

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

Regular Meeting Agenda

Wednesday, November 1, 2023, 5:30 pm
Mae Helene Bacon Boggs Conference Center
2420 Breslauer Way, Redding, CA 96001

Members of the public may attend via [GoToMeeting](#)
You can also dial in using your phone.

United States: [+1 \(408\) 650-3123](#)
Access Code: 510-166-341

This meeting will be audio recorded.

Board Members

Ron Henninger, *Chair*

Kalyn Jones,
Vice Chair

Alan Mullikin

Angel Rocke

Anne Prielipp

Charlie Menoher

Christine Stewart

Cindy Greene

Connie Webber

Dale Marlar

David Kehoe

Heather Jones

Jo-Ann Medina

Mary Rickert

Samuel Major

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

Board members will review and approve minutes from the October 4, 2023, Regular Meeting

B. Ad Hoc Nominating Chair/Vice Chair

Consider approving the Ad Hoc Nominating Committee's recommendation for 2024 Mental Health, Alcohol and Drug Advisory Board Chair and Vice Chair: Kalyn Jones and Heather Jones

B. Board Member Reappointments

Consider recommending to the Board of Supervisors the following member for reappointment for the term expiring December 31, 2026: Angel Rocke

V. Presentations

- A. Psychiatric Advance Directives (PADs) from Michelle Young-Sambajon and Gail DiRaimondo, Chorus
- B. 5150 Holds from Adam Hilton, Clinical Program Coordinator
- C. Shasta Triumph and Recovery Team (STAR), Mey Chao-Lee, Clinical Program Coordinator
- D. Kingsview’s Assisted Outpatient Treatment Program, Genell Restivo, Clinical Division Chief and Kingsview Staff

VI. Regular Calendar

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

VII. Discussion Items

- A. Board members may ask questions about the Director’s Report.
- B. Board members may make suggestions for future agenda consideration.
- C. Review meeting minutes from Special Meeting June 9, 2023
- D. Ad Hoc MHADAB Annual Report 2022 Update

VIII. Board Member Reports

Board members will report committee meeting updates.

IX. Adjourn

Committees			
<p>MHADAB Meeting January 10, 2024, 5:30 pm Boggs Building 2420 Breslauer Way Redding, CA 96001</p> <p>Executive Committee Meeting December 11, 2023, 11:00 am HHSa BHSS Services Branch, Administrative Conference Room 2640 Breslauer Way, Redding, CA 96001</p>	<p>Shasta Substance Use Coalition November 14, 2023, 10:30 am Virtual via Zoom jill@shastatraining.org</p> <p>Shasta Suicide Prevention Collaborative November 7, 2023, 2:30 pm For location, please email stinger@co.shasta.ca.us</p>	<p>Stand Against Stigma December 12, 2023, 1:30 pm Boggs Building 2420 Breslauer Way Redding, CA 96001 cdiamond@co.shasta.ca.us</p> <p>ADP Provider Meeting November 15, 2023, 10:30 am Location: Boggs Conference Center 2420 Breslauer Way, Redding, CA 96001 kcassidy@co.shasta.ca.us</p>	<p>Continuum of Care (CoC), Executive Meeting November 16, 2023, 1 pm 1450 Court Street Room 352 Redding, CA 96001 HCAP@co.shasta.ca.us</p> <p>MHSA Stakeholder Workgroup TBD, 1:30 pm Boggs Building 2420 Breslauer Way Redding, CA 96001 mhsa@co.shasta.ca.us</p>

"The County of Shasta does not discriminate on the basis of disability in admission to, access to, or operation of its buildings, facilities, programs, services, or activities. The Shasta County Mental Health, Alcohol and Drug Advisory Board will make available to any member of the public who has a disability a needed modification or accommodation including an auxiliary aid or service, in order for that person to participate in the public meeting. A person needing assistance should contact Jacquelynn Rose by telephone at (530) 229-8266, or in person 2640 Breslauer Way, Redding, or by mail at P. O. Box 496048, Redding CA 96049-6048, or by e-mail at MHADAB@co.shasta.ca.us at least two (2) working days in advance. Accommodations may include, but are not limited to, interpreters, assistive listening devices, accessible seating, or documentation in an alternate format. If requested, this document and other agenda materials may be made available in an alternative format for persons with a disability who are covered by the Americans with Disabilities Act. Questions, complaints, or requests for additional information regarding the Americans with Disabilities Act (ADA) may be forwarded to the County's ADA Coordinator: Monica Fugitt, Director of Support Services, County of Shasta, 1450 Court Street, Room 348, Redding, CA 96001-2676 Phone: (530) 225-5515 Fax: (530) 225-5345 California Relay Service: 711 or 1-(800)-735-2922, E-mail: adacoordinator@co.shasta.ca.us.

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 Jacquelynn Rose at 530-229-8266, or via e-mail at MHADAB@co.shasta.ca.us.

Shasta County Health and Human Services Agency
DRAFT SHASTA COUNTY Mental Health, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
REGULAR Meeting
Wednesday, October 4, 2023

Attendees:

Ron Henninger	✓	Anne Prielipp		Connie Webber	✓	Jo-Ann Medina	
Kalyn Jones	✓	Charlie Menoher	✓	Dale Marlar	✓	Mary Rickert	✓
Alan Mullikin	✓	Christine Stewart		David Kehoe	✓	Samual Major	
Angel Rocke	✓	Cindy Greene	✓	Heather Jones	✓		

Shasta County Staff: Aleesha Edwards, Katie Cassidy, Amber Brock, Chris Diamond, Ashley Saechao, Marie Marks, April Jurisich, Amy Pendergast, Katie Nell, Miguel Rodriguez, Jacquelynn Rose

Community Members: 6 members including those on GoTo Meeting

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
I. Call to Order	Ron Henninger called meeting to order at 5:35 pm	No action required.	N/A	Ron Henninger
II. Public Comment	<p>Public commenter talked about telehealth care services. They do not believe that clients have a choice since there is only one choice when receiving care. They do not know what synchronous services are and are afraid that other clients may not know either. They are unable to send or receive messages to talk to their doctor. They want to stay home and be able to attend appointments.</p> <p>Public commenter February 2023 had some incident with alcohol and tried to take their own life. They had an encounter with Shasta County Mental Health social worker while in the hospital. While during her hospital stay, she was told that her husband was not her emergency contact, that her mother was. During another visit she tried to get this corrected, she was told that her husband was listed as her emergency contact. She is not trying to get this person in trouble but would like to get this person some additional training.</p>	No action required.	N/A	N/A
III. Announcements and Staff Updates	No public comments from previous meeting needed to be addressed.	N/A	N/A	N/A
	No announcements nor staff updates.	N/A	N/A	N/A
IV. Consent Calendar	<p>A. Minutes from September 6, 2023 were presented in written form.</p> <p>Suggestion was made that when MHSA presents Innovations to Board of Supervisors to include the money to be spend on</p>	Meeting minutes approved with eleven (11) ayes, zero (0) nays, and zero (0) abstentions.	N/A	Motion: Dale Marlar Second: Connie Webber

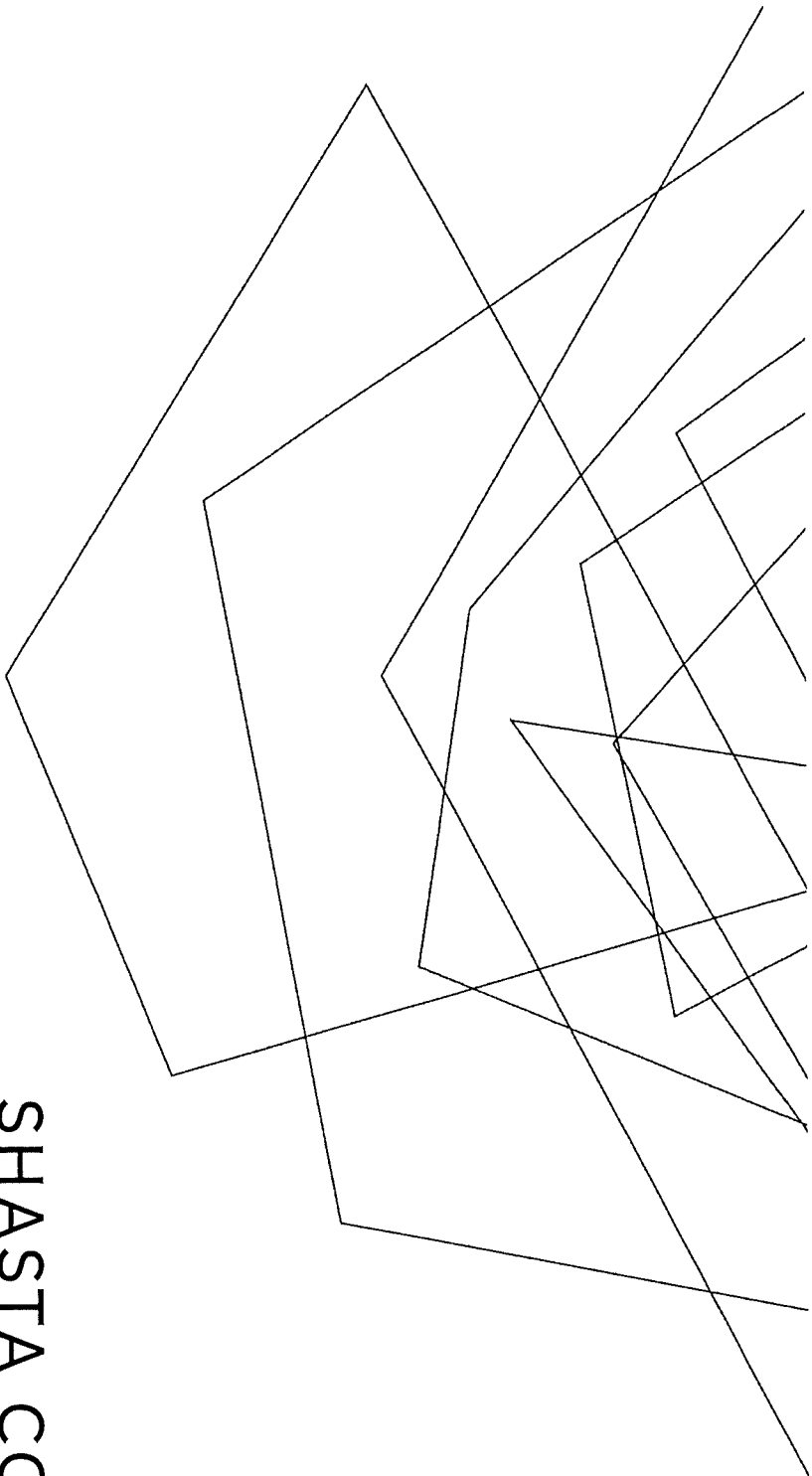
Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
	each innovation.			
V. Presentations	<p>A. <u>Woman’s Resiliency and Recovery Program</u> Aleesha Edwards gave a PowerPoint presentation regarding services for woman who have substance abuse addictions. Discussion followed. [See attachment A] Programs include intensive day treatment, individual and group counseling, parenting skills development and case management. There are three phases of these programs including a graduation once phases are completed. Childcare, transportation, and drug testing are also included.</p> <p>B. Future presentation November 2023: Genell Restivo presentation on Kingsview’s Assisted Outpatient Treatment Program and Shasta Triumph and Recovery Team</p>	<p>No action required.</p> <p>No action required.</p>	<p>A. N/A</p> <p>B. N/A</p>	<p>A. N/A</p> <p>B. N/A</p>
VI. Regular Calendar	No regular calendar items were discussed.	N/A	N/A	N/A
VII. Discussion Items	<p>A. The Director’s Report was sent out prior to the meeting for the Board and guests to review. [See attachment B] Discussion took place regarding legislative update and 5150 holds.</p> <p>Legislative update on SB 326 bill and AB 531 - grant portion, will be on the March 2024 ballot as proposition 1, final categories include 30% Housing, 35% Behavioral Health Services and Support, 35% Full-Service Partnerships. Within the different categories, up to 14% can be transferred but not more than 7% from each category. Shasta County qualifies for an exemption in the housing category, additional updates will come. Board recommended creating a handout with the percentage numbers.</p> <p>Clarifying questions were asked about the 5150 holds in Shasta County.</p> <p>B. <u>Review the Crisis Residential Recovery Center Flyer</u></p>	<p>A. Provide a handout with different percentages of funding allocation.</p> <p>Contact Clinical Program Coordinator to conduct a training/presentation on 5150 holds in Shasta County during November 2023 meeting</p> <p>B. No Action Required</p>	<p>A. Before November 1, 2023, meeting</p> <p>10/5/2023</p> <p>B. N/A</p>	<p>A. Katie Nell</p> <p>Jacquelynn Rose</p> <p>B. N/A</p>

