

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

MHADAB Regular Meeting

This meeting will be video recorded.
Wednesday, March 1, 2023, 5:15 pm
Northern Valley Catholic Social Service
2400 Washington Ave, Redding, CA 96001

A virtual option is available via GoToMeeting.
<https://global.gotomeeting.com/join/529205213>
United States: +1 (312) 757-3121
Access Code: 529-205-213

Board Members

Chair

Ron Henninger

Vice-Chair

Kalyn Jones

Members

Cindy Greene

Heather Jones

David Kehoe

Samuel Major

Dale Marlar

Jo-Ann Medina

Charlie Menoher

Alan Mullikin

Anne Prielipp

Mary Rickert

Angel Rocke

Christine Stewart

Connie Webber

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. Staff and Board Member Reports

- A. Staff will address Public Comment follow up from the previous meeting.
- B. Clinical Program Coordinator Leah Shuffleton will provide a QI Update.
- C. New teleconferencing rules in effect.
- D. MHSA Stakeholder Meeting rescheduled to March 24th.

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 February 1, 2023 meeting.

V. Presentations

- A. Wendy Millis, Partnership Healthcare representative, will present on the Partnership Regional Model.

VI. Regular Calendar

- A. Discuss and consider voting to begin regular MHADAB meetings at 5:30 p.m.

VII. Discussion Items

- A. An Addiction 101 video will be shared by Katie Cassidy, Deputy Director.
- B. A Discussion on HHSA’s Vision for SUD Services will be led by Mental Health Director Miguel Rodriguez.
- C. Board members may make suggestions for future agenda item consideration.

VIII. Board Member Reports

Board members will report committee meeting updates.

IX. Adjourn

Regular MHADAB Meeting

Apr 5, 2023 5:15 pm
Northern Valley Catholic Social Service
2400 Washington Ave,
Redding, CA 96001

Executive Committee Meeting

Mar 6, 2023 11:00 am
HHSA Adult Services Branch, Admin
Conference Room 1
2640 Breslauer Way,
Redding, CA 96001

Committees

Shasta Substance Use Coalition
Virtual via Zoom
Mar 14, 2023 10:30
jill@shastatraining.org

ADP Provider Meeting
May 24, 2023 10:00
2420 Breslauer Way
Redding, CA 96001
kcassidy@co.shasta.ca.us

Stand Against Stigma
Apr 11, 2023 1:30
2420 Breslauer Way
Redding, CA 96001
cdiamond@co.shasta.ca.us

Shasta Suicide Prevention Collaborative
Redding VA
Outpatient Clinic
3455 Knighton Road
Redding, CA 96002
Mar 7, 2023 2:30
stinger@co.shasta.ca.us

Continuum of Care (CoC)
Mar 14, 2023 3:00
Contact for meeting location.
HCAP@co.shasta.ca.us

MHSA Stakeholder Workgroup
Mar 24, 2023
2420 Breslauer Way
Redding, CA 96001
ncarroll@co.shasta.ca.us

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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 will be recorded. If there are any questions regarding this agenda, please contact Nicole Carroll at 229-8062, or via e-mail at ncarroll@co.shasta.ca.us.

SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
REGULAR MEETING
Minutes
February 1, 2023

Members: Ron Henninger, Kalyn Jones, David Kehoe, Heather Jones, Cindy Greene, Mary Rickert, Connie Webber, Angel Rocke, Charlie Menoher


Absent Members: Sam Major, Dale Marlar, Jo-Ann Medina, Anne Prielipp, Christine Stewart, Alan Mullikin

Shasta County Staff: Katie Cassidy, Katie McCullough, Kim Limon, Rene Bairos, Christina Stewart, Darlyn Carnate, Shawna Flannigan, Leah Shuffleton, Genell Restivo, Christopher Diamond, April Jurisich, Nicole Carroll

