

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

MHADAB Regular Meeting

This meeting will be video recorded.
Wednesday, April 5, 2023, 5:30 pm
Northern Valley Catholic Social Service
2400 Washington Ave, Redding, CA 96001

Public participation via GoToMeeting is available.
<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. Announcements and Staff Updates

- A. Staff will address Public Comment follow up from the previous meeting.
- B. Clinical Program Coordinator Leah Shuffleton will provide a QI Update.
- C. MHSA Stakeholder Meeting Update.

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 March 1, 2023 meeting.

V. Presentations

- A. A presentation called ACCESS to Flourish will be given Clinical Program Coordinator Rene Bairos.

VI. Regular Calendar

VII. Discussion Items

- A. Board members may ask questions about the Director’s Report.
- B. 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

May 3, 2023 5:30 pm
Northern Valley Catholic Social Services
2400 Washington Ave,
Redding, CA 96001

Executive Committee Meeting

Apr 10, 2023 11:00 am
HHS Adult Services Branch, Admin
Conference Room 1
2640 Breslauer Way,
Redding, CA 96001

Committees

Shasta Substance Use Coalition
Virtual via Zoom
May 9, 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
2420 Breslauer Way
Redding, CA 96001
Apr 11, 2023 1:30
cdiamond@co.shasta.ca.us

Shasta Suicide Prevention Collaborative
Redding VA
Outpatient Clinic
3455 Knighton Road
Redding, CA 96002
May 9, 2023 2:30
stinger@co.shasta.ca.us

Continuum of Care (CoC),
April 20, 2023 3:00
Contact for meeting location.
HCAP@co.shasta.ca.us

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

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 Nicole Carroll by telephone at (530) 229-8062, or in person 2640 Breslauer Way, Redding, or by mail at P. O. Box 496048, Redding CA 96049-6048, or by e-mail at ncarroll@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: Shelley Forbes, 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 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

March 1, 2023

Members: Ron Henninger, David Kehoe, Heather Jones, Cindy Greene, Mary Rickert, Connie Webber, Angel Rocke, Charlie Menoher, Sam Major, Dale Marlar, Jo-Ann Medina, Christine Stewart, Alan Mullikin

Absent Members: Anne Prielipp, Kayln Jones

Shasta County Staff: Katie Cassidy, Rene Bairos, Nicole Carroll, Miguel Rodriguez, Christopher Diamond, Leah Shuffleton, Marci Fernandez, Josie Englin, Shawna Flannigan.

Guests: Wendy Willis, Partnership Healthcare Representative.

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. ➤ The board gave a big thanks to Nicole Carroll, Board Secretary, for coming in on the weekend to ensure the meeting would be run despite the inclement weather. 		<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 the location of the county grievance box, they didn't feel it's accessible when located behind the security officers. The signage may need to be changed as well to make the box more accessible or noticeable. ➤ A public commenter reported Lab24 has not been contacting the pharmacy in a timely manner, clients need to have blood work done before they can receive an injection and this is concerning when there is not an individual to advocate for the client. ➤ A public commenter said that there are no Patient Rights Handbooks in the lobby at 2640 Breslauer Way. ➤ A public commenter said that it took about two years of conservatorship before a client was able to get better in his treatment, and she is in fear that clients may decline after being moved out of the STAR program. She wondered about continuing care and what the criteria is to move clients out of STAR program when stable. She has a fear about clients being pushed out of our programs, and not having support to remain stable. 		
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"> ▪ There was a three month wait for new and returning client psychiatry appointments when a county Nurse Practitioner retired. There was not a good structure in place for transitional scheduling. 		<ul style="list-style-type: none"> ➤ Miguel Rodriguez, MH Director

