

MHSA Stakeholder Meeting
1/14/2020
10 a.m. (approximately 27 attendees)

- I. Welcome and Introductions
- II. Status of the creation of the Three-Year Program and Expenditure Plan - have you taken our survey?
- III. Update on Requests for Proposals for new Prevention and Early Intervention and Innovation projects.
 - a. PEI - programs that help people before or shortly after
 - i. Go to shastamhsa.net and find RFPs
 - ii. Due later this month
 - b. Innovations
 - i. Integrational project and youth that reduces ACEs:
 1. Won't approve evidence based projects.
 2. Has to be a project not being done anywhere else.
 - ii. Mid-April decision
- IV. Update on joint MHADAB/PHAB joint meeting
 - a. Presentations on Strategic Plan and Community Mental Wellness
 - i. Center for Mind Body Medicine Training
 - ii. Mental Health First Aid Trainings
 - iii. Directors Updates
 - iv. Partnership with Center for Hope to use No Place Like Home funds to run apartments that are similar to the Woodlands - low income and people living with Severe Mental Illness and housing for TAY youth (16 apartments, ages 16-25).
- V. Meeting times: Which works best for you? What would make it easier for people to attend these meetings? How can we get input from people who aren't here?
 - a. Observation - morning 10 a.m. is heavily weighted toward HHS employees and not so much the community. Hopefully the afternoon session will have more of the broader community.
 - b. There is a Stakeholder Meeting planned with NAMI this evening.
 - c. What would make the meetings easier to get to?
 - i. Good location;
 - ii. Acoustics are terrible - perhaps use a microphone.
 - iii. Make it so people can "Zoom" from our desk - check with SCOE about their conference room.
 - iv. Notifying people who don't use technology - flyers and brochures; PSAs - we hope this comes as a part of the Press Releases we send out about the meetings; purchase air time; the weather.
 - d. How to get input from people who are not here?
 - i. See if Qualtrics works with social media
 - ii. YouTube video link - record the meetings; include with Minds Matter Podcast or do an episode on what MHSA does.
 - iii. Community Presentations - PLAG

- iv. Outreach to non-social service community - Chamber of Commerce, ministers, service clubs
- v. Newsletter - information on activities and programs funded by MHSA
- vi. People will take information from the meeting and bring it back to their organization
- vii. Outreaching to veterans - VA, Vet Resource Center, Shasta College Vet Resource Center, Free Fire Radio

VI. Open forum

- a. What are you doing that's new and what do you need from us?
 - i. Zach Crow gave an update about the Public Health Mental Wellness project, where they are in the planning & implementation stages, that they are also doing RFPs for other projects, main project so far has been Center for Mind-Body Medicine which they estimate will have reached 1,500 Shasta County residents by the end of the calendar year. Patrick noted this has started in response to the Carr Fire, but has since expanded.
 - ii. Patrick gave an update on the Hill Country Center of Hope project. This will be in east Redding (near Lowes and the Post Office) and include 16 apartments for Transition Age Youth. Approval has been granted by the Shasta County BOS to apply for funding for a second phase which would use No Place Like Home funds (if awarded) to build 49 additional apartments, of which 15 would be designated for mental health consumers.
 - iii. Julie gave an update on WRAP - health engagement program that helps people create and plan for wellness. Local WRAP training is starting this Thursday, January 16th; would like to have a new WRAP class start every 4-weeks.
 - iv. Bailey gave an update on the Children Services Bringing Families Home grant; helping when families are being reunited; has to have a case with Child Welfare.
 - v. Mike gave an update on Pathways to Hope - February 12th Mandated Reporter Training; Diaperpalooza Diaper Drive
 - vi. Lynn shared that Circle of Friends is having an event for the Point in Time Count in Burney.
 - vii. Dual Diagnosis and Vocational Rehabilitation
 - viii. Shasta Lake - blanket, coats, socks, etc. drive for the community that just started on Facebook; Talked about need for a warming center.
 - ix. NorCal OUTreach/ OUT4MentalHealth - LGBTQ+ competency training for providers through the county; Children's Services
- b. What other needs could MHSA potentially help meet?
 - i. More suicide awareness/intervention training
 - ii. Need more WRAP Level 3 training - Train-the-Trainer for WRAP