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"> ➤ MHADAB Chair Ron Henninger
II. Open Public Comment Period	<ul style="list-style-type: none"> ➤ A public commenter spoke about County telehealth services. Clients may not know they can ask the 3rd party telehealth assistant to leave the room, or what other rights or protocols may be available for switching providers or voicing their needs. ➤ A public commenter relayed a family member's story, noting a history of misdiagnosis, lack of 5150 due to suspected drug use, and a parole officer being unsupportive of mental health treatment. A fear of police retribution upon complaint was described. ➤ John Serle, Chief Operating Officer for a new local provider, Community Behavioral Health, introduced himself and provided an overview of upcoming psychiatric services and opportunities for collaboration. 		
III. Staff and Board Member Reports	<ul style="list-style-type: none"> ➤ Staff addressed Public Comments from the previous meeting. <ul style="list-style-type: none"> ○ HHSa staff reached out to Mercy Medical center to investigate ER protocols. MCT and CIRT were designed with a continuum of mobile response in mind. The protocol for assisting uncooperative individuals in crisis may vary based on whether the call is placed to 911 or MCT. MCT is not able to restrain individuals who have been 5150'd. MCT calls law enforcement who can assess for danger, after which MCT clinicians can intervene. If an evaluation is achieved, Hill Country can issue a 5150. An overdose response team for follow up after Narcan issuance is in discussion and planning phases. ○ NorCal OUTreach communicated with HHSa 	<ul style="list-style-type: none"> ➤ A future agenda item on the crisis programs continuum and their effectiveness was requested. 	<ul style="list-style-type: none"> ➤ Deputy Branch Director Katie Cassidy ➤ Board Member Connie Webber

	<p>leadership about addressing barriers to care.</p> <ul style="list-style-type: none"> ○ HHSA continues to explore emergency housing challenges and the need for increased case management surrounding this issue. <p>➤ MHADAB Chair Ron Henninger reported safety concerns continue at Woodlands housing complex, but the vendor is taking steps to address this. Heather Jones will attend quarterly departmental NAMI meetings.</p>		<p>➤ MHADAB Chair Ron Henninger</p>
IV. Consent Calendar	<p>A. <u>Approval of Meeting Minutes</u> Board members reviewed minutes from the January 4, 2023 meeting.</p> <p>B. <u>Teleconferencing Vote</u> Pursuant to Assembly Bill No. 361, Section 54953(e)(3), consider voting to facilitate continued Teleconferencing in the form of “hybrid” meetings.</p>	<p>➤ Item IV.A. Approval of Meeting Minutes was not passed upon to lack of quorum due to abstention. Additions to public comments were suggested. Item IV.B. Teleconferencing Vote passed with eight (8) Ayes and zero (0) Nays, and one (1) abstention.</p>	<p>➤ Motion: Charlie Menoher Second: Kalyn Jones Abstention: Mary Rickert</p>
V. Regular Calendar	<p>➤ The Community Planning Process Policy and Procedure drafts were reviewed and discussed. Including protocols detailing the processing of stakeholder commentary and reporting back to stakeholders in a timely, meaningful manner were recommended.</p>	<p>➤ No action was taken.</p>	<p>➤ Interim MHSA Coordinator Nicole Carroll</p>
VI. Presentations	<p>A. An Access to Services Mock Screenings for adults and children were demonstrated by Clinical Program Coordinators and a Mental Health Clinician. One reported barrier to care is lack of available clinical professionals leading to wait times of approximately 3 months for clients needing initial psychiatric prescription. Supportive services are offered during that time.</p> <p>B. The Quality Improvement (QI) and Grievance Process was presented by Clinical Program Coordinator Leah Shuffleton.</p>		<p>➤ Clinical Program Coordinators Rene Bairos and Christine Stewart, Mental Health Clinician Darlyn Carnate</p> <p>➤ Clinical Program Coordinator Leah Shuffleton</p>
VII. Discussion Items	<p>A. A Discussion on HHSA’s Vision for SUD Services was tabled.</p> <p>B. Board members were invited to volunteer for the MHSA 3-Year Plan Committee.</p> <p>C. Board members were invited to suggest future agenda topics for consideration.</p>		<p>➤ Deputy Branch Director Katie Cassidy</p> <p>➤ MHADAB Chair Ron Henninger</p> <p>➤ MHADAB Chair Ron Henninger</p>
VII. Adjournment		<p>➤ Adjournment (7:40 p.m.)</p>	