	<p>This has been rectified going forward, and Miguel thanked the board for the feedback.</p> <ul style="list-style-type: none"> ▪ Clients may request that Third party Telehealth Consultants leave the room during virtual medical appointments. There are times this may not be possible if a client may be a danger to themselves or others. Alternatively, clients can request to have their social worker, or other staff member available in the room. ▪ Leah Shuffleton provided an Action Report which reported 23 grievances this year and Chair Ron Henninger requested a follow up summary report of the grievances. ▪ Teleconferencing update from Nicole Carroll on the required presence of Board Members, unless an emergency situation arises. ▪ MHSA Stakeholder Meeting Change: Stakeholders requested more notice for the meeting. It will now take place at the Boggs Building, March 24th, at 10:00 a.m. ▪ Board Member Heather Jones provided a NAMI update: Questions from the meeting included: How do clients get back on to the STAR Team if they need more help? If a client starts to miss their monthly injections would someone from Mental Health be able to call and notify family members of any red flags? NAMI members have heard that clients are being released from psychiatric hospitals when they are not stable, and discharged without a sufficient plan. LPS Clients are said to be released early from their conservatorship. Heather also inquired about the duties of the staff at the Woodlands housing complex. 		
IV. Consent Calendar	<p>A. <u>Approval of Meeting Minutes</u> Board members reviewed minutes from the February 1, 2023, meeting.</p>	<p>➤ The Consent Calendar was passed unanimously with twelve (12) ayes, and zero (0) nays, and zero (0) abstentions.</p>	<p>➤ Motion: Charlie Menoher Second: David Kehoe</p>
V. Presentations	<p>➤ Wendy Millis, Partnership Healthcare representative, presented on the Partnership Regional Model. She discussed the Wellness Recovery Benefits and explained how services have expanded to include accessible care for clients from surrounding areas.</p>		<p>➤ Wendy Millis, Partnership Health Care Representative</p>

VI. Regular Calendar	➤ Board Members discussed and voted to begin regular MHADAB meetings at 5:30 p.m.	➤ MHADAB Meetings approved to start at 5:30 pm with twelve (12) ayes, zero nays (0), and zero (0) abstentions.	➤ Motion: Cindy Greene Second: JoAnn Medina
VII. Discussion Items	<p>A. Katie Cassidy, Deputy Director, presented a video titled Addiction 101. The video presented educational aspects that surround the brain and the disease of addiction, especially focusing on dopamine and how it effects all behaviors.sssss</p> <p>B. Miguel Rodriguez, Director of Mental Health, discussed HHSA's Vision for SUD Services.</p> <p>C. Board members were invited to participate in meeting planning by attending Executive Committee meetings.</p>		<p>➤ Deputy Branch Director Katie Cassidy</p> <p>➤ Director of Mental Health Miguel Rodriguez</p> <p>➤ MHADAB Chair Ron Henninger</p>
VII. Adjournment		➤ Adjournment (7:14 p.m.)	

Ron Henninger, Chair

Rachel Renier, Administrative Secretary



Shasta County Health & Human
Services

ACCESS to Flourish



Agenda

Welcome to ACCESS

Crisis Intervention/Screening

Assessment

Treatment Recommendations

Follow Up



Our Motto

“We care deeply about the health and well-being of people living with serious emotional disturbances and mental illness, and we believe that mental wellness and recovery is possible”





Primary goals

To get the Person to the Right Service, the First Time if Possible



What to Expect from our ACCESS Team



- Warmly Welcomed Every Step of the Way
- Meet with a clinician or substance counselor the same day.
 - Be informed of the Wait Time to be screened.
 - Receive a screening to determine your needs.
- Assistance with identifying the appropriate provider to meet your needs.
 - Leave with strategies and a plan!
- A care team member will support you through the process.

Program Data



- The purpose of ACCESS is to screen whoever requests mental health services and link to the right level of care to best serve the persons needs.
- The population serviced at county mental health are persons with moderate (leaning toward severe) and severe mental health conditions including alcohol and drug conditions
- The screening tool determines the level of care and referrals made
- The # of people served in 2022 was 721 people coming through ACCESS (30 % retained)
- The # of people served in 2023 is 191 people came through ACCESS (% not yet calculated)
- Part of HHSA budget- Medi-cal fee for service
- EQRO- Triennial Audits track Outcomes and Performance Improvement Plans
- Average of 30% of client who walk in are brought into services qualifying for specialty mental health conditions

ACCESS to Services

First Steps to Treatment Options- Screening



WELCOME	Crisis Screen/ Intervention	Screening	Treatment Recommendation	Referral Support
<p>The client is welcomed by the front desk. Basic demographics, insurance, and why they are here is gathered. Informed of wait time.</p>	<p>Administer the standardized screening tool to determine level of care</p>	<p>The clinician does a brief mental status exam to determine if crisis intervention is needed. If yes, immediate crisis assessment & safety planning or 5150</p>	<p>0-5 Refer to Community Providers (see list) 6+ Comprehensive Assessment before treatment recommendation</p>	<p>When referred, the clinician makes a follow appointment to connect with the person to support while waiting for appointments</p>