MHSA Stakeholder Meeting
1/14/2020
2 p.m. (approximately 13 attendees)

- I. Welcome and Introductions
- II. Status of the creation of the Three-Year Program and Expenditure Plan - have you taken our survey?
- III. Update on Requests for Proposals for new Prevention and Early Intervention and Innovation projects.
 - a. One question about timing, Kerri informed group RFPs would be evaluated around mid-February most likely.
- IV. Update on joint MHADAB/PHAB joint meeting
 - a. Support was expressed by law enforcement representative and Hill Country for more CIT training planned, entire group supported expanding the training to include courts and attorneys too.
 - b. Questions were asked about MAT in the jail, who would be paying for it, what medications would be used. Group discussion around past jail practices that have made medication compliance impossible for some people as the more expensive medications that they may have been on prior to incarceration would not be approved until they failed on the less expensive alternatives, and how this severely impacts both mental and physical health of people. Group was supportive of more treatment starting while in custody.
- V. Brainstorming session – ideas noted on flip chart for making attendance easier, more accessible and more inclusive
- VI. Open forum
 - a. Question was raised about the loss of Victor Group Home and what that might mean for Shasta County and Shasta County youth. Group discussion and information sharing around the low number of Shasta County youth which are expected to be impacted, how presumptive transfers work, and that while the loss of beds is a statewide problem, there are not severe impacts expected from the closure for our local families. Conversation also included lack of other types of beds for youth, including inpatient psychiatric beds.
 - b. Concerns were expressed by one attendee regarding possible need for more partnership with schools or mental health services for youth, particularly regarding mandated student education around sex education and suicide awareness that may not be age-appropriate for all students and cause them mental/emotional distress. Group discussion about all the various programs and school partnerships ensued, as well as information sharing regarding parents having the right to opt their students out of such training, and the laws in place to try and ensure all education in every topic is age-appropriate.
 - c. An idea was raised regarding the recent spate of railroad fatalities seen in Shasta County, and how another county has used MHSA funding to do signage and education to try and curtail suicides via this means. Conversation included discussion of actual suicide attempts versus people in an altered state of consciousness, or just folks making poor choices and decisions, and how difficult it can be to make an accurate determination of intent.

- d. Ted shared that one of the local hospitals is doing some training and practice changes for emergency department doctors. Instead of following the historically-used protocol of sedation and restraints for patients presenting with agitation, they are now using an agitation scale and administering anti-psychotic medication first. Reasons for this include more respectful treatment of patients, less time spent waiting for the patient to recover from sedation before an assessment can be made, and better outcomes overall. They are also planning on doing verbal de-escalation training for emergency department staff and nurses.
- e. Hill Country staff asked hospital and law enforcement reps present if there was more they might be able to do with their Mobil Crisis unit to help avoid restraint use also, not sure how this might look but they are open to discussing it further.
- f. An idea was also floated about asking for clinical staff volunteers who might be willing to do a ride-along with law enforcement on weekends/evenings to help, but there may be too many liability issues.
- g. Concerns were expressed about the lack of a crisis stabilization unit still.
- h. Support was expressed for the plan to implement mental health services for youth in custody with Juvenile Probation.
- i. A need for more supportive services for families with children experiencing mental health issues was expressed. Conversation around limited help available from law enforcement, not having a full-time 24/7 mobile crisis unit that has specific training and resources for youth. Various ideas were discussed about how this need might be met.
- j. Gratitude was expressed for having licensures paid for by MHSA/HHSA.
- k. Appreciation for these meetings, and the way help foster communication between organizations and providers was expressed.
- l. Three people expressed support for having multiple sessions of the stakeholder meetings available, because of scheduling issues