Agenda Item	Discussion/Conclusions/Recommendations	Action/Follow-Up	Date Due/Status	Individual/Department Responsible
	<p>C. <u>Suggestions from Board members for future agenda items</u></p> <p>D. <u>October 2023 - December 2024 MHADAB Calendar</u> Discussion about having meetings every month vs every other month with Special Meetings for facility tours.</p> <p>E. <u>Special Meeting 6/9 Minutes</u></p> <p>F. <u>Ad Hoc MHADAB Annual Report 2022 Committee:</u> Chair aske who would be interested in being on the committee. Board members Keyhoe, Henninger and Webber will help with the MHADAB Annual Report. The link to the report will be sent out prior to the meetings.</p> <p>G. <u>Ad Hoc Nominating Committee:</u> Board Chair advised that we have 4 vacancies on the board starting as early as November 1st and additional vacancies December 31st. Recruitment is continuing as we work to fill these positions. Chair asked who would be interested in being on the committee. Board members R. Henninger, K. Jones, A. Rocke, H.Jones and Mental Health Director Miguel Rodriquez to help with membership.</p>	<p>C. Nothing at this time</p> <p>D. MHADAB calendar approved with nine (9) ayes, two (2) nays, and zero (0) abstentions.</p> <p>E. Calendared until November 2023 MHADAB meeting</p> <p>F. Email 2022 Annual report for review to Ad Hoc committee</p> <p>G. Applications will be sent to the committee after October 20th for interviews.</p>	<p>C. N/A</p> <p>D. N/A</p> <p>E. November 1, 2023</p> <p>F. October 13, 2023</p> <p>G. October 20, 2023</p>	<p>C. N/A</p> <p>D. Motion: Charlie Second: Alan</p> <p>E. Jacquelynn Rose</p> <p>F. Jacquelynn Rose</p> <p>G. Jacquelynn Rose</p>
VIII. Board Member Reports	No reports from members of the Board.			
IX. Adjournment		Adjournment 6:57 pm	N/A	Motion: David Kehoe Second: Angel Rocke

Next MHADAB Meeting is scheduled on: November 1, 2023.

Ron Henninger
MHADAB Chair

Date



SHASTA COUNTY
MHSA INNOVATIONS

IPROCESS

Step 1

Submit your proposal for funding to the MHSA team (Online or In Person).
• Email MHSA@co.shasta.ca.us to obtain the project proposal form.

Step 2

The MHSA team and the applicant will bring the project to a stakeholders meeting for public input.

Step 3

The MHSA team will open a 30 day public comment period, submit a press release, post on HHS social media, email the stakeholder workgroup, various locations (i.e. wellness centers)

Step 4

Applicant will share project at a MHADAB meeting following the end of 30 day public comment. A public hearing is held at the MHADAB meeting. The local board can approve, deny or defer.

Step 5

MHSA Team will prepare a project overview proposal to be reviewed by Mental Health Services Oversight & Accountability Commission (MHSOAC). They will approve, deny, or defer.

Step 6

If approved, MHSA team will coordinate the preparation of the contract and staff report to submit for BOS approval. The BOS can approve, deny, or defer.

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§ 3910. Innovative Project General Requirements.
 9 CA ADC § 3910
 Barclays Official California Code of Regulations

Barclays California Code of Regulations
 Title 9. Rehabilitative and Developmental Services
 Division 1. Department of Mental Health
 Chapter 14. Mental Health Services Act
 Article 9. Innovation

9 CCR § 3910

§ 3910. Innovative Project General Requirements.

Currentness

(a) The County shall design and implement an Innovative Project to do one of the following:

- (1) Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.
- (2) Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
- (3) Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

(b) A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach, consistent with subdivision (a)(2) above and with section 3930(c)(3). For example, the change can include specific adaptation(s) to respond to unique characteristics of the County or a community within the County such as an adaptation for a rural setting of a mental health practice that has demonstrated its effectiveness in an urban setting, or vice versa.

(1) For purposes of this section, a mental health practice is deemed to have demonstrated its effectiveness if there is documentation in mental health literature of the effectiveness of the practice.

(A) "Mental health literature" refers to any report, published or online, including, but not limited to, peer-reviewed articles, nationally circulated (online or print) articles, reports of conference proceedings, program evaluation reports, and published training manuals.

(c) Primary Purpose: The County shall select one of the following as its primary purpose for developing and evaluating the new or changed mental health practice referenced in subdivision (a) of this section.

- (1) Increase access to mental health services to underserved groups as defined in Title 9 California Code of Regulations, Section 3200.300,
- (2) Increase the quality of mental health services, including measurable outcomes,
- (3) Promote interagency and community collaboration related to mental health services or supports or outcomes,
- (4) Increase access to mental health services.

(d) Focus on Mental Health and Mental Illness: An Innovative Project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solve persistent mental health challenges, including but not limited to, administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for services providers, including nontraditional mental health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment.

(1) "Persistent mental health challenge" means a priority issue related to mental illness or to an aspect of the mental health service system that the County, with meaningful stakeholder involvement, decides to address by designing and evaluating an applicable Innovative Project.

(2) The challenge addressed must be consistent with the selected primary purpose for Innovative Projects referenced in subdivision (c) of this section.

Credits

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5830, Welfare and Institutions Code.

HISTORY

1. New section filed 7-16-2015; operative 10-1-2015 (Register 2015, No. 29).

This database is current through 9/29/23 Register 2023, No. 39.

Cal. Admin. Code tit. 9, § 3910, 9 CA ADC § 3910

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§ 3200.300. Underserved.
9 CA ADC § 3200.300
Barclays Official California Code of Regulations

Barclays California Code of Regulations
Title 9, Rehabilitative and Developmental Services
Division 1, Department of Mental Health
Chapter 14, Mental Health Services Act
Article 2, Definitions

9 CCR § 3200.300

§ 3200.300. Underserved.

Currentness

"Underserved" means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services.

Credits

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5814(a)(1), 5814(d), 5814.5, 5830, 5840 and 5848, Welfare and Institutions Code.

HISTORY

1. New section filed 12-29-2006 as an emergency; operative 12-29-2006 (Register 2006, No. 52). A Certificate of Compliance must be transmitted to OAL by 4-30-2007 or emergency language will be repealed by operation of law on the following day.
2. New section refiled 5-1-2007 as an emergency; operative 5-1-2007 (Register 2007, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-29-2007 or emergency language will be repealed by operation of law on the following day.
3. New section refiled 8-23-2007 as an emergency; operative 8-30-2007 (Register 2007, No. 34). A Certificate of Compliance must be transmitted to OAL by 12-28-2007 or emergency language will be repealed by operation of law on the following day.
4. Certificate of Compliance as to 8-23-2007 order transmitted to OAL 12-28-2007 and filed 2-13-2008 (Register 2008, No. 7).

This database is current through 9/29/23 Register 2023, No. 39.

Cal. Admin. Code tit. 9, § 3200.300, 9 CA ADC § 3200.300

END OF DOCUMENT

MHSA INNOVATION FACT SHEET

What are “MHSA Innovation Projects”?

The Mental Health Services Act (MHSA) Innovation component is designed to evaluate the effectiveness of new and/or changed practices or strategies in the field of mental health, with a primary focus on learning and process change, rather than filling a program need or gap. As such, Innovation strives to change some aspect of the public behavioral health system that may include system or administrative modifications.

Five percent of the MHSA funds are dedicated to the Innovation component. Innovation projects are time-limited to a maximum of five years, after which successful approaches, strategies or elements may be integrated into existing programs or continued through an alternative source of funding.

What are the Requirements to Use MHSA Innovation Funds?

Each project must be approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). According to the MHSA Innovation Project Regulations, each project must focus on mental health, identify an innovative component and clearly state the learning objectives. An Innovation project is required to contribute to learning in one or more of the following ways:

- Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention
- Make a change to an existing practice in the field of mental health, including, but not limited to, application to a different population
- Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings

In addition, an Innovation project should serve one or more of the following purposes:

- Increase access to mental health services to underserved groups
- Increase the quality of mental health services, including measurable outcomes
- Promote interagency and community collaboration related to mental health services or supports or outcomes
- Increase access to mental health services

A Final Report is due to the MHSOAC within six months after the project ends. The Report should address the extent to which the project met its learning objectives, summarize lessons learned and disseminate learnings to other programs, agencies or counties.

