



Mental Health, Alcohol and Drug Advisory Board

Annual Report 2015

Our membership

Dana Brooks
Dave Kent
Kari Hess
Charles Menoher
Sonny Stupek
Steve Smith
Marcia Ramstrom
Sam Major
David Kehoe
Ronald Henninger
Janet Rudd
Marvin Peterson
Leon Polk
Stevan Keyser
Les Baugh (alternate)
composed the Board for
2015.

We said goodbye to:
David Honey

We welcomed:
Michele Wright

Dear Shasta County Board of Supervisors:

The members of the Shasta County Mental Health, Alcohol and Drug Advisory Board (Board) are pleased to present to the Shasta County Board of Supervisors (BOS) our 2015 Annual Report. In 2015, the Board recommitted ourselves to our Mission and Responsibilities as we continue to review and evaluate the community's mental health and alcohol/drug treatment needs and the services that the Shasta County Health and Human Services Agency (HHSA) provides.

This report reflects the Board's dedication to our responsibilities, as we took the opportunity this year to learn more about the many services available in our community and to participate on many committees. During the year, we heard many success stories from individuals who have been involved in the services provided by HHSA, and we also heard about challenges and barriers that HHSA experiences in its quest to provide services to its target population and to meet the needs of the community. By providing sound and educated direction to Shasta County Mental Health, Alcohol and Drug programs, the Board feels proud of the work we have done in assisting HHSA in its mission.

It is our sincere hope that the 2015 Annual Report will provide a clear understanding of our intentions and direction as we continue forward in 2016.

Sincerely,

Steve Smith
Shasta County Mental Health, Alcohol and Drug Advisory Board Chair

BOARD MISSION AND RESPONSIBILITIES

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

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

ACTION ITEMS/BOARD DIRECTION

MARCH

Little Hoover Commission's January 2015 report, "Promises Still to Keep: A Decade of the Mental Health Services Act"

The Little Hoover Commission is an independent state oversight agency created in 1962. The Commission's mission is to investigate state government operations and through reports, recommendations and legislative proposals, promote efficiency, economy and improved service. In this report, the Commission cited anecdotal stories of significant successes and improvements in California's mental health system, but found the state still cannot definitively quantify who has been helped by Proposition 63 spending and how. Nor can the state demonstrate meaningful big-picture outcomes – such as reduced homelessness or improved school attendance – more than a decade after voters hiked income taxes on the wealthiest Californians to expand care for the severely mentally ill and to reorient programs and services toward prevention and early intervention. The Commission called on the state to better validate how the money has been used to help Californians with mental illness recover and find stable housing or jobs, and how it has prevented others from developing a serious mental illness. The Commission urged the Governor, Legislature and state agencies responsible for overseeing the act to take several actions, including expanding the authority of the MHSA oversight commission and improving financial reporting to ensure progress toward outcomes that Proposition 63 supporters promised to voters in 2004.

Board Action: The Board Chair was authorized by the Board membership to sign a letter on behalf of the Board to the Record Searchlight to correct misconceptions outlined in the Little Hoover Commission report.

MAY

Membership

It is the responsibility of the Board to review, interview and make recommendations to the Board of Supervisors on potential applicants for appointment to the Board.

Board Action: The Board recommended that the Shasta County BOS appoint Michele Wright to fill a vacant position, with her term to expire December 31, 2015.

2014 Mental Health, Alcohol and Drug Advisory Board Annual Report

It is the responsibility of the Board to submit an annual report to the Shasta County BOS.

Board Action: After review of the annual report, the Board approved its 2014 Annual Report for submission to the BOS.

JULY

MHSA Fiscal Year 2015/2016 Annual Update

Every year, HHSA is required to complete an MHSA Annual Update which reports on past, present and future MHSA activities in Shasta County. The Annual Update includes program descriptions, fiscal information and both data and program evaluation reports. The Annual Update is formulated in accordance with established stakeholder engagement and planning requirements. The Board created an MHSA Annual Report Ad Hoc Committee to review the draft Annual Update and provide guidance and input to MHSA staff. In particular, the Board was concerned with three programs: Positive Parenting Program, Positive Action and Full Service Partnership. The Ad Hoc Committee members directed HHSA staff to create a plan to improve outcomes for these programs and to present that plan in the Annual Update.

