

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

Minutes
July 12, 2023

Members: Allan Mullikin, Sam Major, Jo-Ann Medina, Ron Henninger, David Kehoe, Kayln Jones, Cindy Greene, Mary Rickert, Dale Marlar, Charlie Menoher, Connie Weber

Absent members: Anne Prielipp, Christine Stewart, Angel Rocke, Heather Jones

Shasta County Staff: Rachel Renier, Miguel Rodriguez, Jackie Rose, Marie Marks, Shawna Hall, April Jurisich, Rene Bairos, Christopher Diamond, Lindsay Heuer, Sydney Stinger

Agenda Item	Discussion	Action	Individual Responsible
I. Call to Order & Welcome	<ul style="list-style-type: none"> ➤ The meeting was called to order and all present parties were welcomed. 		<ul style="list-style-type: none"> ➤ Ron Henninger, MHADAB Chair
II. Open Public Comment Period	<ul style="list-style-type: none"> ➤ Public commenter participates in Mental Health services and can get no dental services until 2024. Not having services causes stress and barriers. In 2002 the word advisory was stricken from bylaws. Mentioned that a yearly board report comes out, they don't know when it comes out. ➤ Public commenter has questions about housing programs, and she believes according to the law, they are to help those most in need. She was there advocating for her daughter stating that programs have helped in the past and a few have not. Due to her daughter being known in the community, she states that local officers told her that housing would not help her. She is pleaded for her daughter to get assistance. Miguel, Mental Health director asked to connect after the meeting. ➤ Public commenter says they went through all the agendas for the past 12 months and found nothing regarding the changes to Legislative bill SB43 – Behavioral Health to expand the definition of “gravely disabled” to include in which a person is as a result of a severe substance use disorder, or a cooccurring mental health disorder and a severe substance use disorder, is, in addition to the basic personal needs described above, unable to provide for their personal safety or necessary medical care, as defined. Also found nothing on Legislative bill 		<ul style="list-style-type: none"> ➤

	<p>SB551 Mental Health boards. This bill would require one member of a mental health board’s membership to be employed by a local educational agency, and at least one member to be an individual who is 25 years of age or younger in counties with a mental health board membership of 5 to 8 members. The bill would require 2 members of the board to be employed by a local educational agency and at least 2 members to be 25 years of age or younger in counties with a mental health board membership of 9 to 15 members. The bill would require at least 2 members of the board to be employed by a local educational agency and at least two members to be 25 years of age or younger in counties with a mental health board membership of 16 or more members. In addition, community member feels that we have lack of Mental Health funding and housing and pulling of 30% of Mental Health funding should not occur.</p> <ul style="list-style-type: none"> ➤ Public comment was read on behalf of an individual, about his art and work with the Vetart.org, and the Shasta County Arts Council. 		
<p>III. Announcements and Staff Updates</p>	<ul style="list-style-type: none"> ➤ Staff addressed Public Comments from the previous meeting. <ul style="list-style-type: none"> ▪ Public commenter discussed in the 6/7/23 board meeting that homeless are required to participate in religious services to stay at the mission. Miguel, Mental Health Director reported back that this is not the case and if anyone hears differently to report it to Mental Health. ▪ Miguel provided information from the Directors board report which included Crisis Services for May 2023, Shasta County Mental Health Plan grievance report 2022 – 2023 quarter 3, branch updates including Assisted Outpatient Treatment program, Payment reform, a component of CalAIM and 2 innovative projects that are being submitted to Mental Health Services Oversight & Accountability for approval. Also in the Directors report was 		<ul style="list-style-type: none"> ➤ Miguel Rodriquez, Director of Mental Health, HHSA