ACCESS to Services

Comprehensive Assessment 6+



Intake

Consents
HIPAA
Patients Rights
Credentials
And More

Presenting Problems/Stress

Discuss mental health symptoms/stressors and how they impact the clients ability to function

Mental Health History

The individual and family history diagnosis and treatment and how it relates to the person

Risk History

Suicidal/homicidal thoughts/plans and attempts

Substance Use & History

Review current/past use, treatment, recovery, and treatment needs

ACCESS to Services Comprehensive Assessment



Medical

Current PCP? refer
Current medical
concerns/previous
concerns

Traumatic Events

Discuss current/past
trauma (or not)

Family and Relationships

The individual and
family relationships
and mental health
conditions

Cultural/Spiritual

Cultural, gender,
and spiritual
considerations
important to the
person

Educational & Development

Education
Finances
Legal History
Risk factors

ACCESS to Services Clinical Recommendations



Diagnostic Impression	Client Goals and Preferences	Peer Support	Brochures	Transfer
<p>A clinical summary of the information gathered and explained to the client</p>	<p>Integrate the clinical impression with the clients preferences. Present the options available and decide together. Contact the community provider or peer support or recovery coach</p>	<p>Invite a peer support or recovery coach before the individual leaves if available</p>	<p>Grievance Brochure Appeal Form Change of Provider Patient's Rights SCMH Complaint process (see more)</p>	<p>Send referral to MCP Send transfer to outpatient Close from ACCESS</p>



Areas of Focus Bridge Gaps

Accurate Assessment and Treatment Options

- Spending time to assist people with the right options
- Getting the right treatment the 1st time if possible
- Provide psychoeducation and various options of support
- Warm hand off to treating providers

Timeliness and Building Relationships

- Streamlined processes that were barriers to treatment
- Peer Support/Recovery Coaches introduced immediately to bridge the gaps for service engagement
- Ongoing dialogue with programs to improve communication and lessen wait times for staff assignments
- Internal supervisor follow up on transfer requests and coordinating care
- Meeting in person with Community Providers to expedite warm hand offs and collaborate care

The WE Work



MHADAB -COMMUNITY

- Transparency of system of care
- Active listening
- Engage with respect and communicate
- Full circle communication
- Meet face to face with Community providers to inform of ACCESS changes and build relationships that expedite and coordinate care
- Receive feedback from the Board and community to improve service



- Open dialogue of feedback
- Develop community relationships by the sharing of ideas
- Work together in a standard of excellence for both internal and external customers
- Full circle communication
- Adapt to client and community partners needs to provide outstanding customer service both internal and external

In House System Adaptations

- Cultivate one-to-one customer service with creative individualized care
- Maximize timely deliverables for quick engagement
- Full circle of communication both in house and with the community providers
- System integration of care is evolving and adapting to improve services recommended and executed



Summary

The efforts made on behalf of people who are experiencing mental health challenges is a WE effort. Each person, regardless of credentials, has an opportunity to impact a person in their most vulnerable state. The role of each person is to respond with the utmost dignity and respect. It is our duty to do all that we can to provide outstanding care and to remove systemic barriers to treatment. This is done collaboratively by communicating with leadership, working together to adapt systems when needed, train community providers, and to link each person to the right level of care so they can flourish.





Thank you



René M. Bairos, LMFT

ACCESS Clinical Care Coordinator

rbairos@co.shasta.ca.us

530-229-8272

Adult Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary

MEMBER INFO

Patient Name: _____ Date of Birth: ___/___/___ M F
 Medi-Cal # (CIN): _____ Current Eligibility: _____ Language/cultural requirements: _____
 Address: _____ City: _____ Zip: _____ Phone: (____) _____
 Caregiver/Guardian: _____ Phone: (____) _____
 Behavioral Health Diagnosis 1) _____ 2) _____

Documents Included: **Required consent completed** MD notes H&P Assessment Other: _____
 Primary Care Provider _____ Phone: (____) _____