Ron Henninger, Chair


Nicole Carroll, Secretary



DMC-ODS
Regional Model

Partnership HealthPlan
of California

Shasta County
Presentation

March 1, 2023



Partnership Health Plan of CA (PHC)



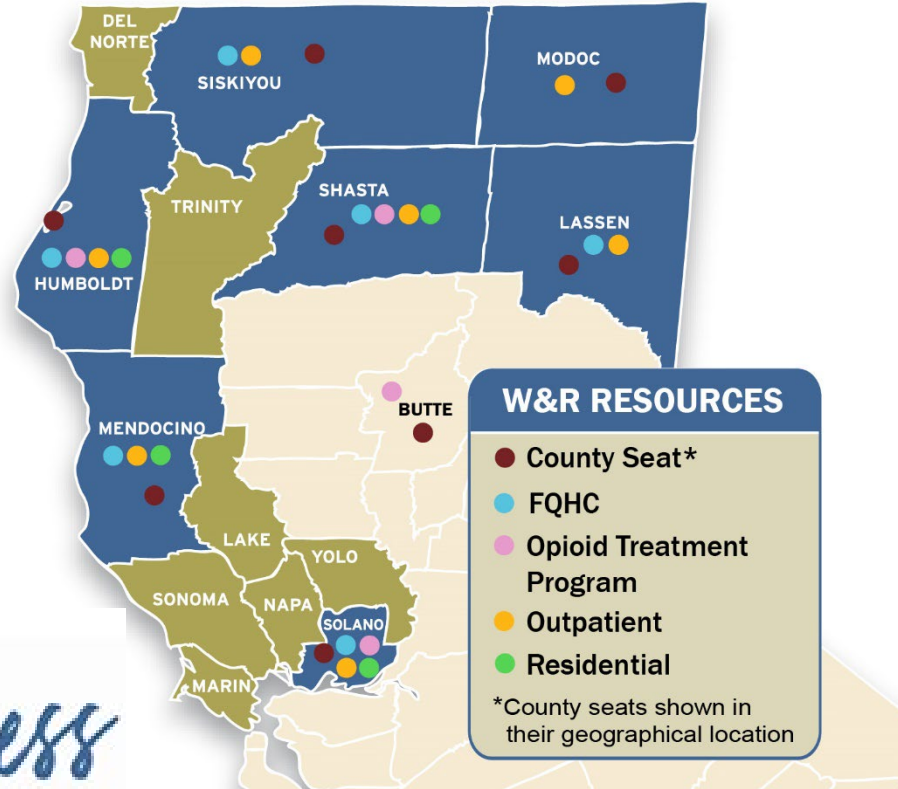
Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Partnership HealthPlan and the Wellness and Recovery Program



July 1, 2020, PHC began administering substance use services to Medi-Cal beneficiaries in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties under the DMC-ODS.