Board Action: The Board recommended the Shasta County BOS adopt the MHSA Fiscal Year 15/16 Annual Update.

SEPTEMBER

Laura's Law

Laura's Law is a California state law that allows for court-ordered assisted outpatient treatment (AOT) for individuals 18 years of age or older with a serious mental illness who have a recent history of psychiatric hospitalizations, incarcerations, or acts, threats, or attempts of serious violent behavior toward themselves or others. Implementation of Laura's Law in Shasta County requires approval of the Shasta County BOS. Having received previous presentations on this law, the Board members discussed support and opposition for Laura's Law.

Board Action: The Board provided its support and recommended the Shasta County BOS implement Laura's Law in Shasta County.

NOVEMBER

Membership

It is the responsibility of the Board to review, interview and make recommendations to the Board of Supervisors on potential applicants for appointment to the Board.

Board Action: The Board recommended that the Shasta County BOS reappoint Dana Brooks, Samuel Major and Janet Rudd for three-year terms to the Board.

Board Leadership

The Ad Hoc Nominating Committee, made up of three Board members, is responsible for presenting the Board with a recommendation for the positions of Chair and Vice Chair to serve for a period of 1 year.

Board Action: The Board approved the recommendation of Steve Smith for Chair and Marcia Ramstrom for Vice Chair.

2016 Board Meeting Dates

Board Action: The Board approved the calendar of Board meeting dates for 2016.

Special Meeting: MHSA Innovation Plan

During 2014, Board members participated in MHSA community stakeholder meetings regarding the Innovation component of MHSA and providing input and direction toward formulating an idea and project to move forward on. As a result of these meetings, the Innovation Plan for a Community Mental Health Resource Center was created to provide the community with after-hours access to a clinician in order to prevent a mental health crisis and lessen the traffic in the local emergency rooms. The center will also include service for foster families, as well as a peer-staffed resource center.

Board Action: The Board recommended the Shasta County BOS adopt the Innovation Plan for a Community Mental Health Resource Center.

ALCOHOL & DRUG PROGRAMS

Board members receive updates on alcohol and drug programs and services through the presentation of the Director's Report during regular Board meetings. During the presentations, members of the Board provide input on the information presented, which includes updates on the following topics:

- Alcohol and Drug Provider Meetings: These meetings are facilitated by HHSA and are held every 3 months. In attendance are HHSA staff and other community agencies and individuals who provide alcohol and drug services in Shasta County, including prevention programs and substance use treatment. The goal of the meetings is to promote collaboration and coordination among service providers while meeting the community's service needs. All Board members are invited to attend the meetings and provide input and direction to the group.
- Drug Medi-Cal certifications
- Detox services
- California Department of Health Care Services agreement with Shasta County for drug and alcohol services
- Outcome reports
- Medication Assisted Treatment (MAT)
- County development of treatment guidelines and the use of Suboxone
- Mental health, primary care and substance use treatment integration
- Provider meetings

SPECIAL MEETINGS

Special Meetings are calendared during the off months of the regular Board meetings and are held at different community provider locations each time. These special meetings allow the Board and community members to learn about community-based providers and their services and to tour their facilities and meet their staff. During 2015, the Board held four meetings at community provider locations:

FEBRUARY

Shasta County Juvenile Rehabilitation Facility (JRF) is a 24-hour secure juvenile detention facility capable of housing up to 90 youth. The facility is staffed by Juvenile Detention Officers who supervise residents and are responsible for their care, custody and control. Services provided include academic programming, medical care, mental health care, academic and life skills programs, religious and volunteer services, and other programming facilitated by a compliment of community-based organizations.

APRIL

Good News Rescue Mission offers services to the poor, homeless and needy in our community. Services include food and shelter, medical services, job training, and substance use recovery programs.

AUGUST

Veterans Affairs Redding Outpatient Clinic provides a full range of medical and ancillary services to individuals who served in the active military, naval or air service and were discharged or released under conditions other than dishonorable. Services include primary care, mental health care, audiology, cardiology, chiropractic, optometry, physical therapy and dental care.