Referring Provider Name: _____ Phone: (____) _____

Referring/Treating Provider Type PCP MFT/LCSW ARNP Psychiatrist Other _____
 Requested service Outpatient therapy Medication management Assessment for Specialty Mental Health Services

List A: Provisional Diagnosis/Diagnosis, if known	List B: Functional impairment in life domain below <u>resulting from</u> the mental disorder	List C: Probability of deterioration/Risk factors linked to mental disorder	List D: Substance Use Disorder
<input type="checkbox"/> Schizophrenia/psychotic disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Impulse control disorder <input type="checkbox"/> Adjustment disorder <input type="checkbox"/> Personality disorder (except Antisocial Personality Disorder) <input type="checkbox"/> Eating disorder <input type="checkbox"/> Pervasive Development Disorder (except Autism) <input type="checkbox"/> Disruptive Behavior/Attention Deficit D/O <input type="checkbox"/> Feeding and eating D/O, Elimination D/O <input type="checkbox"/> Other disorders of infancy, childhood, adolescence <input type="checkbox"/> Somatoform disorders <input type="checkbox"/> Factitious Disorders <input type="checkbox"/> Dissociative Disorders <input type="checkbox"/> Paraphilias <input type="checkbox"/> Gender Identity Disorder	<input type="checkbox"/> Independent living skills (e.g. notable difficulty cooking, cleaning, self-management) <input type="checkbox"/> Social Relations (current interference that affects current relationships) <input type="checkbox"/> Physical condition (chronic medical condition) <input type="checkbox"/> Vocational/Employment (disruptive behavioral problems with work performance) <input type="checkbox"/> Sexuality (significant problems/high risk behavior) <input type="checkbox"/> Self-care (moderate to severe disruption in multiple self-care skills) <input type="checkbox"/> Decision making (unable to think through problems and anticipate consequences) <input type="checkbox"/> Legal (serious current or pending difficulties with risk of incarceration) <input type="checkbox"/> Residential instability (unable to maintain housing in last 6 months /homelessness in past 30 days) <input type="checkbox"/> WHODAS Score _____	<input type="checkbox"/> Psychiatric hospitalization in past 6 months (1 or more) <input type="checkbox"/> Criminal behavior (severe level of criminal activity; engaged in violent crime in the past 6 months) <input type="checkbox"/> Suicidal/Violent Behaviors current or in the last 6 months. <input type="checkbox"/> Transitional Age Youth with acute psychotic episode <input type="checkbox"/> Self-injurious behaviors that required medical attention in last 6 months <input type="checkbox"/> Sexual aggression with acute risk of re-offending	<input type="checkbox"/> Drug abuse or alcohol addiction <input type="checkbox"/> Failed SBI(screening & brief intervention at primary care)

Referral Algorithm	
1	Remains in PCP care / Therapy only with Beacon <input type="checkbox"/> Diagnosis with none in List B or C
2	Refer to Beacon Health Options (eFax 855.371-2279) <input type="checkbox"/> Uncertain diagnosis or diagnosis not in List A <input type="checkbox"/> Mild - Moderate impairment in List B and none in list C
3	Refer to County Mental Health Plan for assessment <input type="checkbox"/> Diagnosis in List A and 1+ Significant impairment in List B <input type="checkbox"/> Diagnosis in List A and 1+ in List C
4	Refer to County Alcohol & Drug Program <input type="checkbox"/> 1 from list D

Additional Relevant Clinical Information (medications, psychiatric/substance abuse history):

For Receiving Clinician Use ONLY

Assigned Case Manager/MD/Therapist Name: _____ Phone: (____) _____
 Date communicated assessment outcome with referral source: _____

Adult Screening Tool for Medi-Cal Mental Health Services

The Adult Screening Tool for Medi-Cal Mental Health Services is required for use when an individual age 21 or older, who is not currently receiving mental health services, contacts the Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) to seek mental health services. This tool determines whether an individual should be referred to the MCP delivery system or to the MHP delivery system for a clinical assessment and ensures that individuals have timely access to the appropriate mental health delivery system. The Adult Screening Tool for Medi-Cal Mental Health Services is not required to be used when individuals contact mental health providers directly to seek mental health services.¹

Instructions:

1. Each scored question is a “Yes” or “No” question. Not every question is scored.
2. Each scored question has a defined number of points for the selected answer. The number of points for each question cannot be more or less than what is on the scoresheet.
3. Select/mark the number in the “Yes” or “No” column based on the response provided.
4. If the individual is unable or chooses not to answer a question, skip the question and score it as “0.”
5. If the individual responds “Yes” to question 11, the screener must immediately offer and coordinate a referral to a clinician for further evaluation of suicidality after the screening is completed. Referral coordination should include sharing the completed Adult Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.
6. A response of “Yes” to question 13 or 14 does not impact the screening score. If the individual responds “Yes” to question 13 or question 14, the screener must offer and coordinate a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score. The individual may decline this referral without impact to the mental health delivery system referral.
7. Once responses to questions have been documented, the selected/marked numbers in the “Yes” column should be added together and that total number should be entered in the “Total Score” box.
 - a. Individuals with a total score of 0 – 5 must be referred to the MCP for a clinical assessment.
 - b. Individuals with a total score of 6 and above must be referred to the MHP for a clinical assessment.

¹ As described in APL 22-028 and BHIN 22-065, MCPs and MHPs must allow contracted mental health providers who are contacted directly by individuals seeking mental health services to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in BHIN 22-011.

8. Once a score has been generated, a referral must be coordinated.
 - a. If the individual's score requires referral within the same delivery system, a timely clinical assessment must be offered and provided.
 - b. If the individual's score requires referral to the other mental health delivery system (i.e., MCP to MHP or MHP to MCP), the referral must be coordinated with the other delivery system, including sharing the completed Adult Screening Tool for Medi-Cal Mental Health Services and following up to ensure a timely clinical assessment has been made available to the individual.

Adult Screening Tool for Medi-Cal Mental Health Services

Name:	Date of Birth:
Age:	NOTE: If age 20 or younger, switch to the “Youth Screening Tool for Medi-Cal Mental Health Services.”
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: If yes, do not finish the screening and handle according to existing emergency or crisis protocols.	
2. Can you tell me the reason you are seeking mental health services today?	
3. Are you currently receiving mental health treatment? • If yes, where are you receiving those services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: If the individual is currently receiving mental health services from their MCP or MHP, do not finish the screening. Instead, connect them with their current provider for further assessment.	

Question	Yes	No
4. Have you ever sought help before today for your mental health needs?	1	0
5. Are you currently taking, or have you ever taken, any prescription mental health medication?	1	0
6. Are you without housing or a safe place to sleep?	1	0
7. Are you having difficulties in important areas of your life like school, work, relationships, or housing, because of how you are feeling or due to your mental health?	1	0
8. Have you recently had any changes or challenges with areas of your life, such as personal hygiene, sleep, energy level, appetite, weight, sexual activity, concentration, or motivation?	1	0
9. Have you completely withdrawn from all or almost all of your relationships, such as family, friends, or other important people?	1	0
10. Have you sought emergency treatment for emotional distress or been admitted to a psychiatric hospital in the past year?	1	0
a. If yes, have you had more than one hospitalization?	1	0
b. If yes, was your last hospitalization within the last six months?	1	0
11. In the past month, have you had thoughts about ending your life, wished you were dead, or wished you could go to sleep and not wake up? ¹ <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
12. Have you recently engaged in any self-harming behavior like cutting or hurting yourself?	2	0

Question	Yes	No
<p>13. Are you concerned about your current level of alcohol or drug use?²</p> <p><i>NOTE: If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i></p>	—	—
<p>14. Has alcohol or any other drug or medication caused you to behave in a way that was dangerous to yourself or others (e.g., impaired driving, overdose, aggression, loss of memory, being arrested, etc.)?²</p> <p><i>NOTE: If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i></p>	—	—
<p>Total Score:</p> <p>If score is 0 – 5, refer to the MCP per instruction #8</p> <p>If score is 6 or above, refer to the MHP per instruction #8</p>		
<p>¹ A response of “yes” to question 11 results in immediate coordination of a referral to a clinician for further evaluation of suicidality after the screening is completed. The referral and subsequent evaluation may or may not impact the mental health delivery system referral generated by the screening score.</p> <p>² Questions 13 and 14 are not scored. A response of “yes” results in a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.</p>		

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

DIRECTOR'S REPORT

April 5, 2023



Shasta County
**Health & Human
Services Agency**

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

Board of Supervisors Updates (March)

March 17, 2023 BOS Special Meeting

Watch [Recording](#)

March 14, 2023, BOS Meeting Minutes

Watch [Recording](#)

MH & SUD Services Update

Crisis Services (ER) Activity Report February 2023

ER/ED Activity: There were **150** crisis evaluations performed at the Emergency Departments.