MHSA Innovation funds cannot be expended on a project without prior approval from the MHSOAC.

Innovation funds are subject to reversion if not spent within three years of allocation or encumbered under an approved Innovation project.

Innovative Project General Requirements

ACCOMMODATIONS

Transportation is available on a limited basis. A childcare cooperative is onsite for children under age 8. Child care referrals are made on a case-by-case basis. Infants up to four months old may be able to attend treatment with their mothers. Pregnant women, parenting women and IV-drug users have priority admission.

ACCESSING SERVICES

Services are available to all women who require an intensive level of treatment. The program accepts Partnership HealthPlan.

To apply for services, walk in or call 245-6411.

LOCATION

Women's Recovery & Resiliency Services

2615 Breslauer Way
Redding, CA 96002

(530) 245-6411



Is addiction hurting you
and your family?



WOMEN'S RECOVERY & RESILIENCY SERVICES

Pregnant women have priority admission.

ONLINE

www.shastahhsa.net



Shasta County
Health & Human
Services Agency

Revised 05/2021

**SUPPORT AND RECOVERY
ARE POSSIBLE! FIND OUT
HOW WE CAN HELP.**

WHO ARE WE?

Shasta County Health and Human Services Agency's Women's Recovery and Resiliency Services Program is an intensive outpatient program that provides substance use disorder treatment for all Shasta County women.



We provide women the skills and opportunities to conquer addiction and raise children who thrive in safe, nurturing and drug-free environments.

The program uses the Matrix Model, an evidence-based program recognized by the National Institute on Drug Abuse.

PROGRAM ACTIVITIES

Through partnerships with other agencies, the program provides gender-specific, trauma-focused intensive day treatment. The program also offers individual and group counseling and case management. Parenting skills development is offered to mothers. Women are taught life skills to process current and past issues in a supportive group setting.



Mothers are also linked to Parent Partners or mentors who have experienced and recovered from similar life situations.

Group Counseling Sessions

- Health education
- Life skills education
- HIV counseling and testing
- Random drug testing
- Relapse prevention
- Orientation to 12-Step meetings
- Role playing and group counseling
- Treatment planning and case management
- Crisis counseling
- Coordination with mental health care
- Positive Parenting Program
- Supervised hands-on parenting skills
- Parent-infant bonding

Participants take an active role in the treatment process and learn effective parenting without the dependence on alcohol or other drugs.

PROGRAM STRUCTURE

Women attend treatment for approximately three hours a day, four times a week in Phase 1 and 2; and then three hours a day, three days a week in Phase 3.

HOPE IS ALIVE! OPEN MIC

Has creating music, rhymes or poetry given you light in dark times, or shed light on a hidden struggle? Come celebrate how art heals!



FRIDAY, OCTOBER 20, 2023
5:30 P.M. PERFORMER SIGN-IN

6-9 P.M. OPEN MIC

SUNRISE MOUNTAIN WELLNESS CENTER
1300 HILLTOP DR., SUITE 200
(BEHIND BANK OF AMERICA)

*Hope Is Alive! is a FREE event to fight stigma related to mental health challenges.
Visit standagainststigma.com to learn more.*



Shasta County
Health & Human
Services Agency



Stand Against Stigma
Changing minds about mental illness



KINGS VIEW

Sponsored by the Shasta County Health and Human Services Agency in conjunction with the Stand Against Stigma Committee and our many community partners and advisory boards. Funding for this event is provided through the Mental Health Services Act.

Becoming



Take control of your mental health story

Saturday, November 4, 2023 | 10 a.m. - 5 p.m.
Mae Helene Bacon Boggs Building
2420 Breslauer Way, Redding

Worried how friends or relatives may react if they knew about your diagnosis?
Unsure whether to tell your boss about your mental health condition?

Join us for this free, one-day, peer-led training, and:

1. Weigh the pros and cons of disclosing personal experience with mental health or substance use challenges.
2. Develop strategies for safer disclosing.
3. Craft your story into a meaningful message.



Lunch is provided and space is limited. RSVP by October 31, 2023. Use the QR code or contact Christopher at cdiamond@co.shasta.ca.us or (530) 229-8484 to register.



StandAgainstStigma.com/Becoming-Brave



FULLY FUNDED!

Mental Health First Aid (MHFA) Training & Certification Course



Shasta County
Health & Human
Services Agency



Mental Health
FIRST AID

from NATIONAL COUNCIL FOR
MENTAL WELLBEING



The Lotus Center

MHFA is the world's best
evidence-based,
gatekeeper training.

Over 3 MILLION people in the US
are certified. Are you?

Register now to learn the skills you need to
identify, understand & respond to someone
experiencing a mental health, substance use, or
suicide challenge or crisis.

Each class limited to 30 participants. CEUs may be available.

Adult Mental Health First Aid

- teaches risk factors and warning signs for adults
- provides strategies for how to help someone in both crisis and non-crisis situations
- gives resources for where to turn for help
- focuses on recovery and resiliency – the belief that individuals experiencing these challenges can and do get better, and use their strengths to stay well

To register, click date or scan code below

Wednesday
September 13th



SCAN ME

Thursday
November 9th



SCAN ME

Youth Mental Health First Aid

- designed for adults who regularly interact with young people
- introduces common mental health challenges for youth
- reviews typical adolescent development
- teaches how to help young people in both crisis and non-crisis situations
- includes anxiety, depression, substance use, psychosis, ADHD, eating disorders, and more

To register, click date or scan code below

Thursday
August 31st



SCAN ME

Friday
October 6th



SCAN ME

Thursday
December 7th



SCAN ME

All trainings include 2 hours of online pre-work (the foundational information) and
a 7.5 hour in-person session, from 8:30 - 4:00.

Training location: Shasta College Health Sciences Bldg
1400 Market St. Redding, Room 8220

For more info, call or email Marcia Ramstrom, 530-440-6033, MarciaR@LotusEducationalServices.com

Sponsored by the Shasta County Health and Human Services Agency in conjunction with our many community partners and advisory boards. Funding for this project is provided through the Mental Health Services Act.

Developing Psychiatric Advance Directives in California

Psychiatric Advance Directives Multi-County Mental Health Services Act Innovation Collaborative

What is a Psychiatric Advance Directive?

- A self-directed legal document that details a person's specific instructions or preferences regarding future mental health treatment
- Plans for the possibility that someone may lose the capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness
- Allows a person in a mental health crisis to retain their decision-making capacity by choosing trusted agents to help advocate for their choices
- Since the 1990s, 27 states have enacted laws supporting PADs

Innovations current state



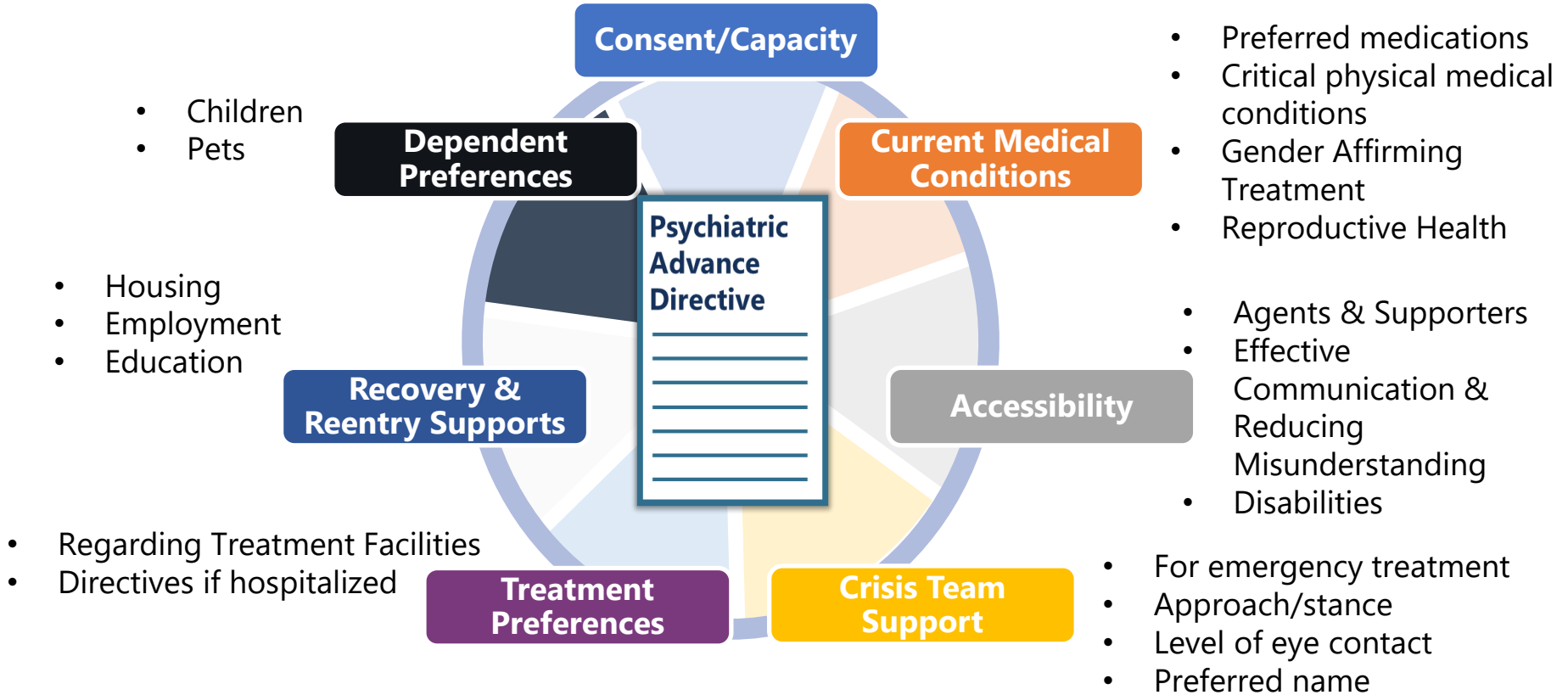
Shasta
Fresno
Mariposa

Contra Costa
Monterey
Orange
Tri-City MHA

Funded by the Mental Health Services Act (MHSA) Prop 63, Phase One of the project, FY 2021-2025, has the following goals:

- Partnership with Peers and first responders to standardize PAD **template** language for incorporation into an online and interactive app.
- Utilize Peer Specialists to support **Peers** in creating their PADs; lived experience and understanding can lead to open dialogue and trust.
- Create PADs facilitator **training** curriculum and present a train-the-trainer model for facilitation.
- Create sustainable **technology** that is an easily reproducible approach that can be used across California.
- **Legislative** and policy advocacy to create a legal structure to recognize PADs.
- **Outcomes** driven; Evaluate development and adoption of PADs, including ease of use and understanding of PADs.

