 detainment protocols related to their use as a default means to access services on behalf of someone with SMI who is unwilling or unable to do so themselves. Lieutenant Marlar noted that it is more difficult to initiate the conservatorship process from jail than from a hospital or mental health facility. Members of the public wishing to provide medication history or other pertinent information on behalf of someone who has been booked may call the jail and request to speak with Lieutenant Marlar directly.

Presentations:

- Substance Use Disorder (SUD) Services and Topics of Exploration – A PowerPoint presentation was presented by Katie Cassidy, Adult Services Program Manager. Several areas were highlighted of exploration relevant to current issues, including the Drug Medi-Cal Organized Delivery System (DMC-ODS), Substance Abuse Block Grant (SABG) funding, current SUD research, and more.



- **Shasta County's Rising Fentanyl Problem Story Map** – A storymap presentation was presented by Jacob Hahn, Agency Staff Services Analyst. Fentanyl is synthetic opioid that is 80-100 times stronger than morphine and is commonly found mixed with other drugs. Statistics were shown about Shasta County's problem.

August (Special Meeting)

- Tour of Visions of the Cross

September

Discussion and Action Items:

- Approve 2023 MHADAB meeting dates
- Approve Substance Use Disorder (SUD) Subcommittee
- The 4th Annual Recovery Happens "Fun in Recovery" Event was be held Saturday, September 10, 2022.
- Adult Services hosts its Open House September 21, 2022
- Approved teleconferencing meetings in the form of hybrid meetings considered under emergency circumstances.

Presentation:

- Mental Health Services Budget – A PowerPoint presentation from Megan Dorney, Business and Support Services Branch Director was provided. The presentation included an overview of Mental Health Finances including upcoming changes to CalAIM Implementation, CARE Court, mobile services and increased collaboration with county partners.

Budget Unit	2020-21		2021-22		2022-23	
	General Fund	Federal/ State	General Fund	Federal/ State	General Fund	Federal/ State
410-Mental Health	$276,778	$33,238,389	$276,778	$36,745,581	$276,778	$39,076,500
422-Alcohol and Drug	$3,195	$7,514,595	$3,195	$8,959,800	$3,195	$10,021,795
425-Perinatal	$15,017	$762,197	$15,017	$1,007,338	$15,017	$883,134
Total	**$294,990**	**$41,515,181**	**$294,990**	**$46,712,719**	**$294,990**	**$49,981,429**

October (Special Meeting)

Discussion and Action Items:

- 2022 Assignment and Committee schedule was provided

Presentations:

- Brown Act training was provided to the Board Members from Rubin Cruse Jr., County Counsel

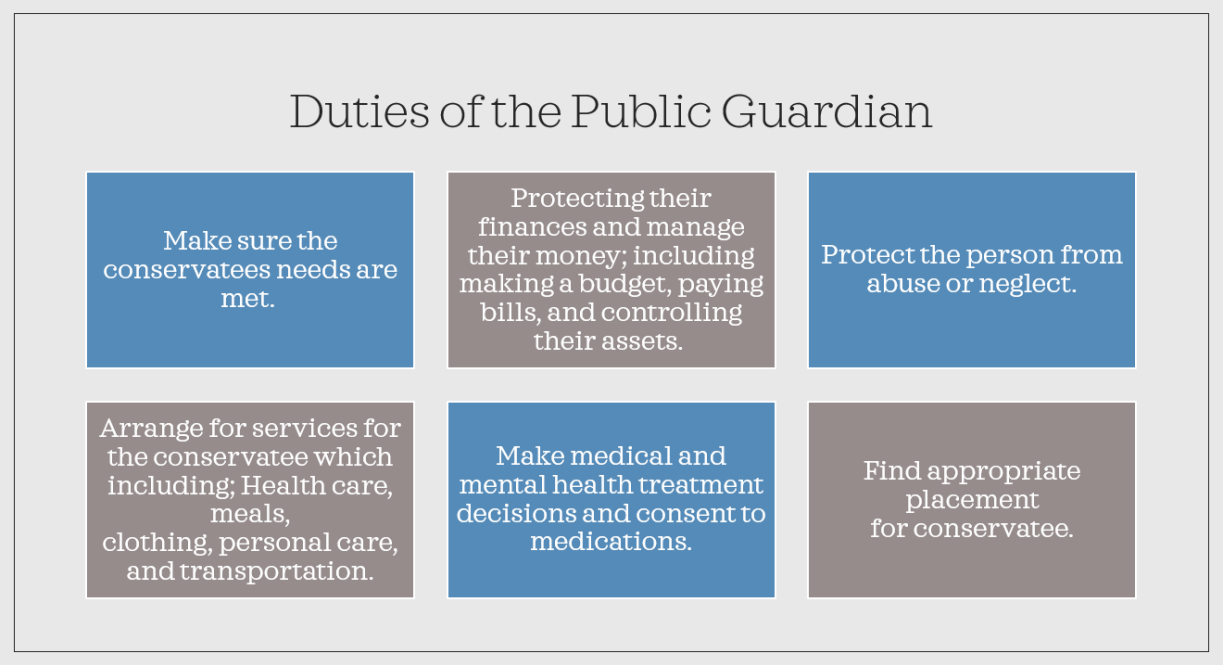
November

Discussions and Action items:

- Discussion of HHSA Director and Acting Mental Health Director appointments of Laura Burch and Miguel Rodriguez
- Approved three-year reappointments for MHADAB members Ron Henninger, Kayln Jones, Dale Marlar, Jo-Ann Medina and Connie Webber
- Approved the Shasta County Data Notebook 2022

Presentation:

- Public Guardian Conservatee Data – A PowerPoint presentation was provided by Supervising Deputy Public Guardian Shonda Cannelora. The presentation consisted of what Public Guardian is and what they do for members in the community. They also talked about involuntary mental health treatment (5150), conservatorship referral process, court process, placements, budget and how many clients are served.



November (Special Meeting)

Discussions and Action items:

- Matthew McOmber, County Counsel was introduced and provided details on meeting instructions.

  The Mental Health, Alcohol and Drug Advisory Board voted to recommend to the Shasta County Board of Supervisors the appointment of Miguel Rodriguez, LCSW as Director of Mental Health Services and authorize public disclosure of this recommendation.

Committees & Workgroups

Board members serve on various community and agency committees to share input, gather information and bring that knowledge back to their fellow board members. Committees include:

- Mental Health, Alcohol and Drug Advisory Board Executive Committee | Meet the 3rd Monday of every even month
  Board Member Assignment: Ron Henninger, Kalyn Jones, Sam Major

- California Association of Local Behavioral Health Boards and Commissions
  Board Member Assignment: All MHADAB Members

- Stand Against Stigma Committee (SASC)| Meet 2nd Tuesday ever other even month
  Board Member Assignment: Connie Webber, Kalyn Jones

- Mental Health Services Act Stakeholder Workgroup| Meet quarterly
  Board Member Assignment: Charlie Menoher, Christine Stewart, Kalyn Jones, Alan Mullikin

- Shasta Suicide Prevention Collaborative: | Meet the 3rd Thursday of every odd month
  Board Member Assignment: Kalyn Jones

- Continuum of Care (CoC) | Meet the 2nd Tuesday of each month
  Board Member Assignment: Ron Henninger, Alen Mullikin

- 2022 Shasta County Data Notebook Workgroup | October 2022
  Board Member Assignment: Connie Webber, Kalyn Jones, Ron Henninger

- ADP Provider Meeting | Meet quarterly
  Board Member Assignment: Christine Stewart, Cindy Greene, Jo-Ann Medina

Join us!

The Mental Health, Alcohol and Drug Advisory Board meets at 5:15 p.m. the first Wednesday of every other month - January, March, May, July, September, and November - with occasional special meetings in alternating months. The board is always looking for new members. For more information, go to www.shastahhsa.net. In the right-hand column under "Advisory Boards," click "Mental Health, Alcohol and Drug."

Acknowledgements

Thank you to Paige Greene, Adult Services Branch Director, and to the entire Mental Health Division Staff and supporting agencies.

Thanks also to guest speakers, community partners, and community members for information and support this year:

Shasta County Health and Human Services Agency – Adult Services Branch Staff
Paige Greene, Adult Services Branch Director
Genell Restivo, Clinical Division Chief, Adult Services Branch
Laura Stapp, Clinical Division Chief
Kiley Castaneda, Clinical Division Chief
Kerri Schuette, Deputy Branch Director
Katie Cassidy, Adult Services Program Manager
Jacob Hann, Agency Staff Services Analyst
Shonda Cannelora, Supervising Deputy Public Guardian

Shasta County Health and Human Services Agency
Megan Dorney, Business Support Services Branch Director

Shasta County Staff
Rubin Cruse, Jr, County Counsel

Facilities
Visions of the cross

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

DIRECTOR'S REPORT

February 19, 2025

Mental Health, Alcohol & Drug Advisory Board Previous Meeting Documents | Shasta County California

Shasta County Health & Human Services Agency

Board of Supervisors Updates: January-February

January 28, 2025

- No contract updates

February 04, 2025

- **C6** Approve a retroactive renewal agreement with Hill Country Community Clinic for services at Community Mental Health Resource Center.