Shasta Regional Medical Center	52%
Mercy Medical Center	46%
Mayers Memorial hospital	2%

Diagnosis:	
Depressive Disorders	20%
Psychotic Disorders (not Schizophrenia)	18%
Bipolar Disorders	11%

Toxicology:	
Positive Screens	54%
THC	70%
Amphetamines/Meth	41%

5150s Upheld:

Of clients 5150'd, **26%** were ultimately upheld and hospitalized.
Of clients initially designated 1799.111 then 5150, **43%** were upheld and ultimately hospitalized.
Of 5150s to be released, **92%** were reported as "Does not Meet Criteria."

MH & SUD Services Update

Notice of Adverse Benefit Determinations (NOABDs)

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

In February 2023, 27 NOABDs were issued to Adult Services clients, and 7 NOABDs were issued to Children's Services clients.

On page 5, view a summary of quarterly determinations for January.

MH & SUD Services Update

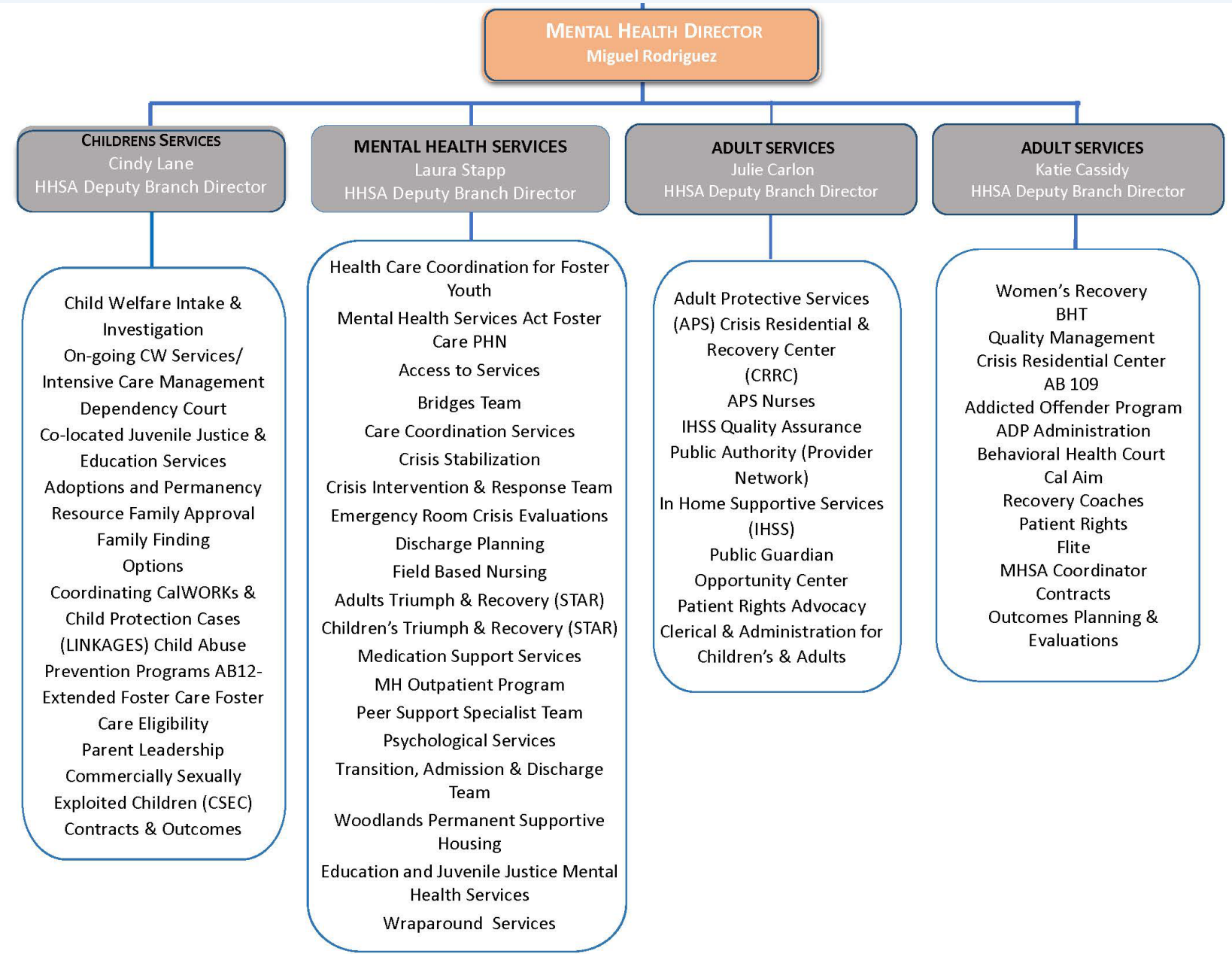
Notice of Adverse Benefit Determinations (NOABDs)