Identified PAD Digital Categories



WHO IT WILL SERVE

Meet Richard.

**He's an uncle, an artist, and
Dodger fan who experiences
a mental health condition.**

Like everybody else,
sometimes he needs his
community to support him.

Let's see how the platform will
support him and the various
service providers.

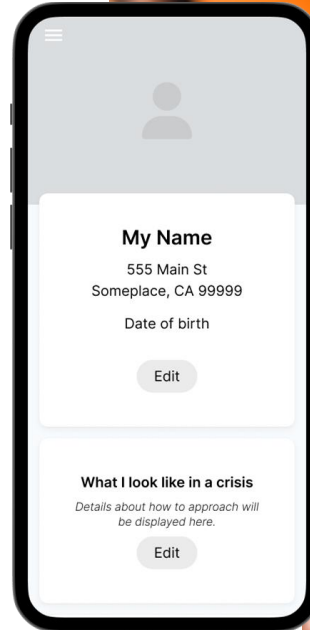


ONBOARDING & SETUP

His decisions, His voice, His choice.

He's especially vulnerable when in a moment of crisis, so it's important that we understand him.

- Move from a 50-page medical form to a social media-like profile
- Ensure it's quick, personalized, and easy to comprehend
- Empowered with simple security and sharing preferences



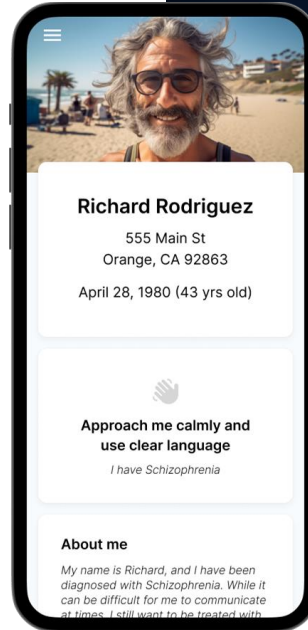
RICHARD'S PHONE



Reduce harm to him in his time of need.

Clarity of communication is crucial, as mishandling a peer's care during a moment of crisis could lead to harm or trauma.

- Remind crisis teams that the peer's current state is not representative of them at all times
- Provide a clear understanding of how one reacts during moments of crisis, and the best approach to support them
- Design a simple experience with the most important info at a glance



CRISIS RESPONDER'S PHONE



ACTIVATING ADVOCATES

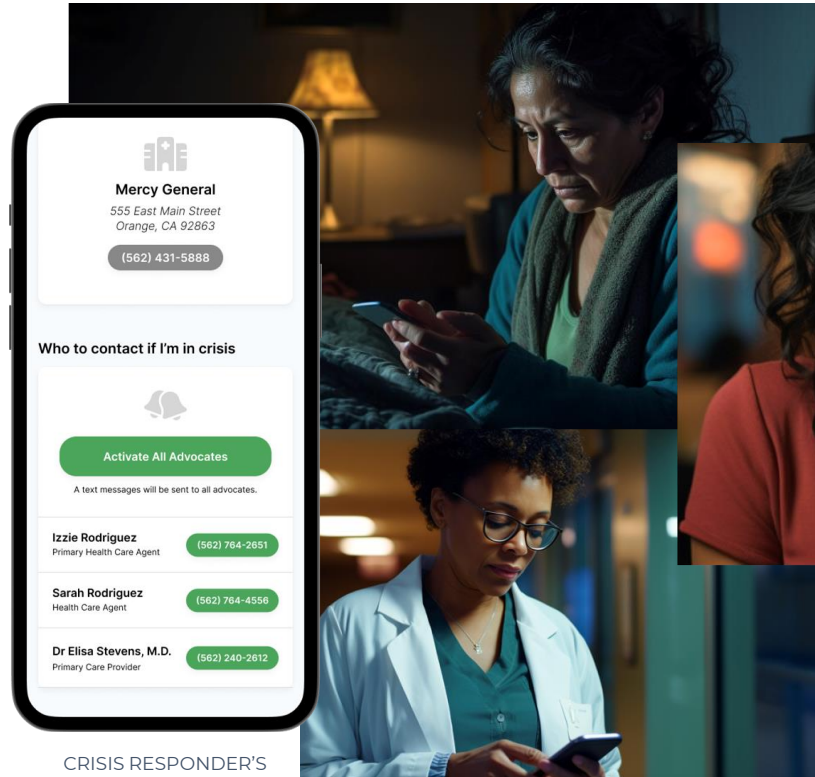
Activate his community in one place.

By activating his chosen advocates with a simple push of a button, he will feel supported.

- Allow for the ability to notify all or select advocates to help everyone involved care for a peer in a well-informed and timely manner.

Richard Rodriguez is in crisis.

His Psychiatric Advance Directive has been activated, and he may need your support. Please reach out to Richard's advocate Izzy Rodriguez at [\(562\) 764-2651](tel:(562)764-2651)



FOR FIRST RESPONDERS AND SERVICE PROVIDERS

Accessing Psychiatric Advance Directives

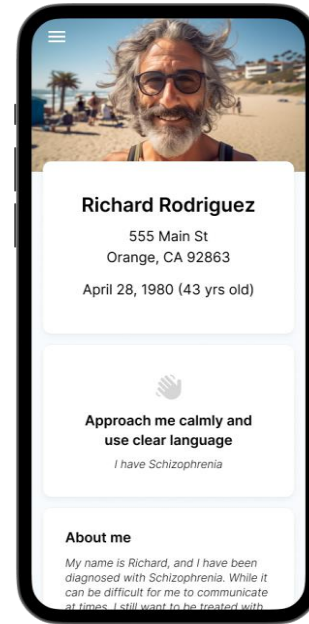
Real-time PADs access for authorized Staff

Professionals who have been granted access can lookup PADs in real-time, ensuring the information is actionable in the field and informs care decisions.

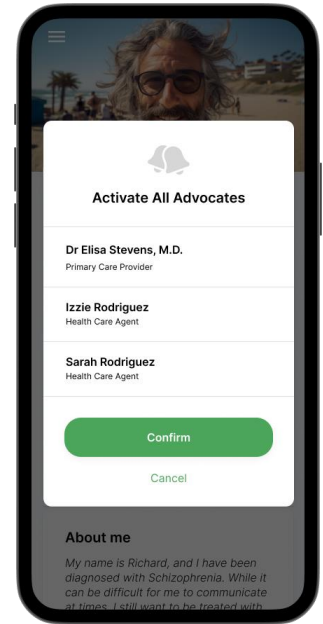
- Supports engagement and creating trust with the individual in crisis, increasing likelihood of voluntary treatment.
- Reduce recidivism in local jails and emergency rooms.
- Help to provide appropriate resources.



Search for PAD



View the PAD



Activate PAD

THE GOAL

His wellness, His community, His life.

The goal of the Psychiatric Advance Directive is to help him be the best version of himself.

Thank you for helping him and making his voice heard.



Logo & Branding

- Identifying THIS Psychiatric Advance Directive, the platform, and all communications
- Consistent, building recognition

Tone

warm
friendly
supportive

and

professional
accessible
trustworthy

PADs Recognition



**Psychiatric
Advance Directive**
My Plan • My Voice

How you can be involved?

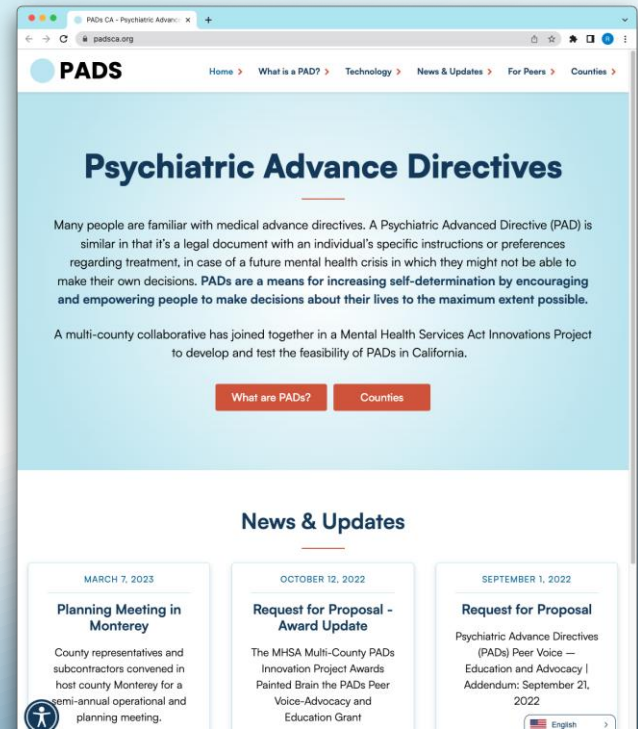
- Time-limited workgroup: 1-2 hours a month
- Identify the key categories in the PADs template language
 - What would you want a first responder/hospital ED to know about your loved one/friend in the moment of a crisis?
- Participate in informing the digital platform

Developing Psychiatric Advance Directives in California

Thank You

www.padsca.org

ksahota@conceptsfoward.com



The screenshot shows the homepage of the Psychiatric Advance Directives in California (PADS) website. The browser address bar displays "padsca.org". The navigation menu includes "Home", "What is a PAD?", "Technology", "News & Updates", "For Peers", and "Counties". The main heading is "Psychiatric Advance Directives". Below the heading, there is a paragraph explaining that PADs are legal documents similar to medical advance directives, designed to help individuals make their own decisions in a future mental health crisis. A second paragraph mentions a multi-county collaborative project. Two red buttons are visible: "What are PADs?" and "Counties". The "News & Updates" section features three articles: "Planning Meeting in Monterey" (March 7, 2023), "Request for Proposal - Award Update" (October 12, 2022), and "Request for Proposal" (September 1, 2022). The website footer includes a small icon and a language selector set to "English".