July 1, 2023, Lake County will be added

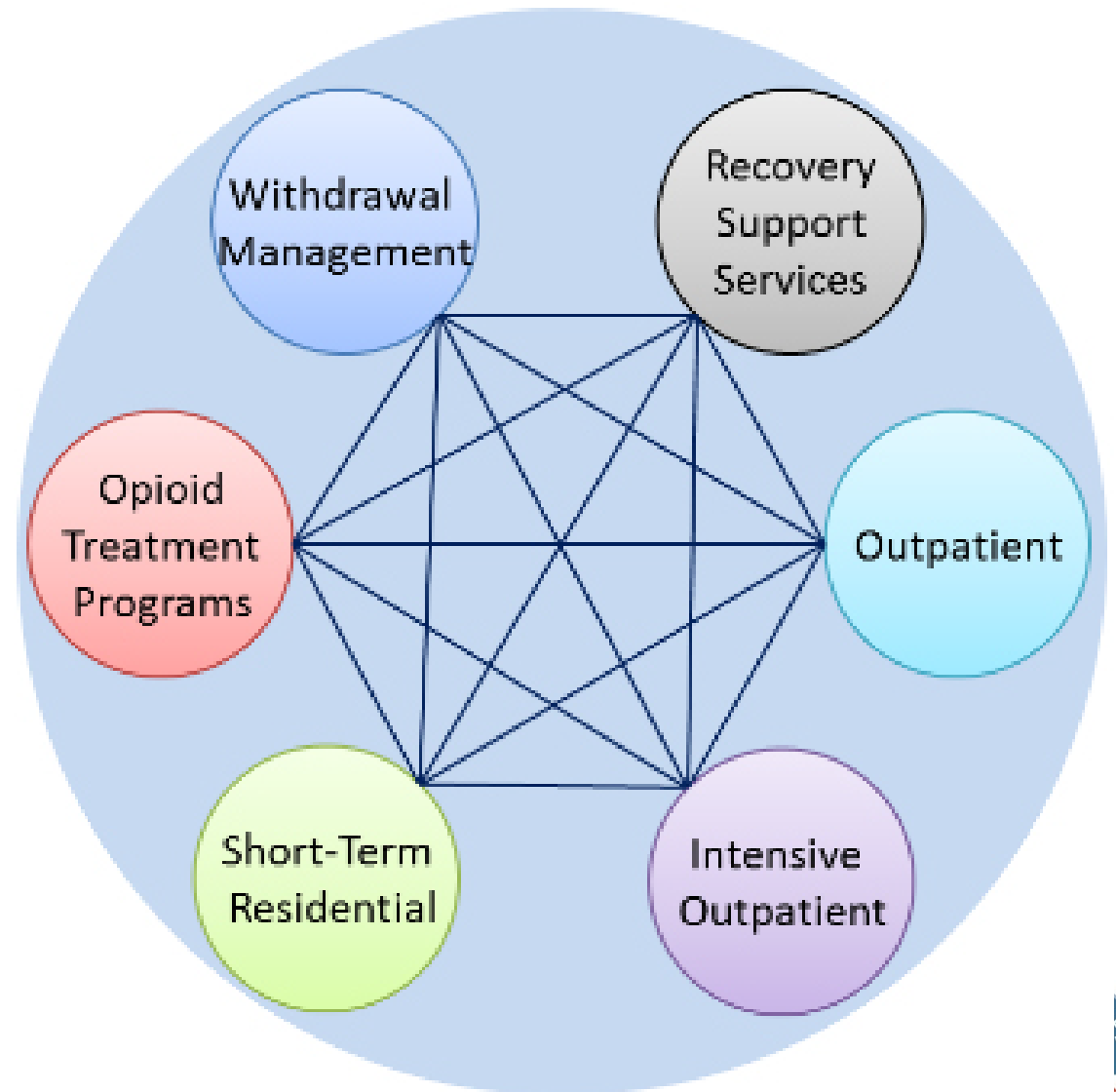
Key Components of the New Benefit -

- Full continuum of services
- Central Access Line
- Standardized Medical Necessity Criteria - ASAM
- Care coordination across systems
 - Primary Care
 - Mental Health
 - Substance Use



Wellness and Recovery Benefit

- American Society for Addiction Medicine (ASAM) criteria to determine medical necessity and level of care needed
- Services
 - Outpatient and Intensive Outpatient
 - Residential Care
 - Withdrawal Management (Detox)
 - Recovery Services (After Care)
 - NTP – Narcotic Treatment Programs
 - Care Coordination (formerly Case Mngmt)



- All Medi-Cal beneficiaries over 12 in the 7 counties are eligible for services
 - About 5 to 10% of those eligible are not PHC members at any given time
- The 7 counties delegate the administration to PHC
 - No direct contract between PHC and DHCS
 - Counties monitor PHC performance through Substance Use IQI – subcommittee of IQI

MEMBERS

Qualifications

- Medi-Cal coverage
 - Doenst have to be assigned to PHC
- Meet ASAM medical necessity criteria
- Self referral; no prior approval needed for most services
- Access call center (Carelon (formerly known as Beacon))
- **No Wrong door**