OCTOBER

HHSA's **Crisis Residential and Recovery Center (CRRC)** provides mental health services for up to 30 days to individuals 18 years of age and older. The CRRC serves as a social rehabilitation facility whose services avert the need for hospitalization. Stays are voluntary and include such services as daily groups focused on wellness and recovery, coping skills, medication support, education, daily living activities, peer support, and short-term respite care for adults with mental illness who have become suicidal, critically depressed or otherwise psychiatrically incapacitated.

PRESENTATIONS

During regular meetings, the Board receives presentations from HHSA staff and community-based providers on a variety of topics. These presentations give the Board the opportunity to review the community's treatment needs and services and to advise and direct the Mental Health Director, the Alcohol and Drug Program Administrator and HHSA staff as to any aspect of HHSA's mental health and alcohol and drug programs.

JANUARY

SHASTA COUNTY JAIL DRUG EDUCATION PROGRAM: This grant-funded program provides education to inmates regarding addiction and ideally connects them to community resources. The four-week program is run by community partners with a goal of increasing the number of inmates who enter treatment after being released. The current number sits at just 3.2%.

DATA DASHBOARD: The Managed Care Data Dashboard is a tool HHSA uses to review and monitor performance indicators for its mental health programs. The dashboard includes numerous indicators under the categories of Caseload, Fiscal, and Quality and Appropriateness of Service.

MARCH

PATH TO WELLNESS, A MENTAL HEALTH INPATIENT PROGRAM FOR ADULTS 55 AND ABOVE:

A presentation regarding Path to Wellness, A Mental Health Inpatient Program for Adults 55 and above was provided by the director of Shasta Regional Medical Center's Gero-Psychiatric Unit. The 20-bed geriatric psychiatry unit opened in December 2014 and is a voluntary inpatient mental health program that treats psychiatric disorders in adults 55 and older.

TARGET POPULATION: This presentation explained the Target Population for Shasta County's various mental health programs, who is receiving services and the frequency/type of services received.

PERFORMANCE OUTCOMES AND QUALITY IMPROVEMENT (POQI): The POQI is a mental health client satisfaction survey conducted by counties throughout California twice per year. Implementation of the survey is required for all California counties by the DHCS. The survey is voluntary for mental health clients and is used to survey the quality of services they are receiving at the facility and their quality of life since receiving mental health services. The DHCS provides a report to each county based on the survey results. The report is presented to the Board upon receipt.

MAY

DUI PROGRAMS: A presentation regarding DUI programs educated the Board about which providers offer DUI programs and their effectiveness in reducing recidivism. The discussion also focused on how providers are increasing their focus on narcotics use and their effects on driving, due to the rising rates of abuse of prescription narcotics, marijuana and methamphetamine.

EARLY ONSET: A presentation regarding the Individuals Experiencing Onset of Serious Psychiatric Illness (Early Onset) program was provided by HHSA Children's Services branch staff. Because psychiatric illnesses such as schizophrenia and bipolar disorder often emerge in late adolescence or early adulthood, the Early Onset program targets individuals who are between the ages of 15 and 25 who have symptoms that might indicate the start of a serious and persistent mental illness. The priority focus is on early detection, prompt assessment and referral, treatment, family support and engagement, and community outreach and education.

MENTAL HEALTH FIRST AID: A presentation regarding Mental Health First Aid was provided by Marcia Ramstrom, Board Member. Mental Health First Aid is an 8-hour course that teaches individuals how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training teaches people how to identify, understand and respond to signs of addiction and mental illness.

JULY

TEEN MENTAL HEALTH AWARENESS: A presentation regarding Teen Mental Health Awareness was provided by three students from Anderson New Technology High School. As a school project, the students studied what actions might bring greater mental health awareness and training to teachers and others on school campuses.

BEHAVIORAL HEALTH COURT (BHC): BHC is for individuals whose mental illness significantly contributes to their involvement in the criminal justice system. BHC is a collaborative court consisting of representation from many Shasta County departments, including a Superior Court Judge, District Attorney, Public Defender, Public Defender Social Worker, the Probation Department and Shasta County Mental Health. Participants receive intensive judicial supervision with therapeutic interventions with the goal of improving outcomes for the individual and the community, including increased public safety, a reduction in recidivism, a reduction in the abuse of alcohol and illegal drugs, and a reduction in the burden on law enforcement and other county resources.