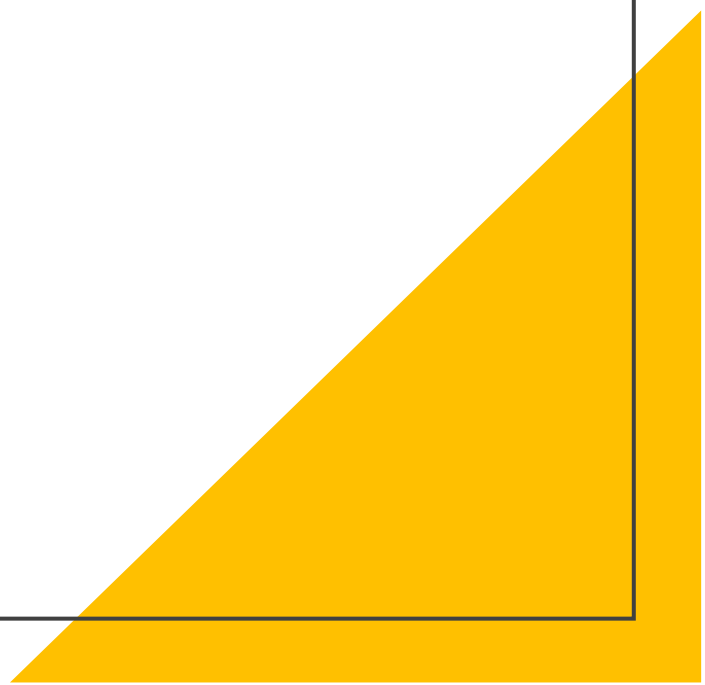


Shasta County
**Health & Human
Services Agency**


**Behavioral Health &
Social Services Branch**

Shasta County 5150 Overview

Adam Hilton, LMFT – Clinical Program Coordinator



Overview Of Today's Training

- Historical Framework of the Lanterman-Petris-Short Act and Welfare and Institutions Code 5150
 - Legal and clinical criteria for involuntary holds and treatment
 - Shasta County inpatient placement process and legal proceedings
- 

Historical Framework of the LPS Act and W&IC 5150

- **Short-Doyle Act (1957)**
- In response to overcrowding in state hospitals and an identified need for local outpatient services, this legislation was enacted to organize and finance community mental health services for individuals with mental illness through locally administered and controlled community mental health programs.
- This led to a decrease in the hospital population and ultimately the closure of many state hospitals. Individuals with mental illness were then more prevalent in local communities and still in need of intensive services.

Lanterman-Petris-Short Act (WIC 5000-5556)

Enacted in 1968, the Lanterman-Petris-Short Act had as its legislative intent:

- **End the inappropriate, indefinite, and involuntary commitment**
- **Prompt evaluation and treatment**
- **Public safety.**
- **Individual rights**
- **Conservatorship program**
- **Prevent duplication of services**
- **Protect from criminal acts.**
- **Protection of the personal rights**
- **Least restrictive setting**

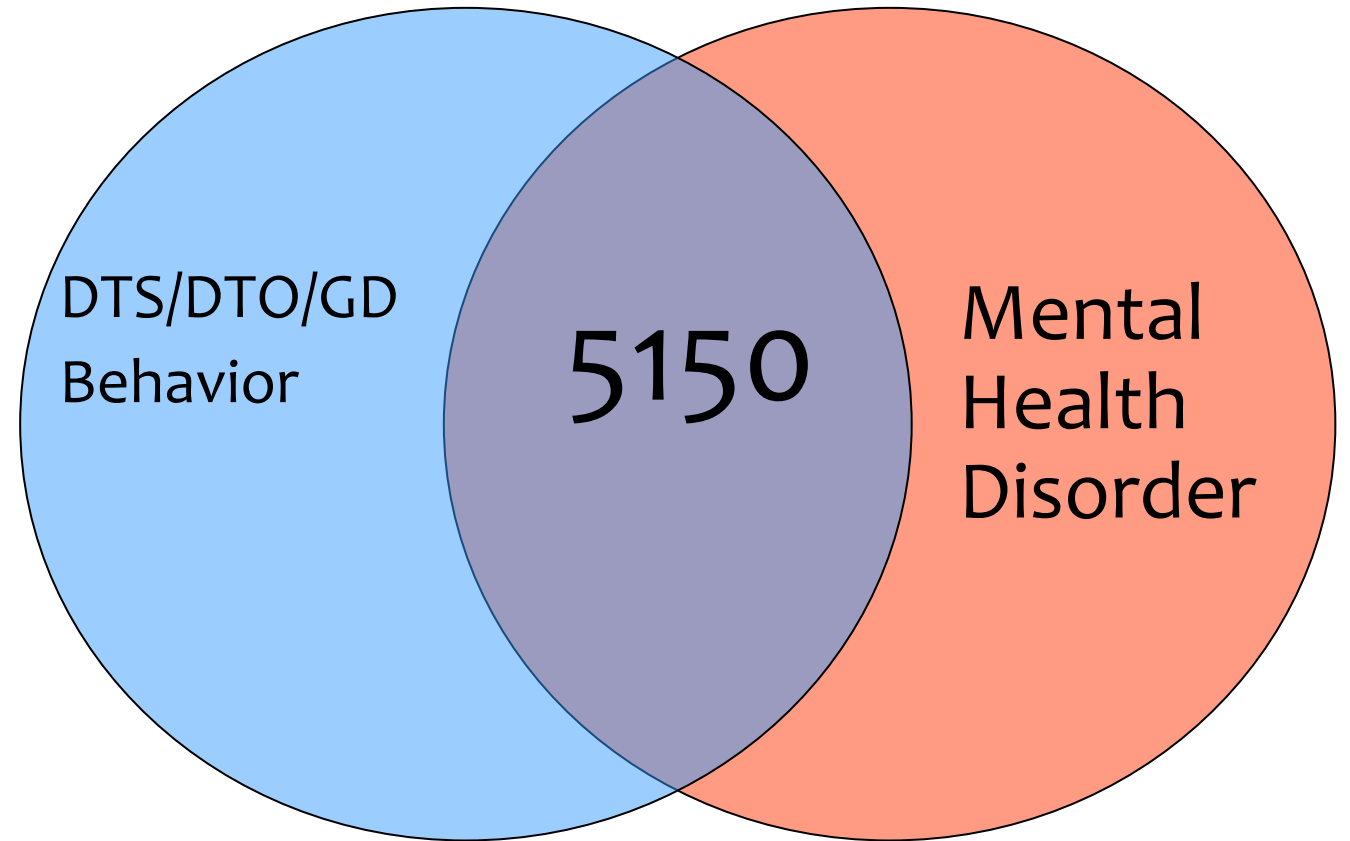
WIC 5001

WIC 5150

WIC 5150(a)

- When a person, **as a result of a mental health disorder**, is
 - a danger to others (DTO), or
 - to themselves (DTS), or
 - gravely disabled (GD),
 - ❖ a peace officer,
 - ❖ professional person in charge of a facility designated by the county for evaluation and treatment,
 - ❖ member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment,
 - ❖ designated members of a mobile crisis team,
 - ❖ or professional person designated by the county
- may, upon **probable cause**, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services.
- The 72-hour period begins at the time when the person is first detained.

WIC 5150 – Nexus Requirement



Who is Authorized to Write a 5150 Hold?

Those who the County Designates

(WIC 5121; BOS Resolution 2020-135):

- Professional person in charge, or the attending staff, of an LPS designated facility
- Designated Members of a Mobile crisis team
- Any professional person designated by the county

Those who do not need county designation.

- Peace officers (local, state, federal)

For How Long is a Hold Valid?



An individual DOES NOT have to remain on a 5150 hold for the entire 72-hours allowed by the WIC.



The individual may be released from the hold AT ANY TIME during that 72-hours if they no longer meet criteria for the hold.



Admission to a medical floor can nullify a 5150 hold which can be reinstated after medical clearance




Criteria for a 5150 Hold

**Danger
to Self**

**Danger
to Others**

**Gravely
Disabled**

Shasta County 5150 Evaluation

- Emergency Department physicians determine medical clearance
 - The individual is then referred to the county for evaluation
 - County mental health clinicians determine if 5150 criteria is met or not
- 
- A large yellow triangle is positioned in the bottom right corner of the slide, pointing towards the top right.

After the
5150 hold
is written...

Shasta County begins seeking
placement in a psychiatric facility

If the individual no longer meets
criteria for the hold at any point – then
a safety plan is developed for release.

When an individual is accepted, Shasta
County provides transportation

SHASTA TRIUMPH AND RECOVERY (STAR) TEAM

“WHATEVER IT TAKES”

STAR

- STAR is a voluntary, Full-Service Partnership Program that focuses on wellness, recovery, and resiliency. We practice “whatever it takes” model to provide access to services.
- We focus on meeting our clients where they’re at to increase engagement and provide a pathway to improve their mental health at the lowest level of care possible.
- STAR Team is creative and adapts to the client’s needs by providing different series of treatment modality and engagement while encouraging the client’s natural support systems to be part of the client’s journey to their mental health wellness.
- STAR Team is available to our FSPs 24/7.

CRITERIA FOR SERVICES

- Severe and persistent mental illness
- Unsheltered or risk of homelessness and/or incarceration due to their mental illness
- Multiple inpatient psychiatric hospitalizations and/or emergency department contacts due to their mental illness
- At risk of being conserved or already on LPS conservatorship
- Difficult to engage or not in treatment
- Multiple functional impairments, struggles to complete Activities of Daily Living (ADLs) tasks without support or prompts from intensive case management
- **Step Down from State Hospitals and Institutions for Mental Disease (IMD)**

WHO IS STAR TEAM

- STAR Team is composed of two clinicians and four Social Workers, along with one full time nurse to provide field-based medication services to serve up to 50 FSP/Partners. STAR Team members are diverse, and services are offered in three different languages: English, Mien and Hmong. We work together to provide various levels of services, including clinical support, to our intensive and acute population. We also work closely with our Peer Support and various agency partners (IHSS, Veteran's Services, Hill Country, and recently Kingsview AOT) to provide wrap around services to our clients for the best quality of care.

TIERS OF SERVICE

- Level I (Primary Outreach Phase) = Not an active client of HHSA, BHSS/STAR Team
- Level II (Partners) = Open to services with HHSA, BHSS/STAR Team, minimal service engagement
- Full Service Partners (FSP) = Open to services with HHSA/BHSS/STAR Team, fully engaged with multiple services from STAR Team (therapy, group therapy, case management, and rehabilitation services)

WHAT DOES STAR TEAM DO?