PROVIDERS

- Substance use specific: State-certified as “Drug Medi-Cal”

SERVICE LOCATIONS

- Goal of serving clients in their communities as much as possible
- Residential, methadone, and some other services out of county



Connecting People to Care

- Individuals may access care by calling Carelon (Formerly Beacon Health Options) at **855-765-9703**.
- Beacon will do a short screening and then connect them to the appropriate level of care.
- Treatment can also be accessed directly through a **provider** screening, individual Counties, and other community providers connections.
- The only level of care requiring authorization is residential. That authorization will be obtained by the residential treatment provider.
- Transportation to and from treatment is available. The treatment providers will assist individuals in connecting to MTM.

PHC/ Regional Model				Statewide
Age Groups	Average # of Eligibles per Month	# of Beneficiaries Served	Penetration Rate	Penetration Rate
Ages 12-17	34,470	47	0.14%	0.21%
Ages 18-64	180,863	3,581	1.98%	1.28%
Ages 65+	27,659	163	0.59%	0.66%
TOTAL	242,992	3,791	1.56%	1.03%

*As reported by BHC & UCLA through the 2022 Regional Model EQRO



Beneficiaries Served & Penetration Rates by Race/Ethnicity

PHC/ Regional Model				Statewide
Race/Ethnicity Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate
White	115,963	2,564	2.21%	1.93%
Latino/Hispanic	49,619	311	0.63%	0.69%
African-American	18,743	279	1.49%	1.33%
Asian/Pacific Islander	16,707	49	0.29%	0.17%
Native American	8,221	171	2.08%	2.02%
Other	33,751	417	1.24%	1.40%
TOTAL	243,004	3,791	1.56%	1.03%

*As reported by BHC & UCLA through the 2022 Regional Model EQRO



DMC-ODS Service Used by Beneficiaries

	PHC Regional Model	Statewide
DMC-ODS Service Modality	%	%
Outpatient treatment	34.3%	33.1%
Intensive outpatient treatment	6.7%	3.5%
NTP/OTP	37.7%	37.8%
Non-methadone MAT	0.4%	0.3%
Residential treatment	13.7%	17.0%
Withdrawal management	6.2%	7.1%
Recovery Support Services	1.0%	1.2%
TOTAL	100.0%	100.0%

*As reported by BHC & UCLA through the 2022 Regional Model EQRO



SUD Utilization (medical settings) - 2022

Current Medi-Cal beneficiaries in Shasta County = 71,885

Top 10 Primary Diagnoses in PCP Visits

ESSENTIAL (PRIMARY) HYPERTENSION	1,938
OPIOID DEPENDENCE, UNCOMPLICATED	3,716
TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	921
ANXIETY DISORDER, UNSPECIFIED	837
CHRONIC PAIN SYNDROME	295
LOW BACK PAIN, UNSPECIFIED	653
ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	444
2019-NCOV ACUTE RESPIRATORY DISEASE	437
TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	463
OTHER CHRONIC PAIN	153

Top 10 Primary Diagnoses in Emergency Dept. Visits

COVID-19 VIRUS INFECTION	432
CHEST PAIN, UNSPECIFIED	301
UNSPECIFIED ABDOMINAL PAIN	216
OTHER CHEST PAIN	318
NAUSEA WITH VOMITING, UNSPECIFIED	247
URINARY TRACT INFECTION, SITE NOT SPECIFIED	252
PERIAPICAL ABSCESS WITHOUT SINUS	245
ALCOHOL ABUSE WITH INTOXICATION, UNSPECIFIED	189
SUICIDAL IDEATIONS	238
Null	146

Top chief complaints for members previously diagnosed with SUD who received care in ED and PCP locations

Shasta County SUD Treatment



In 2022, In Shasta County

- 16 youth (12-20) sought treatment from an SUD provider
- 1354 adults (21+) sought treatment from a SUD provider
- July 1, 2022 – January 31, 2023

	Shasta	
Primary Drug of Choice at Admit		
Methamphetamine	239	33%
Alcohol	174	24%
Other Opioids	18	3%
Fentanyl	214	30%
Heroin	55	8%
Other Non-Opioids	19	3%
	719	100%