	information about Mental Health Services Act 3-year plan including links.		
IV. Action Items	<p>A. <u>Approval of Meeting Minutes</u></p> <ul style="list-style-type: none"> ▪ Board members reviewed minutes from the May 3, 2023, Regular Meeting. ▪ Board members will review and approve minutes from the June 7, 2023, Regular Meeting 	<ul style="list-style-type: none"> ➤ Meeting minutes approved with eleven (11) ayes, zero (0) nays, and zero (0) abstentions. ➤ Meeting minutes approved with eleven (11) ayes, zero (0) nays, and zero (0) abstentions. 	<ul style="list-style-type: none"> ➤ Motion: Dale Marlar Second: David Kehoe ➤ Motion: Charles Menoher Second: David Kehoe
V. Presentations	<ul style="list-style-type: none"> ➤ Sydney Stinger along with Lindsey Heuer provided information about suicide prevention and went over California’s statics but focused on Shasta County’s statistics. Also talked about Shasta Suicide Prevention Strategic Plan, various trainings that are offered for free for the community, Captain Awesome/MAG which is Men’s Advisory Group, Suicide Fatality Review, which is evaluating the history of individuals that have died by suicide and figuring out the “why” factor, discussed different ways to capture evaluations for programs including call volume data, pre/post training evaluations, focus groups and Suicide Fatality Review (SFR) data. Resources were also discussed including the use of 988 Suicide & Crisis Lifeline which can be used throughout the United States. Questions from the board are attached. ➤ Theresa Comstock, Executive Director at the California Association of Local Behavioral Health Boards and Commissions presented the Brown Act Guide. Focusing on the basics such as open & public meetings, who is covered, who is not, documents, posting of documents and when to post them, public participation, teleconferencing, voting, public emergency allowances, “just cause” or “emergency” allowances. She also provided a binder including Mental Health Advisory Board Training on How to Be an Effective Board/Commission, and Best Practices handbook to each of the board members. 	<ul style="list-style-type: none"> ➤ 	<ul style="list-style-type: none"> ➤ Sydney Stinger, Community Education Specialist and Lindsey Heuer, Supervising Community Education Specialist ➤ Theresa Comstock, California Association of Local Behavioral Health Boards and Commissions Executive Director

VI. Regular Calendar	A. None.		
VII. Discussion Items	<p>A. No questions were asked about the Director’s report.</p> <p>B. Board members were invited to participate in meeting planning by attending Executive Committee meetings. A comment was made that if you ask for a specified agenda topic to attend the Executive meeting to provide additional clarification on special interests.</p> <p>C. Board members reviewed 3 options for the 2023-2024 Regular & Executive calendar meeting dates. Calendar version 3 is what the members would like to use. Miguel will look at other calendars to see if option 3 will work. Board asked if a group poll could be used such as Doodle, free online meeting scheduling tool. Board also asked if meetings could be sent as a calendar invite.</p> <p>D. Crisis Residential Recovery Center flyer was reviewed. Three different colors were presented for the new flyer. Members would like to include wording to the effect of individuals In crisis can receive services without a referral. Miguel stated he would update the flyer and adjust the wording and bring back at the next board meeting.</p> <p>E. Board members were invited to contribute topics of interest for future agenda item consideration and to please participate in the Executive Meetings.</p>		<ul style="list-style-type: none"> ➤ Ron Henninger, MHADAB Chair ➤ Sam Major, Board Member ➤ Ron Henninger, MHADAB Chair ➤ Miguel Rodriquez, Director of Mental Health, HHS ➤ Sam Major, Board Member
VIII. Board Member Reports	➤ None.		
IX. Adjournment	➤	➤ Adjournment 7:25 PM	<ul style="list-style-type: none"> ➤ Motion: Charlie Menoher ➤ Second: Dale Marlar

 Ron Henninger, Chair

 Jacquelynn Rose, Board Secretary

MHADAB Questions
Suicide Prevention Program Presentation July 12, 2023

Shasta Suicide Prevention Collaborative

1. How long has the Suicide Prevention Collaborative been around?

Response: The Shasta Suicide Prevention Collaborative has been around for 15+ years and, prior to 2020, the group was known as the Shasta Suicide Prevention Workgroup.

2. Who typically attends Collaborative meetings?

Response: A Collaborative meeting typically consists of local organizations, medical and behavioral health agencies, stakeholders, and community members. The organizations and individuals in attendance have varied throughout the years and participation is greatly influenced by capacity as well as agency staffing and turnover. Since the Collaborative was on hiatus from February 2020 to July 2021 due to COVID-19, the Suicide Prevention Program is working to re-engage Collaborative members and increase regular attendance.

3. Is the Shasta Suicide Prevention Collaborative the same as the one advertised in the MHADAB agenda?

Response: Yes, they are one in the same.

Suicide Prevention Trainings

4. How does the program promote and advertise suicide prevention trainings?

Response: The Suicide Prevention Program advertises suicide prevention trainings through the Shasta Suicide Prevention Collaborative monthly newsletter and Facebook page. The program also works with Collaborative members and local partners to increase advertising reach and promote the trainings with community members directly. The Suicide Prevention Program continues to develop strategies to increase participation in suicide prevention training opportunities. The program appreciates the feedback from the Board to connect with older adult housing programs, churches, and board and care facilities to expand training outreach efforts to older adult populations.

5. Who typically attends suicide prevention trainings?

Response: Attendance varies greatly as any resident of Shasta County is welcome to participate in Question, Persuade, Refer (QPR), SafeTALK, and Applied Suicide Intervention Skills Training (ASIST). For recent trainings in 2023, many individuals that work in the behavioral health field (e.g., clinician, school counselor, case manager, social worker, etc.) have been in attendance.