- We provide intensive (daily or weekly) services to our clients who suffer from chronic and severe mental illness.
- Our goal is to assist our clients with maintaining or reaching their goal to live independently in the community and improving their quality of life.
- We assist with accessing resources, learning independent living skills, completion of Activities of Daily Living (which many of our clients do not maintain), and provide opportunities for positive social support and social rehabilitation.
- Many of our clients continue to experience psychotic symptoms despite medication compliance and we have found that social support and social rehab interventions are crucial to their success. This has been evidenced by our observations of clients' decompensation and increase in symptoms (such as paranoia and hallucinations) since the COVID-19 quarantine.

STAR PARTNERS

- Total of 68 FSP/Partners/Outreach: 61 FSP, 2 (Partners) Level II and 5 Level I
- 26 conserved FSP and 42 non-conserved FSP/Partners/Outreach
- Had 11 FSP (previous and active FSP) at Woodlands: 7 FSP graduated from STAR, 4 current FSP at the Woodlands
- 3 FSP Unsheltered, 5 Outreach Unsheltered, 2 Partners Motels, 16 FSP/Partners Independent Living, and 42 FSP Board and Cares

HOW TO CONTACT STAR TEAM

Mey Chao-Lee, MSW, LCSW

Clinical Program Coordinator

mchaolee@co.shasta.ca.us

(530) 225-5956

AOT

Assisted Outpatient Treatment

Also known as

- **Outpatient Commitment**
- **Mandatory Outpatient Treatment**
- **Kendra's Law (New York)**
- **Laura's Law**

Human and therapeutic alternative to the jails and prisons that have replaced hospitals as the primary institutional setting for individuals with acute and chronic psychiatric needs.

What is it?

- **Community based mental health services under court order to individuals with severe mental illness who have demonstrated difficulty adhering to prescribed treatment on a voluntary basis. It is a combination of a court order and community based psychiatric services.**
- **There are different paths in different states, but the existence of a court order can be the only difference between an AOT patient and an individual who has chosen to accept services.**

Who is it for?

- **Severely mentally ill who need ongoing psychiatric care to prevent relapse, rehospitalization, and/or dangerous behavior, and who have difficulty following through with community-based treatment. (Swartz et al. 2001)**
- **Noncompliant with medication, usually due to an impaired awareness illness – Anosognosia.**
- **Primary diagnosis – Schizophrenia, bipolar disorder, or major depression with psychotic features.**

Some criteria

- **18 or older**
- **Severe mental illness**
- **Refuses voluntary services**
- **Has or will experience some harm from the lack of treatment**
- **Able to survive safely in the community when compliant with prescribed treatment**
- **Dangerousness, grave disability, need for treatment**

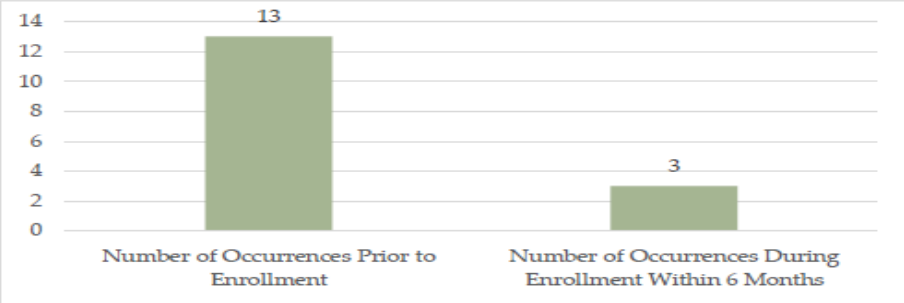
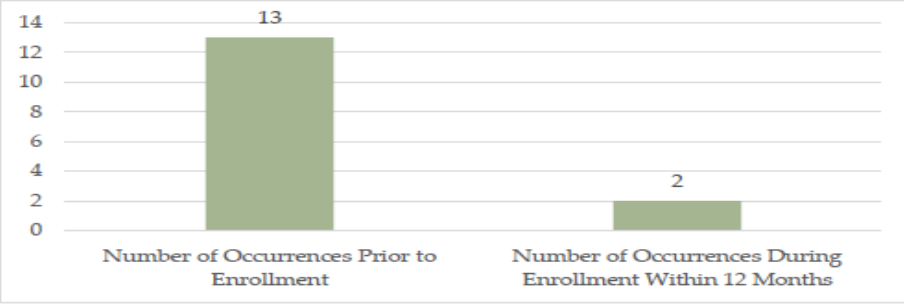
Our process

- **Referral**
- **Public Defender**
- **Assessment**
- **Treatment plan offered**
- **Services**
- **Refusal**
- **Petition**
- **Maybe inpatient, or LPS**

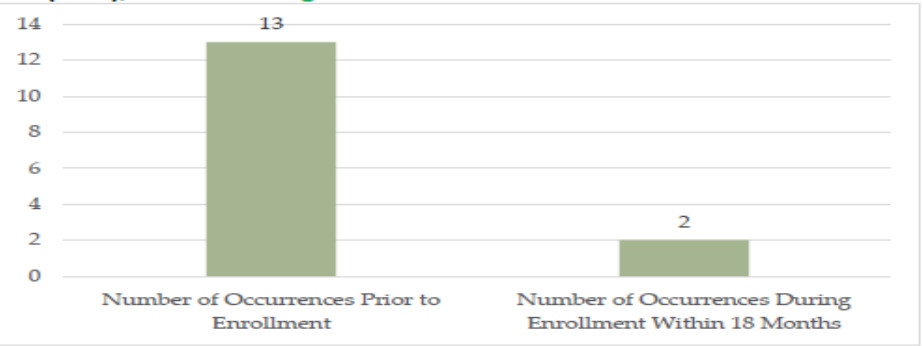
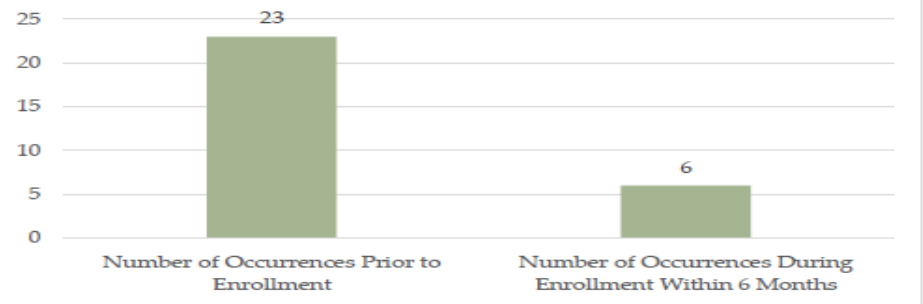
DATA

- **Kingsview team**
- **Highlights**
- **Barriers**

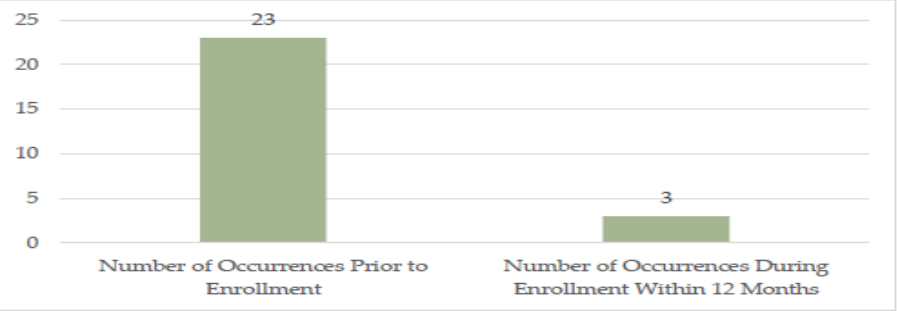
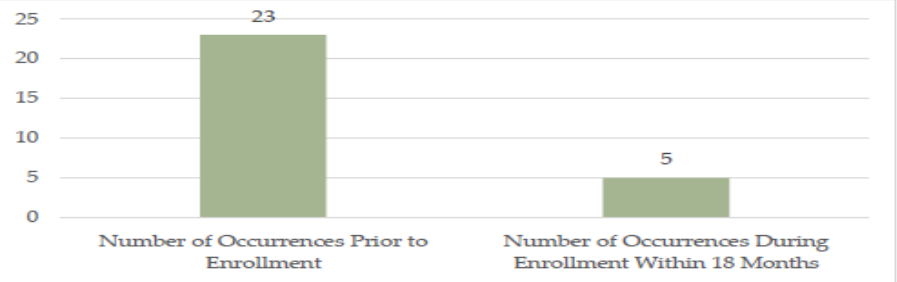
Data

Indicators	Goals	Domain	Activities	Performance Measures
1.1 Reduce incidents of homelessness for consumers in the AOT program	15% Reduction in the number of homelessness occurrences for Individuals enrolled in the AOT Program within 6 months.	Effectiveness	Staff provide linkages and consultation to obtain HUD approval, assist clients with form completion, provide transportation to potential housing, finding community resources to assist with temporary housing.	<p>Percentage Reduction for Homelessness Occurrences. $N = (13-3)/13 = 77\%$ Target Goal Met</p>  <p>Data Source: AOT Log</p>
1.2 Reduce incidents of homelessness for consumers in the AOT program	20% Reduction in number of homelessness occurrences for Individuals enrolled in the AOT Program within 12 months.	Effectiveness	Staff provide linkages and consultation to obtain HUD approval, assist clients with form completion, providing transportation to potential housing, finding community resources to assist with temporary housing.	<p>Percentage Reduction for Homelessness Occurrences. $N = (13-2)/13 = 85\%$ Target Goal Met</p>  <p>Data Source: AOT Log</p>