HOUSING PROGRAMS IN SHASTA COUNTY FOR INDIVIDUALS WITH MENTAL ILLNESS OR SUBSTANCE USE DISORDERS: A presentation regarding housing programs and their effectiveness in Shasta County was provided by Donnell Ewert, HHSA Director. Housing people who suffer from mental illness is a great concern in Shasta County, and the Board was asked for input on the housing programs included in this presentation.

FISCAL YEAR 15/16 MENTAL HEALTH PERFORMANCE CONTRACT: HHSA Director Donnell Ewert, in his capacity as Mental Health Director, facilitated a presentation and Board discussion on the Mental Health Performance Contract with the California DHCS. The review of performance contracts is a Board responsibility.

SEPTEMBER

BRAVE FACES DOCUMENTARY: Shasta County MHSA programs include Stigma and Discrimination Reduction projects called the Brave Faces Portrait Gallery and True Colors Art Gallery. These use true stories of hope and recovery to fight stigma by improving people's understanding of mental illness and suicide. HHSA staff showed a short documentary featuring three Brave Faces and their stories, explaining that it would serve as a resource for the general public, but especially for high school and college classes. They are working to produce a study guide and resource packet, with a plan to release the documentary as part of Suicide Prevention Week.

MEDICATION ASSISTED TREATMENT: Medication Assisted Treatment is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful.

LAURA'S LAW ASSISTED OUTPATIENT TREATMENT (AOT): Laura's Law is a California state law that allows for court-ordered assisted outpatient treatment (AOT) for individuals 18 years of age or older with a serious mental illness who have a recent history of psychiatric hospitalizations, incarcerations, or acts, threats, or attempts of serious violent behavior toward themselves or others.

NOVEMBER

FAMILIES LIVING IN THERAPEUTIC ENVIRONMENTS (FLITE) PROGRAM: FLITE is a safe, supportive alcohol- and drug-free environment where individuals live while participating in substance abuse treatment and recovery activities. Having a structured living environment with oversight of residents allows some children to remain with their parent while the parent participates in substance abuse treatment.

PATIENTS' RIGHTS ADVOCACY: A Patients' Rights Advocate is a statutorily required position by Welfare and Institutions Code section 5520 for every California County. This was presented by the Shasta County Patients' Rights Advocate, who represents clients in mental health programs.

COMMITTEES

The Board is involved in many community and agency committees. Board members serve on various committees in order to facilitate communication with the Board, provide education and share Board input and involvement in the delivery of services in the community. Committees include:

- MHADAB Executive Committee
- California Association of Local Mental Health Boards/Commissions
- Community Education Committee
- Mental Health Services Act Advisory Committee
- Suicide Prevention Workgroup

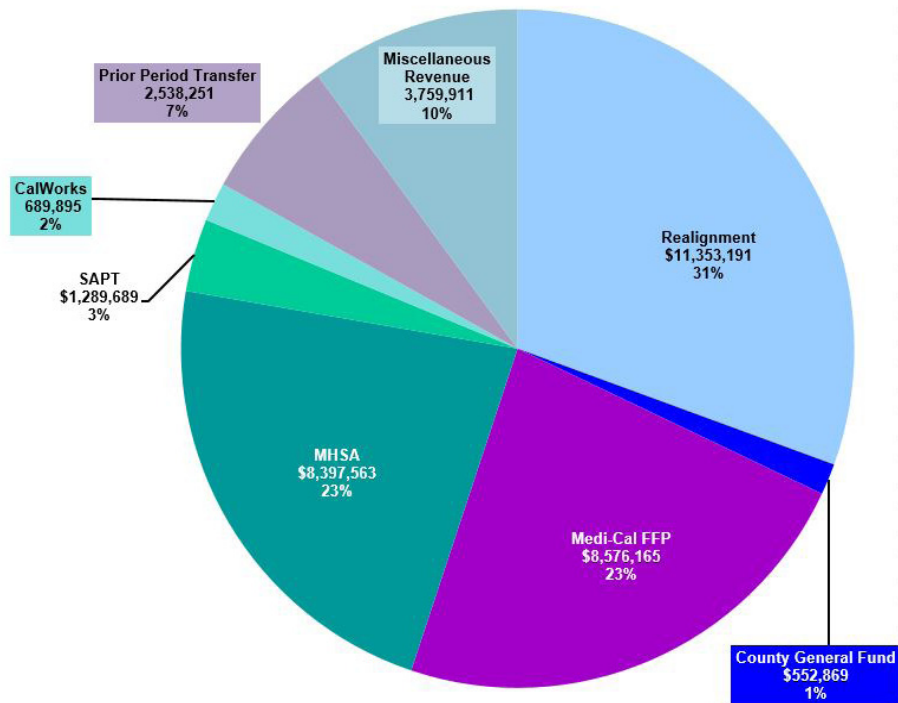
In 2015, the Board added a new committee to its list of involvement: the Redding Area Homeless Coalition Project. On July 13, 2016, the "Strategic Plan to Respond to Homelessness in Shasta County" was presented by the Redding Area Homeless Coalition Project to more than 150 community members. This plan proposes a cohesive set of strategies that will provide a roadmap for our community and decision-makers to address homelessness in Shasta County with a sense of urgency, and of hope. The Board discussed its role in this issue and decided that member Sam Major would be the liaison between the Board and the Redding Area Homelessness Coalition project. Other board members were invited to be involved, if they desire.