Delivery System Notices & Terminations 300

Most Common Reasons Cited for NOABDs in February 2023	Total Adult (27)	Total Child (7)
MH condition does not cause problems for you in your daily life that are serious enough to make you eligible for Specialty Mental Health Services (SMHS) from the Mental Health Plan (MHP).	9 (33%)	43 (57%)
MH condition would be responsive to treatment by a physical health care provider.	6 (22%)	1 (14%)
Due to your symptoms presenting as being mild to moderate that do not cause functional impairment in your daily living.	4 (15%)	1 (14%)

HHSA BHSS Branch

- BHSS welcomed new managers for the following programs:
 - IHSS
 - Quality Management
 - SUD Program Manager
 - Contracts Manager



MH & SUD Services Update

Youth Services Grant

The county is eligible to apply for Round II Grant Funding through a community-defined evidence based practices grant program.

Funds for trauma informed services in the amounts of \$10,000-\$750,000 are available for application.

BHSS is interested in applying funds to the Intercept Program, an intensive wraparound program designed to treat whole family systems.

MH & SUD Services Update

MHSA 3-Year Plan

The Mental Health Services Act (MHSA) provides approximately 25% of California's Mental Health services funding. The 3-Year Plan outlines available County Mental Health Services and goals. MHADAB was created, in part, to oversee and guide the use of MHSA funding.

For an overview of current MHSA programs, look through Shasta County's most recently published [Annual Update](#) to the 3-Year Plan and its [Appendices](#).

As the next 3-Year Plan is in revision, your feedback on these programs is valued. Please reach out to [Nicole Carroll](#) with any commentary or suggestions on the content linked above.

Learn more about Shasta County's MHSA activities at www.ShastaMHSA.com.

Shasta County Beneficiaries accessing treatment in the DMC-ODS Regional Model:

- Total unique client count to date is: 2,462

Client Count	Fiscal Year
1,267	2020-2021
1,489	2021-2022
1,235	2022-2023

Women's Recovery and Resiliency Update

2019-2020

Number of women admitted to treatment: 66

Number of transportation assistance provided:

Total: 131, Children: 40 Adults: 91, Average: 11 unique clients/children

Number of children provided childcare:

Total: 63, Average: 5 unique children per month

2020-2021

Number of women admitted to treatment: 35

Number of transportation assistance provided:

Total: 86, Children: 19, Adults: 63, Average: 7 unique clients/children

Number of children provided childcare:

Total: 22, Average: 2 unique children per month

Women's Recovery and Resiliency Update

2021-2022

Number of women admitted to treatment: 41

Number of transportation assistance provided:

Total: 105, Children: 28 Adults: 77, Average: 9 unique clients/children

Number of children provided childcare:

Total: 38, Average: 3 unique children per month

2022-Feb 2023 (8 months)


Number of women admitted to treatment: 30

Number of transportation assistance provided:

Total 113, Children: 39, Adults: 74, Average: 14 unique clients/children

Number of children provided childcare:

Total: 42, Average: 5 unique children per month

A stylized human figure composed of several overlapping, curved segments in various colors: purple, pink, orange, light blue, and light green. The segments are arranged to form the head, torso, arms, and legs of a person, with a simple purple circle representing the head.

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

Laura Burch, HHS Acting Director

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

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