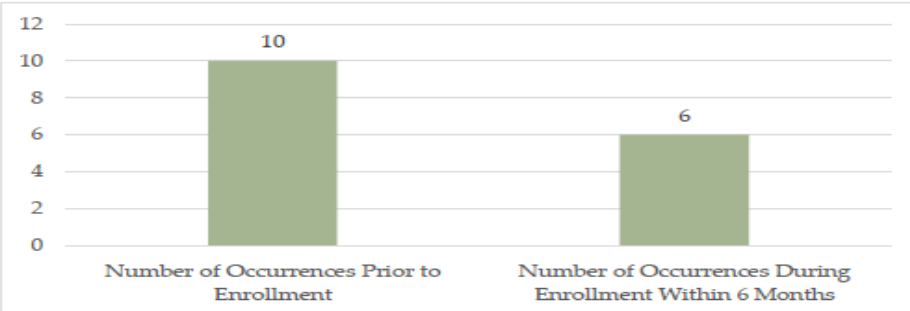
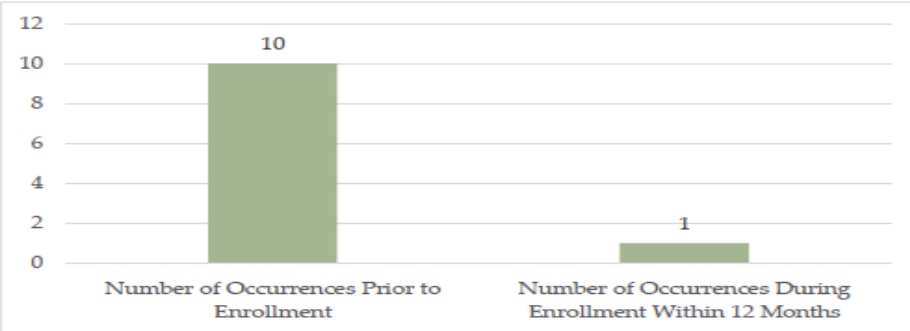
Data

Indicators	Goals	Domain	Activities	Performance Measures						
1.3 Reduce incidents of homelessness for consumers in the AOT program.	20% reduction in the number of homelessness occurrences for individuals enrolled in the AOT program within 18 months.	Effectiveness	Staff provide linkages and consultation to obtain HUD approval, assist clients with form completion, provide transportation to potential housing, finding community resources to assist with temporary housing.	<p>Percentage Reduction for Homelessness Occurrences. $N = (13-2)/13 = 85\%$ Target Goal Met</p>  <table border="1"> <caption>Homelessness Occurrences Data</caption> <thead> <tr> <th>Category</th> <th>Number of Occurrences</th> </tr> </thead> <tbody> <tr> <td>Number of Occurrences Prior to Enrollment</td> <td>13</td> </tr> <tr> <td>Number of Occurrences During Enrollment Within 18 Months</td> <td>2</td> </tr> </tbody> </table> <p>Data Source: AOT Log</p>	Category	Number of Occurrences	Number of Occurrences Prior to Enrollment	13	Number of Occurrences During Enrollment Within 18 Months	2
Category	Number of Occurrences									
Number of Occurrences Prior to Enrollment	13									
Number of Occurrences During Enrollment Within 18 Months	2									
1.4 Reduce incidents of inpatient psychiatric hospitalizations for consumers enrolled in the program.	A minimum of 15% fewer days spent in inpatient hospitalizations (5150) after more than 6 months of engagement with services.	Effectiveness	Program staff establish communication with hospital staff, attempt client contact and maintain continuity of care, coordinating medications with field nurse to ensure follow-up post discharge.	<p>Percentage Reduction for Number of Hospitalizations within 6 months $N = (23-6)/23 = 74\%$, Target Goal Met</p>  <table border="1"> <caption>Hospitalizations Data</caption> <thead> <tr> <th>Category</th> <th>Number of Occurrences</th> </tr> </thead> <tbody> <tr> <td>Number of Occurrences Prior to Enrollment</td> <td>23</td> </tr> <tr> <td>Number of Occurrences During Enrollment Within 6 Months</td> <td>6</td> </tr> </tbody> </table> <p>Data Source: AOT Log</p>	Category	Number of Occurrences	Number of Occurrences Prior to Enrollment	23	Number of Occurrences During Enrollment Within 6 Months	6
Category	Number of Occurrences									
Number of Occurrences Prior to Enrollment	23									
Number of Occurrences During Enrollment Within 6 Months	6									

Data

Indicators	Goals	Domain	Activities	Performance Measures						
1.5 Reduce incidents of inpatient psychiatric hospitalizations for consumers enrolled in the program.	A minimum of 20 percent fewer hospitalizations and/or days spent in inpatient psychiatric hospitalizations (5150) after more than 12 months of engagement with services.	Effectiveness	Program staff establish communication with hospital staff, attempt client contact and maintain continuity of care, coordinating medications with field nurse to ensure follow-up post discharge.	<p>Percentage Reduction for Number of Hospitalizations within 12 months</p> <p>$N = (23-3)/23 = 87\%$, Target Goal Met</p>  <table border="1"> <caption>Data for 1.5 Performance Measure</caption> <thead> <tr> <th>Category</th> <th>Number of Occurrences</th> </tr> </thead> <tbody> <tr> <td>Number of Occurrences Prior to Enrollment</td> <td>23</td> </tr> <tr> <td>Number of Occurrences During Enrollment Within 12 Months</td> <td>3</td> </tr> </tbody> </table> <p>Data Source: AOT Log</p>	Category	Number of Occurrences	Number of Occurrences Prior to Enrollment	23	Number of Occurrences During Enrollment Within 12 Months	3
Category	Number of Occurrences									
Number of Occurrences Prior to Enrollment	23									
Number of Occurrences During Enrollment Within 12 Months	3									
1.6 Reduce incidents of inpatient psychiatric hospitalizations for consumers enrolled in the program.	A minimum of 20 percent fewer hospitalizations and/or days spent in inpatient psychiatric hospitalizations (5150) after more than 18 months of engagement with services.	Effectiveness	Program staff establish communication with hospital staff, attempt client contact and maintain continuity of care, coordinating medications with field nurse to ensure follow-up post discharge.	<p>Percentage Reduction for Number of Hospitalizations within 12 months</p> <p>$N = (23-5)/23 = 78\%$, Target Goal Met</p>  <table border="1"> <caption>Data for 1.6 Performance Measure</caption> <thead> <tr> <th>Category</th> <th>Number of Occurrences</th> </tr> </thead> <tbody> <tr> <td>Number of Occurrences Prior to Enrollment</td> <td>23</td> </tr> <tr> <td>Number of Occurrences During Enrollment Within 18 Months</td> <td>5</td> </tr> </tbody> </table> <p>Data Source: AOT Log</p>	Category	Number of Occurrences	Number of Occurrences Prior to Enrollment	23	Number of Occurrences During Enrollment Within 18 Months	5
Category	Number of Occurrences									
Number of Occurrences Prior to Enrollment	23									
Number of Occurrences During Enrollment Within 18 Months	5									

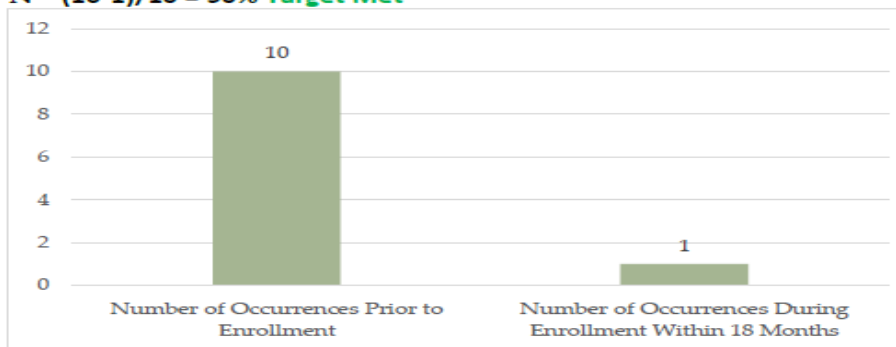
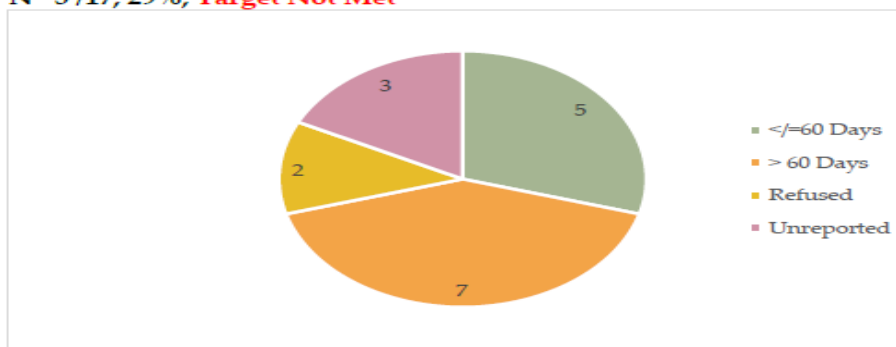
Data

Indicators	Goals	Domain	Activities	Performance Measures
1.7 Reduce incidents of incarceration for consumers enrolled in the program.	A minimum of 15 percent fewer arrests within 6 months of engagement with services.	Effectiveness	Program staff collaborate with law enforcement judicial entities to obtain background historical information that will assist program staff to help educate the client and plan future preventive interventions. Program provides 24/7 crisis call services.	<p>Percentage Reduction for Number of Incarcerations within 6 months $N = (10-6)/10 = 40\%$ Target Met</p>  <p>A bar chart with a vertical axis from 0 to 12. The first bar, labeled 'Number of Occurrences Prior to Enrollment', reaches the value 10. The second bar, labeled 'Number of Occurrences During Enrollment Within 6 Months', reaches the value 6.</p>
1.8 Reduce incidents of incarceration for consumers enrolled in the program.	A minimum of 15 percent fewer arrests within 12 months of engagement with services.	Effectiveness	Program staff collaborate with law enforcement judicial entities to obtain background historical information that will assist program staff to help educate the client and plan future preventive interventions. Program provides 24/7 crisis call services.	<p>Percentage Reduction for Number of Incarcerations within 12 months $N = (10-1)/10 = 90\%$ Target Met</p>  <p>A bar chart with a vertical axis from 0 to 12. The first bar, labeled 'Number of Occurrences Prior to Enrollment', reaches the value 10. The second bar, labeled 'Number of Occurrences During Enrollment Within 12 Months', reaches the value 1.</p>

Data Source: AOT Log

Data Source: AOT Log

Data

Indicators	Goals	Domain	Activities	Performance Measures
1.9 Reduce incidents of incarceration for consumers enrolled in the program.	A minimum of 15 percent fewer arrests within 18 months of engagement with services	Effectiveness	Program staff collaborate with law enforcement judicial entities to obtain background historical information that will assist program staff to help educate the client and plan future preventive interventions. Program provides 24/7 crisis call services.	<p>Percentage Reduction for Number of Incarcerations within 12 months $N = (10-1)/10 = 90\%$ Target Met</p>  <p>A bar chart with a vertical axis from 0 to 12. The first bar, labeled 'Number of Occurrences Prior to Enrollment', reaches the value 10. The second bar, labeled 'Number of Occurrences During Enrollment Within 18 Months', reaches the value 1.</p> <p>Data Source: AOT Log</p>
1.10 Timelines - WRAP introduction and completion	95% percent or more clients will have a wellness and recovery plan established within 60 days.	Timeliness	Program staff will incorporate wellness and recovery action planning during the treatment planning process. Individualized goals and objectives are established. Crisis planning includes support systems such as family members and others in the community.	<p>Percentage of Individuals establishing wellness and recovery plan within 60 days. $N = 5 / 17, 29\%$, Target Not Met</p>  <p>A pie chart with four segments. The largest segment is orange, representing '> 60 Days' with a value of 7. The next largest is green, representing '<=60 Days' with a value of 5. A yellow segment represents 'Refused' with a value of 2. The smallest segment is purple, representing 'Unreported' with a value of 3.</p> <p>Data Source: AOT Log</p>

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

DIRECTOR'S REPORT

November 1, 2023.