The Board hopes more members will choose to serve on committees in the future.

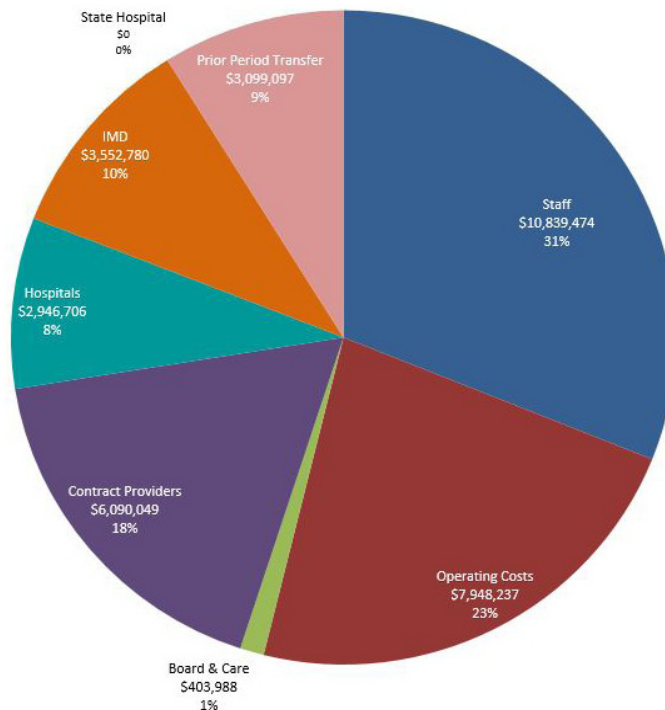
DEPARTMENT BUDGET

HHSa receives funding for mental health and substance use treatment services from various sources. The majority of the funding is used to provide client services.

Mental Health, Alcohol & Drug, Fiscal Year 2014/2015 Revenues: \$31,810,170



Mental Health, Alcohol & Drug, Fiscal Year 2014/2015 Expenditures: \$30,047,147



SUMMARY

As you can see from this Annual Report, the Shasta County Health and Human Services Agency continues to work diligently to provide mental health and alcohol/drug treatment services in our community. We are heartened by staff's commitment to this difficult and exceptionally important work. We are also empathetic to the many challenges and barriers that we continue to face in our community, including homelessness, crime, an increase in substance use, a lack of professional resources (such as psychiatrists and nurses), a lack of psychiatric beds, a lack of supportive housing for people with mental illness and inadequate funding to meet the full scope of needs.

The Board remains committed to its responsibility to provide sound direction to Shasta County's mental health, alcohol and drug programs, and together, we will continue striving to ensure that Shasta County's treatment and prevention services meet the needs of our ever-changing community.

ACKNOWLEDGEMENTS

The Board would like to thank the Shasta County Board of Supervisors and David Kehoe for their support and ongoing commitment to our meetings, goals and concerns. Also, we offer a special thank you to Executive Assistant Cara Schuler for her dedication, ongoing assistance and support. Finally, we thank all County staff for providing the help that we need as a Board to do our work. Thanks to HHSA Director Donnell Ewert, Adult Services Branch Director Dean True and Children's Services Branch Director Dianna Wagner for all their assistance.