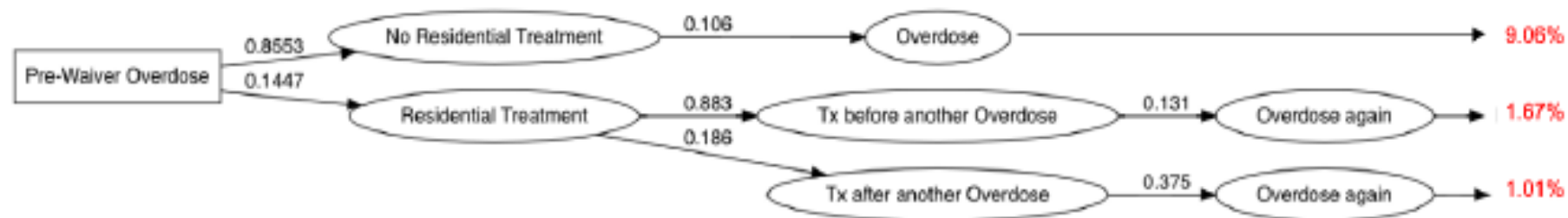
	Shasta	
Pregnancy (% of admits)	17	2%
Co-Occurring (% of admits)	377	52%
Homeless at Admit	248	34%
Homeless at Discharge	104	30%
Unemployment at Admit	583	81%
Unemployment at Discharge	281	82%



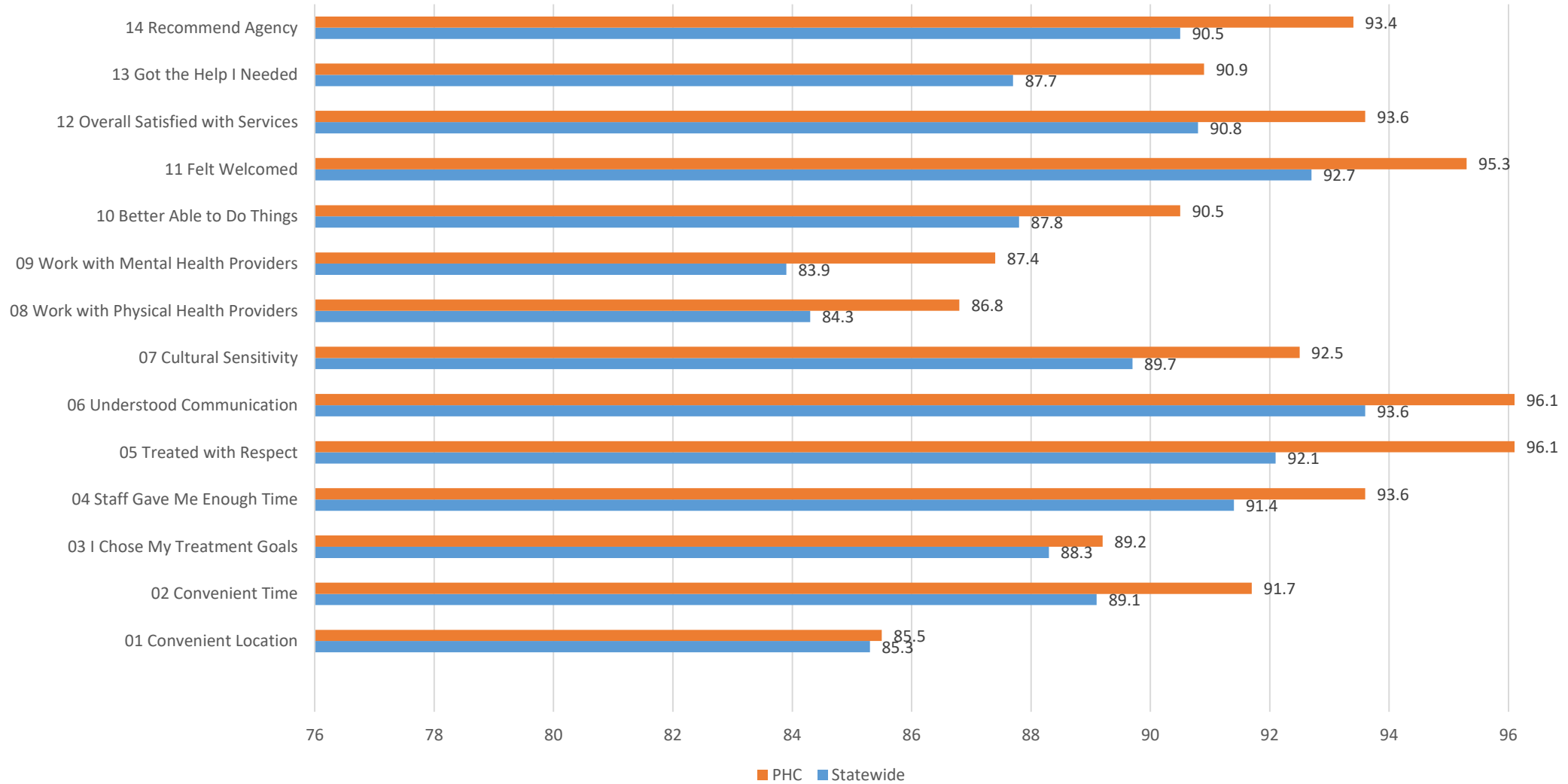
Per UCLA study of the pre and post Regional Model data:

The probability of re-overdosing in PHC W&R is substantially lower, around 5.1 percentage points compared to State Plan counties. This difference represents an approximate 30% reduction in re-overdoses when compared to pre-waiver re-overdose rates for PHC W&R.

Conditional Probability Tree of Patients receiving Residential Treatment and/or Overdosing



Client Surveys: Regional vs. Statewide- CY2021



*As reported by BHC & UCLA through the 2022 Regional Model EQRO



Questions?



SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD SUBSTANCE USE DISORDER (SUD) COMMITTEE

II. DISCUSSIONS AND SOLUTIONS FOR TOPIC COVERAGE

A. Discuss the Following Topics:

- a. Drug Medi-Cal Organized Delivery System (DMC-ODS)
 - i. Invite Partnership to present regional model. **(March)**
 - ii. Assess what is not covered by Partnership's presentation.
- b. Substance Abuse Prevention and Treatment Block Grant (SABG)
 - i. Present or discuss every 2 years, or when applying for the grant.
- c. Driving Under the Influence (DUI) Program
 - i. Ask for report from Wright Education & Cascade Circle
 - ii. This could be an annual report or presentation.
 - iii. Consider adding a clause to contracts for these providers to attend meetings.
- d. HHS Treatment Programs
 - i. Updates listed in Director's report (HHS are providers under DMC-ODS).
 - ii. MH Director Rodriguez will discuss a vision for HHS SUD services at a future meeting, highlighting gaps in services. **(March)**
 - iii. Future presentation on MH/SUD funding, focusing on defining types of funding (MH Block Grant, ODS, SABG)
- e. Shasta Substance Use Coalition
 - i. Board member assignment to Coalition meetings, report back to MHADAB.
 - ii. Invite Jill Phillips from Shasta SUD Coalition to MHADAB meetings.
- f. Addiction 101
 - i. Host quarterly learning sessions, emphasizing addiction as an illness.
 - ii. Create an Addiction 101 Resource Library on the MHADAB webpage with a cache of links.
 - iii. Board members engage with community org partners to provide community education to schools and public.
- g. Continuum of Services
 - i. GIS map of recovery service providers is in the works.
- h. Data ++
 - i. Work with HHS's Outcomes, Planning and Evaluation unit (OPE) collaboratively to find ways to be aware of SUD community impacts.
 - ii. Board member Shasta SUD Coalition meeting attendance to leverage relationships with hospitals for MAT data points and access BRIDGE data.

B. Staff Direction on Incorporation of Item II.A. Discussion Topics into MHADAB Regular Meeting Agendas.

- a. Create a Committee assignment template for reporting back to MHADAB.
- b. Update the yearly Calendar of events.