[Mental Health, Alcohol & Drug Advisory Board Previous Meeting Documents | Shasta County California](#)



Shasta County
Health & Human
Services Agency

Board of Supervisors Updates – August & September

2

September 17, 2023 BOS Meeting Legal Minutes

No contract updates

October 3, 2023 BOS Meeting Legal Minutes

No contract updates

October 3, 2023 BOS Meeting Legal Minutes

- **C7** Approve a retroactive amendment to the agreement with Open Line Group Homes, Inc., for youth residential mental health services for eligible children which adds Corrective Action Plan language, allows the use of County's Electronic Health Record, updates payment rates, increases maximum compensation, and adds the HIPAA addendum.
- **C8** Approve a retroactive renewal agreement with Remi Vista, Inc., for youth residential mental health services and therapeutic behavioral services in an amount not to exceed \$1,400,000, and designate authority to terminate the agreement.

October 3, 2023 continued...

- **C9** Take the following actions: (1) Ratify the signature on the California Department of Health Care Services for Providing Access and Transferring Health (PATH) capacity building funds to support the Justice-Involved Reentry Initiative application; (2) accept the grant award in the amount of \$1,009,888; and (3) designate authority to sign the online Terms and Conditions, prospective and retroactive amendments, and other related documents specific to PATH.
- **C10** Approve a retroactive renewal agreement with Wayfinder Family Services for youth specialty mental health services in an amount not to exceed \$1,950,000, and designate signing authority to terminate the agreement.

MH & SUD Services Update

Crisis Services (ER) Activity Report September 2023

ER/ED Activity: There were **143** crisis evaluations performed at the Emergency Departments. Shasta Regional Medical Center had **80** evaluations, while Mercy Medical Center had **63** evaluations in August 2023.

Percentage of visits by hospital:

Shasta Regional Medical Center	56%
Mercy Medical Center	44%
Mayers Memorial Hospital	0%

Diagnosis:

Depressive Disorders	23%
Psychotic Disorders (not Schizophrenia)	17%
Bipolar Disorders	15%

Toxicology:

THC	64%
Amphetamines/Meth	39%
Fentanyl	1.5%

5150s Upheld:

- Of clients 5150'd, 37% were ultimately upheld and hospitalized.
- Of clients initially designated 1799.111 then became a 5150, 48% were upheld and ultimately hospitalized.
- Of 5150s to be released, 76% were reported as "Does not Meet Criteria."

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 September 2023, 11 NOABDs were issued to Adult Services clients, and 6 NOABDs were issued to Children's Services clients.

MH & SUD Services Update

Notice of Adverse Benefit Determinations (NOABDs)

Delivery System Notices & Terminations 300

Most Common Reasons Cited for NOABDs in August 2023	Total Adult (11)	Total Child (6)
Not able to contact client, various reasons.	6 (55%)	6 (100%)
Mental health condition would be responsive to treatment by a physical health care provider.	0 (N/A)	0 (N/A)

HHSA BHSS Branch Updates

5th Annual

Saturday
September 23
10 a.m. - 2 p.m.

RECOVERY HAPPENS 2023
**BETTER TOGETHER
GET CONNECTED**
EVENT

Free BBQ / Live Music / DJ / Family Fun
Lake Redding Park Pavilion 56 Quartz Hill Rd. Redding
Recovery Happens is a smoke-free event.

For more information, contact Jules Howard at jahoward@co.shasta.ca.us or (530) 229-8413.

Sponsored by:

2023 Recovery Happens

Event was well attended by providers and community members. An estimated 800 came out for the event!

Around 30 recovery-supporting organizations participated in the resource fair, sharing information about treatment and wellness opportunities.

A "time in recovery" tally poster boasted 641 years, 4 months and 26 days of sobriety amongst 109 people that signed it. Four people listed the event's date, 9/23 as their clean date.

HHSA BHSS Branch Updates

The Addicted Offender Program Alumni Group hosted their first annual Golfing with the Stars event. They had 9 teams and over 100 people in attendance.

Addicted Offender Program Alumni Presents:

Golfing With The Stars

- ⇒ AOP Alumni, Jeff Pigage
- ⇒ AOP Alumni, Shane Phipps
- ⇒ AOP Alumni, Leelani Kemp
- ⇒ Honorable Judge Daniel Flynn
- ⇒ City Council, Baron Browning
- ⇒ Deputy Public Defender, Bill Bateman
- ⇒ Deputy District Attorney, Curtis Woods
- ⇒ Deputy Probation Officer, John Strain
- ⇒ About Time Recovery Owner, Martin Sell

Congratulations!

Nicole Foote the case manager for the Addicted Offender Program (and all-around stellar employee) was named as Shasta County's Employee of the Month for October.

HHSA BHSS Branch Updates

Past Audits & Reviews 2023:

January

Women's Recovery and Resiliency Annual Monitoring Review

June

DHCS – Mental Health Plan Triennial Review

SABG (Substance Abuse Block Grant) Monitoring Review

DMC-ODS (Drug Medi-Cal Organized Delivery System) Monitoring Review

July

SABG Fiscal Audit for FY18-19

August

Mental Health Block Grant

OCTOBER

Mental Health Services Act County Program Review

HHSA BHSS Branch Updates

10

Future Reviews & Audits:



NOVEMBER 2023

Network Adequacy Certification

ACMA (Formally known as Ongoing Compliance Monitoring)

External Quality Review (EQR) for Mental Health (MH)

There are several opportunities for community member participation in both the MH and SUD EQR visits. Please let Katie Cassidy know if you would like to participate.

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

Miguel Rodriguez, LCSW, Behavioral Health and Social Services Branch Director

Katie Cassidy, Behavioral Health and Social Services Deputy Branch Director

Laura Stapp, Behavioral Health and Social Services Deputy Branch Director

Health & Human Services Agency | Shasta County California

SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)

DRAFT SPECIAL MEETING

Minutes

June 9, 2023

Members: Ron Henninger, Dale Marlar, David Kehoe, Sam Major, Cindy Greene, Jo-Ann Medina, Charles Menoher, Kalyn Jones, Angel Rocke, Anne Prielipp.

Absent Members: Heather Jones, Christine Stewart, Connie Webber, Mary Rickert, Alan Mullikin.

Shasta County Staff: Miguel Rodriguez, Katie Cassidy, Nicole Carroll, April Jurisich.

Guests: Gene Ward.

Agenda Item	Discussion	Action	Individual Responsible
I. Introductions	➤ All present parties were welcomed and introduced.		➤ Ron Henninger, MHADAB Chair
II. Public Comment Period	➤ No public comments were made.		
III. Discussion	<ul style="list-style-type: none"> ➤ Jo-Ann Medina inquired about the “numbers served” listed within some of the programs on the MHSA Plan. She requested that staff could explain the numbers for data in the next plan, where thousands are indicated. ➤ Ron Henninger asked how to increase the number of Consumer Perception Surveys in future survey plans and Miguel Rodriguez responded that there are state regulations that surround survey implementation, and Shasta County is developing a new survey that is more accessible to clients. ➤ Discussion on the inclusion of a percentage reduction goal for Shasta County completed suicide numbers. Program staff advised prevention impact cannot reliably be measured with completed suicide data alone and cautioned that reporting percentage reduction goals is not best practice in Suicide Prevention and may cause harm to programs. 	<ul style="list-style-type: none"> ➤ Text was added to the “Mental Health Services Act Three-Year Program and Expenditure Plan, which covers Fiscal Years 2022-23-2025-26” to include: “Public Health will work with the Mental Health, Alcohol and Drug Advisory Board to identify appropriate outcome measures to be published in the next Annual Update.” 	<ul style="list-style-type: none"> ➤ Jo-Ann Medina, Board Member ➤ Ron Henninger, MHADAB Chair ➤ David Kehoe, Board Member
IV. Regular Calendar	<ul style="list-style-type: none"> A. Open public hearing to receive comments on the “Mental Health Services Act Three-Year Program and Expenditure Plan, which covers Fiscal Years 2022-23-2025-26”; close public comment period; and close public hearing (as required by California Code of Regulations, Title 9, section 3315A). B. Consider approval of “Mental Health Services Act Three-Year Program and Expenditure Plan, which covers Fiscal Years 2022-23-2025-26”; and consider recommending that the Shasta County Board of 	<ul style="list-style-type: none"> ➤ Public hearing opened to receive comments on the “Mental Health Services Act Three-Year Program and Expenditure Plan, which covers Fiscal Years 2022-23-2025-26” No public comments were made, and the public hearing was closed. ➤ Motion passed with 8 Ayes, 2 Nays and 0 Abstentions to approve the recommendation that the Board of Supervisors adopt the “Mental Health 	<ul style="list-style-type: none"> ➤ Ron Henninger, MHADAB Chair ➤ Charlie Menoher (Motion) Dale Marlar (Second) David Kehoe (Nay) Ron Henninger (Nay)

	Supervisors approve the “Mental Health Services Act Three-Year Program and Expenditure Plan, which covers Fiscal Years 2022-23-2025-26.”	Services Act Three-Year Program and Expenditure Plan, which covers Fiscal Years 2022-23-2025-26.”	
XIV. Adjournment		Adjournment (7:28 p.m.)	

Rachel Renier

Rachel Renier, Secretary