Legislative Updates

- No Updates at this time.

Prop 1 Updates

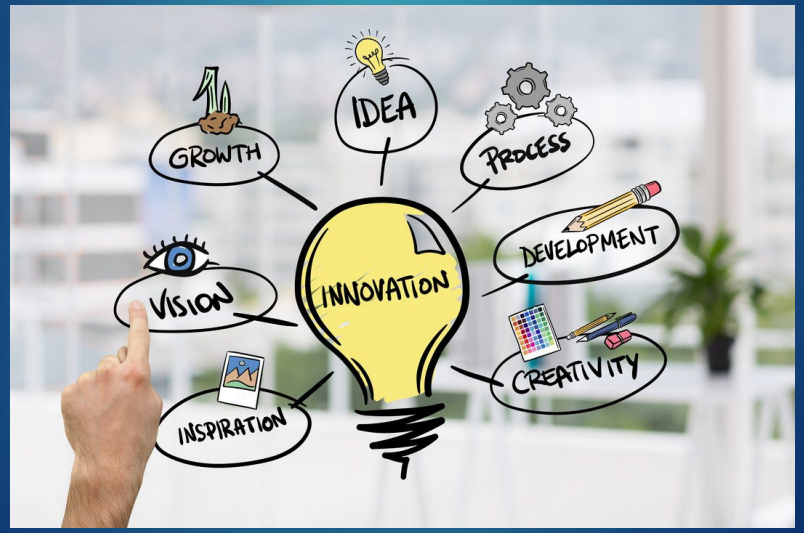
Department of Health Care Services (DHCS) held a public listening session on **Population Behavioral Health Measures** under the Behavioral Health Services Act.

The final policy will be released sometime in spring of 2025.

https://www.dhcs.ca.gov/BHT/Pages/home.aspx

Additional update was provided via scheduled presentation.

MHSA Innovations Updates



Authentic Workshops and Horse Encounters by Roughout Ranch
Pending proposal update from vendor. MHADAB to vote once proposal has been presented.

PADS Phase II by Concepts Forward Consulting
Approved by MHADAB and MHSOAC. Will move to contract phase once standard template language received from vendor. This is a multi-county project.

Supporting Community Health Equity by Level Up NorCal
Approved by the Mental Health Services Act (MHSOAC) on 11/21. HHSA and Level Up continue to work on the contract to bring before the Board of Supervisors (BOS).

MH & SUD Services Update

Crisis Services (ER) Activity Report 2nd Quarter Report

ER/ED Activity: Between October and December 2024 there were **504** crisis evaluations performed at the Emergency Departments. Of those 504 crisis evaluations Shasta Regional Medical Center had **291**, Mercy Medical Center had **211** and Mayers had 2.

Percentage of visits by hospital:

Shasta Regional Medical Center	58%
Mercy Medical Center	42%
Mayers Memorial Hospital	0%

Diagnosis:

Depressive Disorders	16%
Psychotic Disorders (not Schizophrenia)	17%
Bipolar Disorders	17%

Toxicology:

THC	62%
Amphetamines/Meth	36%
Fentanyl	5%

5150s Upheld:

- Of clients 5150'd, 76% were ultimately upheld and hospitalized.
- Of clients initially designated 1799.111 then became a 5150, 64% were upheld and ultimately hospitalized.
- Of 5150s to be released, 50% were reported as "Does not Meet Criteria."

MH & SUD Services Update

Notice of Adverse Benefit Determinations (NOABDs)

Quarterly reports detail Notice of Adverse Benefit Determinations (NOABDs) for both Adult and Children's Services Branches. NOABDs are issued when the plan decides to deny or terminate treatment.

In December 2024, 6 NOABD was issued to Adult Services clients, and 3 NOABD's were issued to Children's Services clients.

Notice of Adverse Benefit Determinations (NOABDs)

Delivery System Notices & Terminations 300

Most Common Reasons Cited for NOABDs in December 2024	Total Adult (6)	Total Child (3)
Not able to contact client, various reasons.	**2 (33%)**	**1 (33%)**
Mental health condition would be responsive to treatment by a physical health care provider.	**0 (N/A)**	**0 (N/A)**

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

Christy Coleman, *Health and Human Services Agency Interim Agency Director*
Dwayne Green*, Health and Human Services Agency Acting Assistant Director*
Cindy Lane*, Behavioral Health and Social Services Branch Director*
Bailey Cogger, *Behavioral Health and Social Services Deputy Branch Director*
Laura Stapp, *Behavioral Health and Social Services Deputy Branch Director*
Tara Shanahan, *Behavioral Health and Social Services Deputy Branch Director*

Health & Human Services Agency | Shasta County California