6. Are trainings free to the public?

Response: Yes, the Suicide Prevention Program contracts with Lotus Educational Services to provide free SafeTALK and ASIST trainings to the public. QPR trainings are also free to the public and made available through agency staff and community partners trained to deliver QPR.

7. Are there trainings available for law enforcement?

Response: The Suicide Prevention Program recently coordinated Code 9 workshops during February-March 2023 and May 2023. The workshops are designed for first responders, including law enforcement, firefighters, EMT's/paramedics, veterans, and their family members. Code 9 provided training for integrating officer wellness and suicide prevention into department programming, improving stress management skills, and expanding peer support programs. These trainings provided a great opportunity for the program to connect with local first responders about suicide prevention. In addition to Code 9, first responders are always welcome to participate in suicide prevention trainings hosted by the Suicide Prevention Program (e.g., QPR, SafeTALK, and ASIST). The program will continue to conduct outreach with local first responders to encourage attendance in suicide prevention trainings.

Resources

8. How are resources distributed to unhoused populations?

Response: The Suicide Prevention Program attends community events that serve the unhoused populations, such as Project Homeless Connect, to distribute resources. The program also distributes resources to organizations that provide direct support to unhoused individuals.

MHADAB Questions
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Suicide Fatality Review (SFR)

9. When will the Suicide Fatality Review (SFR) team be up and running?

Response: The Suicide Prevention Program is not able to provide a definitive date for the establishment of an SFR team. The documentation for SFR is still being developed and must be reviewed by Public Health leadership and County Counsel to ensure all forms and processes align with state law and county policies. The Suicide Prevention Program approximates that it will take about 6-12 months to establish an SFR team in Shasta County.

Data

10. What chemical or medication was most frequently used in suicide deaths that resulted from poisoning?

Response: The data from the California Department of Public Health's (CDPH) EpiCenter, does not specify the type of poison or medication used in self-poisoning suicide deaths.

11. What is the data for suicide attempts?

Response: According to CDPH's EpiCenter, self-harm accounted for 65 hospitalizations in Shasta County in 2021. Of those reported instances where self-harm was the primary reason for hospitalization, 25 were men and 40 were women. Please note, the EpiCenter does not have a code to identify suicidal intent, so it is unknown if all 65 self-harm hospitalizations were the result of suicide attempts. It is also important to recognize that suicide attempts are often underreported, so this impacts the accuracy of the data made available.

12. Why do jump/fall suicide deaths appear to be high?

Response: Suicide deaths that result from jumps/falls may be more likely to occur in Shasta County compared to neighboring communities due to the many outdoor locations and structures that are situated at great heights and available for public use. These areas could benefit from signage about suicide prevention resources. It is important to note that suicide deaths that result from jumps/falls do not occur as frequently as suicide deaths resulting from other lethal means such as firearms and hanging/suffocation. For instance, while jumps/falls accounted for 4% of male suicide deaths and 9% of female suicide deaths from 2019-2021, firearms accounted for 56% of male suicide deaths and 19% of female suicide deaths from 2019-2021.

13. Why does the distribution of lethal means used among men vary so differently from lethal means used among women?

Response: While the difference in the lethal means used by men compared to those used by women cannot be attributed to a single factor, it can be inferred that the means used across genders in Shasta County are influenced by the high volume of gun ownership in our community.

14. Is there information that provides where the suicide happened so you can look at the trends related to the 85+ age group and identify areas of concern or areas to do outreach?

Response: The Epidemiology department provides suicide surveillance reports which can include general location information. The Suicide Prevention Program utilizes the suicide surveillance reports to identify trends in specific age groups and populations for the development of specialized suicide prevention activities.

988 Suicide & Crisis Lifeline

15. What support does the 988 Suicide & Crisis Lifeline offer?

Response: In addition to providing suicide crisis support, if you or a loved one is experiencing an emotional crisis or substance use crisis, the 988 Lifeline can connect you with a resource to help navigate the situation. For more information about the 988 Lifeline, please visit the [988 Suicide & Crisis Lifeline](#) website (see the "Should I call the Lifeline?" section) or the "[988 Frequently Asked Questions](#)" page located on the Substance Abuse and Mental Health Services Administration (SAMHSA) website. NOTE: In the event of an emergency, please call 911.

If you have any additional questions, please contact the MHADAB secretary, Jacquelynn Rose, at
MHADAB@co.shasta.ca.us
Thank you!